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.

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or the	e 2020 calendar year, or tax year beginning J U	L 1, 2020 and	ول ending	UN 30, 2021					
B c	heck if pplicab	C Name of organization			D Employer identifi	cation number				
	Addre		, INC.							
	Name Chang	e Doing business as			99-60122	57				
	Initial return Final return	Number and street (or P.O. box if mail is not deliver PO BOX 745	ered to street address)	Room/suite	E Telephone numbe 808-935-					
	termir		City or town, state or province, country, and ZIP or foreign postal code							
	Amen	, , , , , , , , , , , , , , , , , , , ,	g p		H(a) Is this a group re	862,509. eturn				
	Application		LIHIA GIONSON			? Yes X No				
	pendi	¹⁹ PO BOX 745, HILO, HI 967			H(b) Are all subordinates included? Yes No					
T 1	ax-ex		(insert no.) 4947(a)(1)	or 527	1	list. See instructions				
J١	Vebsi	te: ▶ WWW.HIUW.ORG			H(c) Group exemption	n number				
KF	orm o	organization: X Corporation Trust Asso	ciation Other ►	L Year	of formation: 1967 n	M State of legal domicile: HI				
	ırt I	Summary								
9	1	Briefly describe the organization's mission or most signal AND RESORUCES TO BUILD A HE			EOPLE, ORGAI	NIZATIONS				
Governance	2	Check this box if the organization disconti			than 25% of its not ass	cote				
/eri	3	Number of voting members of the governing body (Pa			3	9				
Go	4	Number of independent voting members of the governing body (in	, , , , , , , , , , , , , , , , , , , ,			9				
	5	Total number of individuals employed in calendar year				5				
ţį	6	Total number of volunteers (estimate if necessary)				16				
Activities &	l '	Total unrelated business revenue from Part VIII, colur				0.				
Ă	ı	Net unrelated business taxable income from Form 99				0.				
	_~	The difference backless taxable meetine from 1 cm 1 cm	0 1,1 are 1, 1110 11		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)			674,892.	803,766.				
Revenue	9				1,182.	44,039.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, al			22,879.	14,704.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			79,693.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Pa			778,646.	862,509.				
	13		and similar amounts paid (Part IX, column (A), lines 1-3) 414,800							
	14	Benefits paid to or for members (Part IX, column (A),			0.	0.				
S	15		npensation, employee benefits (Part IX, column (A), lines 5-10) 158,406							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			0.	0.				
g	b	Total fundraising expenses (Part IX, column (D), line 2								
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			381,397.	140,568.				
	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		954,603.	674,092.				
	19	Revenue less expenses. Subtract line 18 from line 12			-175,957.	188,417.				
t Assets or				Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)			1,186,329.	1,491,385.				
T As	21	Total liabilities (Part X, line 26)			172,342.	79,475.				
Net		Net assets or fund balances. Subtract line 21 from lin	e 20		1,013,987.	1,411,910.				
	ırt II	Signature Block								
		Ilties of perjury, I declare that I have examined this return, in				/ knowledge and belief, it is				
true,	corre	ct, and complete. Declaration of preparer (other than officer)	is based on all information of wr	lich preparer	nas any knowledge.					
٥.		by Verify GPAs Signature of officer			I Date					
Sigi		'	CDO		Date					
Her	е	KAREN DAVIS, PRESIDENT 8 Type or print name and title	2 CPO							
			ranarar'a aignatura	Τr	Date Check	PTIN				
Paid	ı	Print/Type preparer's name P ALICIA SPENCER P	reparer's signature an a	l l	7/08/22 of the self-employ					
	arer	Firm's name VERITY CPAS	-0-1- 1 / -11	ļ0		45-4462880				
-	Only	Firm's address PO BOX 2957			FIIII S EIN	<u> </u>				
036	Jilly	KAMUELA, HI 96743			Phone no 8 N	8-8872100				
Max	tho !!	29 discuss this return with the preparer shown above	2 Socinetructions		I F HOHE HO. O O	X Ves No				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: NONE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	000 500
4a	(Code:) (Expenses \$287,500 • including grants of \$287,500 •) (Revenue \$) GENERAL CAMPAIGN - WE RAISE FUNDS FROM PRIVATE AND CORPORATE DONORS TO
	FUND OUR COMMUNITY IMPACT GRANT MAKING PROGRAM. THESE GRANT FUNDS ARE
	THEN AWARDED TO LOCAL NONPROFIT ORGANIZATIONS THAT APPLY FOR HIUW GRANT
	FUNDING AND MEET THE REQUIREMENTS OF THE GRANT PROGRAM. ELIGIBLE
	NONPROFITS MUST BE RUNNING HUMAN SERVICE PROGRAMS THAT ADDRESS HEALTH,
	EDUCATION AND FINANCES.
4b	(Code:) (Expenses \$ 29,000 • including grants of \$) (Revenue \$)
	ELEU GRANT PROGRAM - WE ARE CURRENTLY RAISING FUNDS TO ADDRESS THE
	ONGOING COVID 19 PANDEMIC. FUNDS ARE THEN AWARDED TO LOCAL NONPROFIT
	AND GRASSROOTS ORGANIZATIONS/INITIATIVES THAT ARE ADDRESSING THE
	PANDEMIC AND PROVIDING FOR IMMEDIATE NEEDS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
→u	100 000
1-	116 100
4e	Total program service expenses ► 446,402. Form 990 (2020)
	Form 990 (2020)

Form 990 (2020) 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?	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	22	
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,		Х	
	Part VI	11a		_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			- V
	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			3,7
_	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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_X_	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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** (2020)

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Form 990 ((2020)	HAWATT	ISLAND	UNTTF

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		—
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
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	051		Х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	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? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35a	Part V, line 1 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		
-	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?			
	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			
	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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
00000	(gambling) winnings to prize winners?	1c	990	(2020)
032004	\$ 12-23-20	LOH	220	(CUZU)

Form 990 (2020) HAWAII ISLAND UNITED WAY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
_	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
a	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
ч	I I	70		21
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•				
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2020)

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 9			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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	1		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 25
7a				Х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b				x
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d 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 books and records			
	HAWAII ISLAND UNITED WAY - 808-969-3115			
	PO BOX 745, HILO, HI 96721			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)									rector, or trustee.	
	(B)			(C	C)			(D)	(E)	(F)
Name and title	ile Average (do not		Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)		compensation	compensation	amount of				
	week	_	Joi di			17440	,	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (stee			satec		(W-2/1099-MISC)	(VV 2/ 1000 IVIIOO)	organization
	organizations	Individual trustee or director	In stit utio nal tru stee		yee	Highest compensated employee		(** 2) 1000 (***)		and related
	below	idual	ution	la e	Key employee	est co	ler.			organizations
	line)	Indiv	Instii	Officer	Key	High	Former			
1) KAREN DAVIS	50.00									
PRESIDENT & CHIEF PROFESSIONAL OFFIC				Х				67,186.	0.	15,231.
2) T. ILIHIA GIONSON	1.00								_	
CHAIR		Х		Х				0.	0.	0.
3) BREEANI SUMERA-LEE	1.00								_	
TICE CHAIR	1	Х		Х				0.	0.	0.
4) KIRSTIN KAHALOA	1.00									
REASURER		Х		Х				0.	0.	0.
5) DWIGHT MATSUMOTO	3.00									
BECRETARY	1 00	Х		Х				0.	0.	0.
6) HELEN TIEN	1.00								0	0
ASSISTANT SECRETARY	0.00	Х		Х	_	_		0.	0.	0.
7) JAY IGNACIO	2.00	.,							0	0
CAMPAIGN CHAIR	2 00	Х				_		0.	0.	0.
8) PAULETTE WILSON	2.00	-							0	0
DIRECTOR 9) ELMER LIM	1 00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
10) DONN DELA CRUZ	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
TRECTOR	+	Δ			\vdash			0.	0.	0 •
		1								
		1								
	+									
		1								
	+									
		1								
		1								
		1								
		1	ı	I	I	I	1	I		

Form 990 (2020)

99-6012257

rai	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,			(F)	
	(A) Name and title	(B) Average			Pos		1		(D) Reportable	(E) Reportable			(F) stimate	ad
	Name and title	hours per		not c	heck i ss per	more	than o		compensation	compensation			nount (
		week	offi		nd a di				from	from related	t		other	
		(list any hours for	Individual trustee or director						the	organization			pensa	
		related	e or di	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anizati	
		organizations	truste	al trus		yee	omper		(** 27 1000 141100)			_ ~	d relate	
		below	vidual	Institutional trustee	cer	key employee	Highest compensated employee	mer				orga	anizatio	ons
		line)	Indi	lust	Officer	Key	e E	For						
					\vdash									
					\vdash									
	Subtotal								67,186.		0.	1	5,2	
	Total from continuation sheets to Part VI								67,186.		0.	1	5,2	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n							O re		000 of reportable			J, Z.	<u> </u>
_	compensation from the organization	of illilited to th	030	11310	u ac	JOVC	,, vvii	010	correct more than \$100,	ooo or reportable	•			0
													Yes	No
3	Did the organization list any former officer	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	•							•	0				Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		Δ
3	rendered to the organization? If "Yes." com	·				•			•			5		Х
Sec	tion B. Independent Contractors	ipicte corredan	20 /	0/ 30	1011 <u>s</u>	<i>5015</i>	011							
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt cc	ontra	acto	s th	nat received more than \$	100,000 of com	oensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
	(A) Name and business	address	NT/	ONE	,				(B) Description of s	ervices	C		C) nsatio	n
	Name and Submess		14()INI				\dashv	Becomparent	01 11000		ОПРО	- Ioalioi	
								$ \bot $						
								\dashv						
								\dashv						
2	Total number of independent contractors (i	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	* * * * * * * * * * * * * * * * * * *	zation				C	1							
	\$100,000 of compensation from the organi	Zation											990 (2	

Form 990 (2020) HAWAII
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
			<u> </u>				sections 512 - 514
nts nts		. •	548,983.				
Gra		Membership dues 1b					
ts, (Am		Fundraising events 1c					
ilar		Related organizations 1d					
ns, Sim		Government grants (contributions) 1e					
er	f	All other contributions, gifts, grants, and	254 702				
년 된		similar amounts not included above 1f	254,783.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1a-1f		002 766			
<u>0 a</u>	h	Total. Add lines 1a-1f	Business Code	803,766.			
_	0 0	ADMIN FEES	Business Code	44,039.	44,039.		
ice				44,039.	44,039.		
Program Service Revenue	b						
m S	C						
gra Re	d						
ro J	e	All other program service revenue					
_		Total. Add lines 2a-2f		44,039.			
\rightarrow	3	Investment income (including dividends, intere		44,033.			
	3	other similar amounts)		14,704.			14,704.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	Ū	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u>e</u>		and sales expenses 7b					
ther Revenue	С	Gain or (loss) 7c					
Rev		Net gain or (loss)					
ē		Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	_				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	1				
		Less: cost of goods sold10b)				
\dashv	С	Net income or (loss) from sales of inventory					
2			Business Code				
eon	11 a						
llan	b						
Miscellaneous Revenue	С	All all all and an area					
Ξ̈́	d	All other revenue					
		Total Add lines 11a-11d		862,509.	44,039.	0.	14,704.
	12	Total revenue. See instructions	·····	004,303.	44,000.	1 0.	5 000 (2222)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 334,691. 334,691. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 28,846. 82,417. 24,725. 28,846. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 77,944. 27,280. 23,384. 27,280. Other salaries and wages 7 Pension plan accruals and contributions (include 6,077. 2,127. 1,823. 2,127. section 401(k) and 403(b) employer contributions) 21,298. 7,454. 6,390. 7,454. Other employee benefits 9 11,097. 3,884. 3,329. 3,884. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 817. 817. Advertising and promotion 12 17,167. 6,009. 5,150. 6,008. Office expenses 13 Information technology 14 15 Royalties 7,212. 6,180. 20,604. 7,212. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 10,971. 10,971. 21 8,070. 8,070. Depreciation, depletion, and amortization 22 4,774. 1,671. 1,432. 1,671. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 57,108. 57,108. PROFESSIONAL FEES MISCELLANEOUS 21,057. 7,370. 6,317. 7,370. С d All other expenses 674,092. 446,402. 135,838. 91,852. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2020)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			96,091.	1	213,983.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		71,960.	3	83,552.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	rsons (as defined				
		under section 4958(f)(1)), and persons describ		6			
tz	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			3,655.	9	7,744
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	211,907. 49,353.			
	b	Less: accumulated depreciation	167,234.	10c	162,554		
	11	Investments - publicly traded securities		603,906.	11	760,718	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		243,483.	15	262,834	
	16	Total assets. Add lines 1 through 15 (must ed			1,186,329.	16	1,491,385
	17	Accounts payable and accrued expenses		17,313.	17	9,372	
	18	Grants payable	46 115	18	40.000		
	19	Deferred revenue		46,115.	19	40,000	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,		1			
		parties, and other liabilities not included on lin		.	108,914.	0.5	30,103.
	00	of Schedule D			172,342.		79,475.
-	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c			1/2,542.	26	13,413
S		and complete lines 27, 28, 32, and 33.	neck nei				
ü	27	Net assets without donor restrictions			858,001.	27	1,236,582.
Sala	28	Net assets with donor restrictions	155,986.	28	175,328.		
틸	20	Organizations that do not follow FASB ASC			200,7001	20	27373233
필		and complete lines 29 through 33.	000, 011	JOK HOLO P			
ō	29	Capital stock or trust principal, or current fund	ls			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,013,987.	32	1,411,910.
_	33	Total liabilities and net assets/fund balances			1,186,329.	33	1,491,385.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		62,		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	74,	092	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	1	188,417			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	1,013,98		
5	Net unrealized gains (losses) on investments	1	29,	993	3.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		79,	513	3.
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	1,4	11,	910) .
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Ye	s N	lo
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 in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	2	K
	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?		2	d	Σ	Κ
	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?		2	С		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).			
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 Aud	dit			
	Act and OMB Circular A-133?	-	з	а	2	K
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	h		

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization

HAWAII ISLAND UNITED WAY, INC.

Employer identification number 99-6012257

Pa	rt I	Reason for Public C		All organizations must o		nis part.) S	ee instructions.	J 0012237		
		zation is not a private found					oo mondonono.			
	organi						IV A V:\			
1	H	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 F (Form 990 or 990-F7))								
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	Н	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		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:	w the benefit of a col	laga ar university augus	d ar anarat	ad by a aa	varamantal unit dasariba	ad in		
5	Ш	An organization operated for		lege or university owner	or operati	ed by a go	vernmental unit describe	eu in		
_		section 170(b)(1)(A)(iv). (C					, , ,			
6	┖┳	A federal, state, or local gov	-					1.0		
7	X	An organization that normal	•	itiai part of its support f	rom a gove	ernmentai	unit or from the general p	oublic described in		
_		section 170(b)(1)(A)(vi). (C		47/47/ 1/ /0						
8		A community trust describe								
9		An agricultural research org				-	-	-		
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or		
		university:	. (4)	1 00 1 (00 (1))						
10		An organization that normal	*				· ·	-		
		activities related to its exem		•				-		
		income and unrelated busin		less section 511 tax) fro	om busines	sses acqui	red by the organization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor	•				201 1141			
11		An organization organized a	•	*	•					
12		An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·			
		more publicly supported org	-					Sheck the box in		
		lines 12a through 12d that o	* *							
а		Type I. A supporting orga	•			-				
		the supported organization			i majority c	ot the aired	tors or trustees of the st	apporting		
		organization. You must o					al according the color	d.,		
b		Type II. A supporting org	•				• • • • • • • • • • • • • • • • • • • •	•		
		control or management of			ame perso	ns that co	ntrol or manage the supp	оотеа		
_		organization(s). You mus			:	م ملائد، ما ما		ملئند. ام		
С		Type III functionally inte						ed with,		
-1		its supported organization						t:(-)		
d		Type III non-functionally						• •		
		that is not functionally into	-		•		=	/eriess		
_		requirement (see instructi	•							
е		 Check this box if the orga functionally integrated, or 					Type I, Type II, Type III			
f	Ento	r the number of supported o	* *	ially integrated supporti	ng organiz	ation.				
١		ride the following information	•	d organization(s)						
9) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				above (see instructions))						
					<u> </u>					
					-					

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) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1017120.	973,136.	722,971.	843,889.	803,441.	4360557.
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	1017120.	973,136.	722,971.	843,889.	803,441.	4360557.
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.						4360557.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1017120.	973,136.	722,971.	843,889.	803,441.	4360557.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		10 000	10 000	15 664	14 504	00 004
	and income from similar sources	28,330.	10,827.	19,299.	17,664.	14,704.	90,824.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	62 500	60 120	37,498.	70 E / 2		246 770
	assets (Explain in Part VI.)	62,598.	00,139.	37,490.	78,543.		246,778. 4698159.
	Total support. Add lines 7 through 10		`			40	4090139.
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First 5 years. If the Form 990 is for the	•				. , . ,	. □
Sec	organization, check this box and stop	c Support Per	centage				
	Public support percentage for 2020 (li			olumn (f))		14	92.81 %
15	Public support percentage from 2019					15	87.44 %
	33 1/3% support test - 2020. If the o					•	
	stop here. The organization qualifies	•		*		*	
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-			▶ □
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·

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.)

Section A. Public Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness 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						+
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				1	1	
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
llendar year (or fiscal year beginning in) 🕨 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
0a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						+
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						+
or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)						
4 First 5 years. If the Form 990 is for the	•		•	•		
check this box and stop here	0 D-					
ection C. Computation of Public					T I	
5 Public support percentage for 2020 (lin			column (f))		15	
6 Public support percentage from 2019					16	
ection D. Computation of Invest						
7 Investment income percentage for 202					17	
3 Investment income percentage from 2					18	
9a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and	d stop here. The	e organization quali	fies as a publicly s	supported organiza	ation	▶□
b 33 1/3% support tests - 2019. If the						and
line 18 is not more than 33 1/3%, chec						
O Private foundation. If the organization						

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")? *If* "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?
- 6 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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		
3a		
3b		
3c		
4a		
iu		
4b		
4c		
5a		
5b		
5c		
6		
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8		
9a		
0:		
9b		
9с		
30		
10a		
10b		

Has the organization accepted a git or contribution from any of the following persons? a A person with directly or indirectly controls, either alters or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 39% controlled entity of a person described in line 11a above? b A Anally member of a person described in line 11a above? b A Anally member of a person described in line 11a above? c A 39% controlled entity of a person described in line 11a or 11b above? If Yes' to fine 11a, 11b, or 11c, provide described in Part VI. Section B. Type I Supporting Organizations Dot the general body, members of the personic body, efficient acting in their official capability or membership of one or most appropriate operations have the power to again and an activities. If the organization of the organization person is charging the two years, and the person of a person described in the person is body, efficient activities. If the organization of the organization person of the benefit of any supported organization and more than one supported organization operated. If the benefit of any supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 bid the organization operate for the benefit of any supported organization person of the benefit of any supported organization person of the benefit of any supported organization of the thing the supported organization of the transfer areal out the purposes of the supported organization of the supported organizations. 1 Were a majority of the organization and directors or trustees during the tax year also a majority of the directors or trustees of each of the organization of the supported organizations of the supported organizations of the supported organizations of the supported organizations organizations of the supported organizations of the supported organizations of the organization or the supported organiza	Par	TIV Supporting Organizations (continued)			
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a ☐ 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. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. a 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. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u		3a		
	h	·			
	~		3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)								
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
-	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	nization (see					
-	instructions).	,	, i P P 9 9 9	· · · · · · · · · · · · · · · · · · ·					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HAWAII ISLAND UNITED WAY, INC. **Employer identification number** 99-6012257

Schedule D (Form 990) 2020

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(b) Funds and other accounts
_	Total number at and of year	(a) Donor advised funds	(b) Furius 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 5	Aggregate value at end of year	witing that the assets hold in donor advis	and funds
3	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
Ū	for charitable purposes and not for the benefit of the donor or		-
Par			
1	Purpose(s) of conservation easements held by the organizatio		,
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation o	f a 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.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			-
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	tion easements during the year
	\$		6 1/ 1/ 77 / 8
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		and diffinal Addetsi
	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
Iu	of art, historical treasures, or other similar assets held for publi	•	
	service, provide in Part XIII the text of the footnote to its finance	,	•
h	If the organization elected, as permitted under FASB ASC 958		
D	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	oxination, caacation, or research in fact	ioranoe or public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m) 4		.
2	If the organization received or held works of art, historical trea		
~	the following amounts required to be reported under FASB AS		ga, provide
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		

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

	t III Organizations Maintaining Co	ollections of Art			Othe	r Simila		(continu		ge <u>~</u>
3	Using the organization's acquisition, accession		-					COMM	<u>uea)</u>	
Ū	collection items (check all that apply):	in, and other records	s, oncor any or the	ionowning triat	mano o	igiiiioaii	1 450 01 115			
а	Public exhibition	d	L oan or exc	change progra	m					
b	Scholarly research	e		mango progra						
C	Preservation for future generations	Č								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's ever	mnt nurn	ose in Part	XIII		
5	During the year, did the organization solicit or						osc IIII ait	AIII.		
•	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									110
	reported an amount on Form 990, Par		no il ullo organizatio	ir anoworda	100 011		50,1 0.111,	1110 0, 01		
1a	Is the organization an agent, trustee, custodia		ary for contribution	s or other ass	ets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
-	ii roo, oxpiaii iio arangementiii arexiii e	and complete the foll	ownig table.					Amount		
c	Beginning balance					1c		7 111100111		
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete if									
	· I	(a) Current year	(b) Prior year	(c) Two years			e years back	(e) Four	vears b	ack
1a	Beginning of year balance	81,604.	81,604.		,604.	(4)	81,604.	(5) . 5	81,6	
b		,	,		,		,			
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	. '							1		
f	Administrative expenses									
g	End of year balance	81,604.	81,604.	81	,604.		81,604.		81,6	04.
2	Provide the estimated percentage of the curre	, ,	•	•	, •		,			
	Board designated or quasi-endowment	ent year end balance	%)) Held as.						
b	100	%								
·	The percentages on lines 2a, 2b, and 2c shou	· =								
32	Are there endowment funds not in the posses	•	tion that are held a	nd administer	ed for th	ne organi	zation			
ou	by:	olori or the organizat	non that are nere a	ia aariiiilotore	Ja 101 ti	ic organi	Zation	Γ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b	\neg	
4	Describe in Part XIII the intended uses of the							0.0		
Par	t VI Land, Buildings, and Equipme	ent.	vinorit rariao.							
	Complete if the organization answered	l "Yes" on Form 990.	. Part IV. line 11a. S	See Form 990.	Part X.	line 10.				
	Description of property	(a) Cost or ot		t or other		ccumula	ited	(d) Book	value	
	2 000p.110 0. p. 0 p.01y	basis (investm	` '	(other)		preciatio	I	(3)		
1a	Land	· ·								
	Buildings		18	4,140.		25,7	780.	158	3,36	0.
	Leasehold improvements			,		-,				
	Equipment	I								
	Other	I	2	7,767.		23,5	573.	4	1,19	4.
	Add lines 1a through 1e. (Column (d) must ed		•			- , -		162	2,55	4.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 HAWAII ISLA Part VII Investments - Other Securities.	AND UNITED WAY	, INC. 99	9-6012257 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) Financial derivatives	(a) Dook value	(0)	-a or your market raide
(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: Cost or er	nd-of-year market value
(1)			
(2)		-	
(3)			
(4)			
(5)		+	
(6)		+	
(7)		+	
(8)		+	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1) CASH DESIGNATED BY DONORS			159,590
(2) DONOR RESTRICTED INVESTME			15,738.
(3) INVESTMENTS - BOARD DESIG			87,506
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	262,834.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
(a) Description of liability			(b) Book value

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DESIGNATED PAYABLE	30,103.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 30,103.

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) 2020

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

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.

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.						Open to Public Inspection			
Name of the organizat								Employer identification number	
	HAWAII IS	LAND UNIT	ED WAY, INC	•				99-6012257	
Part I General I	Part I General Information on Grants and Assistance								
1 Does the organia	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection								
criteria used to a	award the grants or assis	stance?						X Yes No	
2 Describe in Part	: IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants an	nd Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the orga	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
recipient t	that received more than	5,000. Part II can	be duplicated if additi	onal space is need	ed.		_		
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total numb	per of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table			•	3.	
	per of other organization								
	Enter total number of other organizations listed in the line 1 table								

Schedule I (Form 990) 2020

032101 11-02-20

Schedule I (Form 990) HAWAII IS	LAND UNIT	ED WAY, INC	•			9	9-6012257 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
FAMILY SUPPORT SVS WEST HAWAII 75-127 LUNAPULE ROAD #11 KAILUA-KONA, HI 96740	99-0230341	501 C 3	7,420.	0.	воок		PROGRAM
FRIENDS OF CHILDREN'S JUSTICE PO BOX 6908 HILO, HI 96720	99-0279734	501 C 3	5,000.	0.	воок		PROGRAM
GIRL SCOUT COUNCIL OF HAWAII 420 WYLIE STREET HONOLULU, HI 96817	99-0073488	501 C 3	4,120.	0.	воок		PROGRAM
HABITAT FOR HUMANITY KONA PO BOX 4619 KAILUA-KONA, HI 96745	99-0355149	501 C 3	8,300.	0.	воок		PROGRAM
HALE KIPA INC. 91-2128 OLD FORT WEAVER ROAD EWA BEACH, HI 96706	23-7061499	501 C 3	3,000.	0.	воок		PROGRAM
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

Schedule I (Form 990)

Schedule I (Form 990) HAWAII IS	SLAND UNIT	ED WAY, INC	•			9	9-6012257 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII ISLAND HOME FOR RECOVERY 440 KAPIOLANI STREET HILO, HI 96720	48-1281563	501 C 3	10,100.	0	воок		PROGRAM
HILO, HI 90720	40-1201303	301 C 3	10,100.	0.	BOOK		FROGRAM
HOPE SERVICES HAWAII 392 WAIANUENUE AVENUE HILO, HI 96720	27-3412984	501 C 3	4,120.	0.	воок		PROGRAM
HOSPICE OF HILO 1011 WAIANUENUE AVENUE	99-0218512	E01 G 2	15 000	0	воок		PROGRAM
HILO, HI 96720	99-0216512	501 C 3	15,000.	0.	BOOK		PROGRAM
KONA ADULT DAY CENTER PO BOX 1360							
KEALAKEKUA, HI 96750	99-0273644	501 C 3	6,500.	0.	воок		PROGRAM
KU'IKAHI MEDIATION CENTER 101 AUPUNI STREET, 1014B2							
HILO, HI 96720	20-3997875	501 C 3	8,000.	0.	воок		PROGRAM
LEGAL AID SOCIETY OF HAWAII 924 BETHEL STREET HONOLULU, HI 96720	99-0076020	501 C 3	3,000.	0	воок		PROGRAM
MENTAL HEALTH KOKUA	33 0070020	301 6 3	3,000.	<u> </u>	Book		LIOGIAM
1221 KAPIOLANI BLVD, SUITE 345 HONOLULU, HI 96814	99-0154505	501 C 3	6,000.	0.	BOOK		PROGRAM
NEIGHBORHOOD PLACE OF PUNA 16-105 OPUKAHAIA STREET			,				
KEAAU, HI 96749	20-3806637	501 C 3	5,000.	0.	воок		PROGRAM
P.A.R.E.N.T.S. 120 PAUAHI STREET, STE 210							
HILO, HI 96720	99-0167293	501 C 3	5,000.	0.	воок		PROGRAM

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(=, =	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SALVATION ARMY-KONA							
75-223 KALANI STREET							
KAILUA-KONA, HI 96740	99-0159253	501 C 3	7,100.	0.	воок		PROGRAM
THE ARC OF KONA							
PO BOX 127							
KEALAKEKUA, HI 96750	99-0109970	501 C 3	14,840.	0.	воок		PROGRAM
THE FOOD BASKET, INC.							
40 HOLOMUA STREET							
HILO, HI 96720	26-0349475	501 C 3	30,000.	0.	воок		PROGRAM
YWCA OF HAWAII ISLAND							
1382 KILAUEA STREET HILO, HI 96720	99-0079762	E01 G 3	6,000.		BOOK		PROGRAM
HILO, HI 90720	33-00/3/62	501 C 3	8,000.	0.	BOOK		PROGRAM
ALZHEIMERS ASSN, ALOHA CHAPTER							
11300 N. NIMITZ HWY., SUITE A-265							
HONOLULU, HI 96817	13-3039601	501 C 3	4,000.	0.	воок		PROGRAM
HCEOC							
47 RAINBOW DRIVE							
HILO, HI 96720	99-0113845	501 C 3	9,500.	0.	BOOK		PROGRAM
HOSPICE OF KONA							
P.O. BOX 4130							
KAILUA-KONA, HI 96745-4130	99-0246297	501 C 3	3,300.	0.	BOOK		PROGRAM
,			-,,,,,,,,				
KUMUKAHI HEALTH AND WELLENSS							
01 AUPUNI ST. PH 1014C							
HILO, HI 96720	99-0305807	501 C 3	6,500.	0.	воок		PROGRAM
PATCH							
26 WAIANUENUE AVE.							
HILO, HI 96720	99-0167464	501 C 3	4,000.	0	воок		PROGRAM

Schedule I (Form 990)

hedule I (Form 990) HAWAII I art II Continuation of Grants and Oth		ED WAY, INC		overnments (Sch	edule I (Form 990), Pa		9-6012257 P
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
E SALVATION ARMY				_			
NOLULU, HI 96822	99-0073540	501 C 3	12,022.	0.			PROGRAM

Schedul	e I (Form 990) 2020 HAWAII ISLAND	99-6012257	Page 2						
Part II	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance		
Part I\	Supplemental Information. Provide the information re	equired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.				

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) 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 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

HAWAII ISLAND UNITED WAY, INC. **Employer identification number** 99-6012257

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, KUPUNA, 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 THE #1 EXPECTED RESULT IS ELIMINATING FOOD INSECURITY BY OF FUNDS. 100%. THE #2 EXPECTED RESULT IS TO INCREASE FOOD SUSTAINABILITY ON THE ISLAND, PARTICULARLY BECAUSE MOST FOOD IS IMPORTED FROM ELSEWHERE, YETTHERE 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.

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

POLICY: ALL VOLUNTEERS SHALL DECLARE THEIR INTEREST IN A COMPETITOR

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization HAWAII ISLAND UNITED WAY, INC.	Employer identification number 99-6012257
SUPPLIER, OR CUSTOMER, WHICH COULD CREATE A DIVIDED LOYALT	Y ON THE PART OF
THE VOLUNTEER OR THE APPEARANCE OF ONE. IN ADDITION, A VOL	UNTEER 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 VO	LUNTEER SHALL
AUTHORIZE PURCHASES, LEASE, RENT OR OTHERWISE ACQUIRE FOR	HIUW PRODUCT
GOODS, SERVICES, SUPPLIES, ACCOMODATIONS, OR THE LIKE, WHI	CH WOULD BE
PROHIBITED AFTER CONSIDERATION OF THE FACTORS SET FORTH BE	LOW
FORM 990, PART VI, SECTION B, LINE 15:	
OFFICERS AND DIRECTORS EXCEPT FOR THE PRESIDENT & CPO DO N	OT RECEIVE
COMPENSATION. ANY MERIT INCREASE FOR THE PRESIDENT & CPO W	ITH THE MERIT
BUDGET INCREASE PACKAGE IS APPROVED BY THE EXECUTIVE COMMI	TTEE UPON THE
RECOMMENDATION OF THE CHAIR, BOARD OF DIRECTORS (CHIEF VOL	UNTEER OFFICER).
ANY INCREASE THAT EXCEEDS THE MERIT BUDGET INCREASE PACKAG	E 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 INCLU	