JUL 1,

Return of Organization Exempt From Income Tax

2022

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

and ending JUN 30,

Open to Public Inspection

<b>B</b> c	heck if oplicable	C Name of organization			D Employer identifi	ication number						
	⊓Addres		OF THE									
	_change _Name _change		KE, INC.		99-02109	74						
	Initial return	Doing business as  Number and street (or P.0. box if mail is not delive	vered to street address)	Room/suite	E Telephone numbe							
	Final return/	561 KUPUNA PLACE	vereu to street address)	1100III/Suite	808-961-							
	termin- ated		7IP or foreign postal code		G Gross receipts \$	1,602,934.						
	Ameno		_ii oi ioioigii pootai oodo		H(a) Is this a group return							
	Application		REA WERNLI		for subordinates							
	pendin	SAME AS C ABOVE			<b>H(b)</b> Are all subordinates i	—						
TT	ax-exe	empt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	1	list. See instructions						
JV	Vebsit	e: WWW.HAWAIIISLANDADULTCA	ARE.ORG		H(c) Group exemption	on number						
KF	orm of	organization: X Corporation Trust Ass	ociation Other	<b>L</b> Year	of formation: 1981	<b>v</b> State of legal domicile: <b>HI</b>						
Pa		Summary										
Θ.	1	Briefly describe the organization's mission or most	significant activities: ${f TO}$ ${f P}$	ROVIDE	OHANA WITH							
Governance		HIGH-QUALITY ADULT DAY CARE AND CAREGIVER SERVICES TO SUPPORT AGING										
ern	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
ŏ		Number of voting members of the governing body (			3	9						
∞ ∞		Number of independent voting members of the gov				9						
ies		Total number of individuals employed in calendar y				39						
Activities &		Total number of volunteers (estimate if necessary) .				35						
Act		Total unrelated business revenue from Part VIII, col				0.						
	b	Net unrelated business taxable income from Form 9		0.								
	_			Prior Year	Current Year							
ne		Contributions and grants (Part VIII, line 1h)			285,998. 1,070,125.							
Revenue					79.	1,292,082.						
Be		Investment income (Part VIII, column (A), lines 3, 4,			659,443.	6,325.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			2,015,645.							
		Total revenue - add lines 8 through 11 (must equal l Grants and similar amounts paid (Part IX, column ( <i>P</i>			143,119.	141,390.						
		Benefits paid to or for members (Part IX, column (A)			0.							
"					996,909.							
Expenses	162	Salaries, other compensation, employee benefits (F Professional fundraising fees (Part IX, column (A), li Total fundraising expenses (Part IX, column (D), line	ne 11e)		0.	0.						
per	h i	Total fundraising expenses (Part IX, column (D), line	25) 59.1	32.	<u> </u>							
Ě		Other expenses (Part IX, column (A), lines 11a-11d,			419,211.	500,022.						
		Total expenses. Add lines 13-17 (must equal Part IX			1,559,239.	1,661,698.						
		Revenue less expenses. Subtract line 18 from line			456,406.	-89,987.						
or		·		Ве	ginning of Current Year	End of Year						
sets alan	20	Total assets (Part X, line 16)			1,295,926.	1,277,869.						
Net Assets Fund Baland	21	Total liabilities (Part X, line 26)			99,936.	114,366.						
		Net assets or fund balances. Subtract line 21 from	line 20		1,195,990.	1,163,503.						
	rt II	Signature Block										
		Ities of perjury, I declare that I have examined this return, i			•	y knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wl	hich preparer	has any knowledge.							
		Signature of officer			 Date							
Sigi		· ·			Date							
Her	e	JAY IGNACIO, PRESIDENT Type or print name and title										
		· · ·	Dronoror's signature	i i	Date Check	X   PTIN						
Paid		Print/Type preparer's name ALEX J. SMITH	Preparer's signature		if	mnnaa4702						
	arer	Firm's name ALEX J. SMITH, CPA	Δ									
	Only	Firm's address 1403 FRANK STREET	•		FIIIISEIN ±0-3002021							
-	Jy	HONOLULU, HI 96816	5		Phone no 80	8-927-1725						
Mar	the IC	RS discuss this return with the preparer shown about			Ti none no. o o	X Yes No						
		3-22 I HA For Panerwork Reduction Act Notice		one		Form <b>990</b> (2022)						

Ра	Check if Schedule O contains a res	sponse or note to any line in this Part III								
1	Briefly describe the organization's mission									
		H HIGH-QUALITY ADULT I	DAY CARE AND CAREGIVE	₹						
	SERVICES TO SUPPORT .	AGING IN PLACE.								
2	Did the organization undertake any signi	ficant program services during the year whi	ch were not listed on the							
	prior Form 990 or 990-EZ?			Yes X No						
	If "Yes," describe these new services on									
3	Did the organization cease conducting, or	or make significant changes in how it condu	icts, any program services?	Yes X No						
	If "Yes," describe these changes on Sch	edule O.								
4		vice accomplishments for each of its three I								
		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.	1.41.200	204 610						
4a		206,406 including grants of \$								
		UDE MAINTAINING A SAFE								
		OUR ELDERLY PARTICIPA								
		MICS CLASSES, RESTRUCT								
		ENVISIONING OUR CAREGI		AM						
	OFFERINGS, AND HOLDI.	NG OUR ANNUAL GOLF TOU	JRNAMENT FUNDRAISER.							
	.,									
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)						
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)						
4d	Other program services (Describe on Sch	nedule O.)								
	(Expenses \$	including grants of \$	) (Revenue \$	)						
4e	Total program service expenses	1,206,406.								
				Form <b>990</b> (2022)						

# Form 990 (2022) HAWAII ISLAND ADULT CARE, 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)?	•	Х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 11	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	000	(2000)

Form 990 (2022) HAWAII ISLAND ADULT CARE, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			, v
04 -	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	OEL		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		122
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<b> </b> ₩
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If	28b		
·	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
J-7	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 38		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

## 022) HAWAII ISLAND ADULT CARE, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 39	-	37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	37		
3a			3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				. v		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		X		
b	If "Yes," enter the name of the foreign country	(FD 4 D)					
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	·	-		Х		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line for a fine for a prohibited tax shelter transaction for the line for a fine for the line for the lin		5b 5c				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30				
ua			6a		х		
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Oa				
b	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).		05				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х		
	tame a surface of the	pay or .	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
•	to file Form 8282?	•	7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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	a Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	ı					
а		10a					
b	, , , , , , , , , , , , , , , , , , , ,	10b					
11	Section 501(c)(12) organizations. Enter:	1					
		11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446					
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	120				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ı	12a				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1				
	Is the organization licensed to issue qualified health plans in more than one state?		13a				
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		100				
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	· · · · · · · · · · · · · · · · · · ·	13b					
С		13c					
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or					
	excess parachute payment(s) during the year?		15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	)		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		۲		
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
а		8a	х	
b	The governing body?  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	00		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Division (This decision Brioghoste information about policies het required by the internal hereinae decision		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b				
12a	and the second s	12a	Х	
b		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
·	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.0.0		
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed HI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s)s only	) avail:	able
	for public inspection. Indicate how you made these available. Check all that apply.	,- 01119	,	
	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, a	nd fina	ncial	
	statements available to the public during the tax year.	.u iiiia	o.ai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 808-961-3747			
	561 KIIDIINA DI ACE HILO HI 96720			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per	(do	not c	heck	more	<b>)</b> than is bot	one	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				or/trus		from	from related	other
	(list any	irector						the	organizations	compensation
	hours for related	e or d	stee			nsated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ıl trust	nal tru		loyee	e du o		1099-NEC)	,	and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TANYA AYNESSAZIAN	40.00									
EXECUTIVE DIRECTOR (TO 9/15)				Х				49,578.	0.	0.
(2) ANDREA WERNLI	40.00									
EXECUTIVE DIRECTOR (FROM 9/15)				Х				19,679.	0.	861.
(3) JAY IGNACIO	1.50							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(4) CHRIS SCHLUETER	1.00									
VICE PRESIDENT	4 50	Х		Х				0.	0.	0.
(5) JON MIYATA	1.50	l								
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(6) MARCIE SAQUING	1.00									•
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(7) NANCY KELLY	1.00	<b>.</b> ,		\ \ **					_	0
SECRETARY (0) NIGOTING IN LOG PINIOS	1.00	Х		Х				0.	0.	0.
(8) NICOLAS K. LOS BANOS DIRECTOR	1.00	X						0.	0.	0.
(9) AMY HONDA	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) LANI PRATT	1.00							•	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) ALAN PARKER	1.00	<del> </del>								
DIRECTOR		x						0.	0.	0.
								-		<u> </u>
		1								
		1								
		1								

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Part VII Se	ection A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c		more	than		Reportable	Reportable			timate	
		week					is bot or/trus		compensation from	compensation from related			nount ( other	)t
		(list any	ctor						the	organization			pensa	tion
		hours for	or dire	au au			rted		organization	(W-2/1099-MIS			om the	
		related organizations	ustee	truste		يو	2S uadı		(W-2/1099-MISC/	1099-NEC)	)		anizati	
		below	Individual trustee or director	Institutional trustee		Key employee	st con	, E	1099-NEC)				d relate anizatio	
		line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Pg m.e						
			-											
			1											
			_											
							-							
						_								
			-											
1h Subtota	<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>		69,257.		0.		8	61.
c Total fro	I om continuation sheets to Part V	II. Section A							0.		0.			0.
	dd lines 1b and 1c)								69,257.		0.			
	mber of individuals (including but n								eceived more than \$100	,000 of reportab	le			
compen	sation from the organization												1	0
O Distal		-10									1		Yes	No
	organization list any <b>former</b> officer, If "Yes," complete Schedule J for s	,	,	,		,	,	_	, , ,	,		3		Х
	individual listed on line 1a, is the su											Ů		
•	ted organizations greater than \$15	•							•			4		Х
5 Did any	person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indivi	dual for services	3			
	to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son					5		X
	dependent Contractors									<b>.</b>				
	e this table for your five highest co nization. Report compensation for										npens	ation t	rom	
the orga	(A)	trie caleridar y	cai	enui	iiig v	VILII	OI W	1	(B)	year.		(C	<del></del>	
	Name and business	address	N	INC	E				Description of s	ervices	С	ompe		า
								$\dashv$						
								$\dashv$						
				••				$\perp$						
	mber of independent contractors (i 0 of compensation from the organi		iot li	mıte	a to		se li: 0	stec	a above) who received m	ore tnan				
φ100,00	o or compensation from the organi	<u> LaliUi i</u>										Form	990 (c	2022)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 26,958. c Fundraising events ..... 1c d Related organizations 1d 126,271. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 119,949. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 273,178. h Total. Add lines 1a-1f **Business Code** 623990 1,292,082.1,292,082. 2 a ADULT DAY CARE & FEES Program Service Revenue f All other program service revenue 1,292,082. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 126. 126. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) \_\_\_\_\_ 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 26,958. of contributions reported on line 1c). See 25,018. Part IV, line 18 **b** Less: direct expenses -6,205.-6,205. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10a 10b **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 900099 12,530. 12,530. 11 a OTHER INCOME b d All other revenue 12,530. e Total. Add lines 11a-11d 1,571,711.1,304,612. Total revenue. See instructions 12

## 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 respon	·			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРСПЗСЗ	general expenses	СХРСПЗСЗ
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	141,390.	141,390.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	74,528.	52,170.	19,377.	2,981.
6	Compensation not included above to disqualified		•		<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	710,063.	489,904.	186,773.	33,386.
8	Pension plan accruals and contributions (include	.,	, , ,	,	
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	164,591.	113,691.	43,254.	7,646.
10	Payroll taxes	71,104.	49,124.	18,683.	7,646. 3,297.
11	Fees for services (nonemployees):	, _ •			
	Management				
	Legal	621.		621.	
		28,113.	7,409.	20,207.	497.
	Accounting	20,113,	7 7 203 0	20/20/1	1574
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)				
40	· •	9,434.	6,518.	2,479.	437.
12	Advertising and promotion	21,982.	15,187.	5,776.	1,019.
13	Office expenses	22,894.	15,817.	6,015.	1,062.
14	Information technology	22,054.	13,017.	0,013.	1,002.
15	Royalties	84,816.	77,793.	4,682.	2,341.
16	Occupancy	169.	169.	4,002.	2,541.
17	Travel	100.	107.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	10,956.	7,596.	2,856.	504.
19	Conferences, conventions, and meetings	10,930.	1,590•	2,030.	504•
20	Interest Payments to offiliates				
21	Payments to affiliates	69,653.	59,205.	6,965.	3,483.
22	Depreciation, depletion, and amortization	39,560.	30,909.	7,028.	1,623.
23	Other expenses. Itemize expenses not covered	33,300.	50,909.	7,020•	1,023.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)  OTHER PROGRAM EXPENSES	125,783.	125,783.		
a	BUILDING MAINTENANCE FU	46,000.	143,103.	46,000.	
D	REPAIRS AND MAINTENANCE	9,454.	8,036.	945.	473.
С	DUES & SUBSCRIPTIONS	2,636.	1,821.	693.	122.
d		27,951.	3,884.	23,806.	261.
	All other expenses	1,661,698.	1,206,406.	396,160.	59,132.
25	Total functional expenses. Add lines 1 through 24e	1,001,030.	1,400,400.	390,100.	J9,134•
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
	Uneck here if following SOP 98-2 (ASC 958-720)				F 000 (0000)

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			896,108.	1	630,921.
	2	Savings and temporary cash investments				2	279,717.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			135,984.	4	175,514.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	tion 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges			42,302.	9	38,304.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	474,551.			
	b	Less: accumulated depreciation	10b	321,138.	221,532.	10c	153,413.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must eq		1	1,295,926.	16	1,277,869.
	17	Accounts payable and accrued expenses			86,318.	17	97,292.
	18	Grants payable	12 (10	18	10.004		
	19	Deferred revenue		13,618.	19	17,074.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
<u>ia</u>		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, p					
		parties, and other liabilities not included on line				0.5	
		of Schedule D		<b>F</b>	99,936.	25	114,366.
	26	Total liabilities. Add lines 17 through 25			99,930.	26	114,300.
es		Organizations that follow FASB ASC 958, ch	eck nere				
JE C	07	and complete lines 27, 28, 32, and 33.			1,117,598.	27	1,009,677.
3ali	27 28	Net assets with denor restrictions			78,392.	28	153,826.
βE	20	Net assets with donor restrictions  Organizations that do not follow FASB ASC			10,352.	20	133,020
표			956, CHE	ck nere			
9	29	and complete lines 29 through 33.  Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,195,990.	32	1,163,503.
Z	33	Total liabilities and net assets/fund balances		l l	1,295,926.	33	1,277,869.
	J	TOTAL HADHILIES AND HEL ASSELS/IUND DAMICES			±,255,520•	აა	

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		. <b>,</b> 57				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.,66	1,6	98.		
3	Revenue less expenses. Subtract line 2 from line 1	3			9,9			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	.,19	<u>5,9</u>	90.		
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		5	7,5	00.		
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	.,16	3,5	03.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	3,					
	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	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2022)

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

HAWAII ISLAND ADULT CARE, INC. 99-0210974 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Se	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	419,204.	286,739.	325,758.	966,767.	273,178.	2,271,646.
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	1 4 000					4.4.000
	the organization without charge	14,000.	006 800	205 550	066 868	052 150	14,000.
	Total. Add lines 1 through 3	433,204.	286,739.	325,758.	966,767.	273,178.	2,285,646.
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.						2,285,646.
	·	( ) 0040	(1) 0040	( ) 2000	( 1) 0004	( ) 0000	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2018 433, 204.	(b) 2019 286,739.	(c) 2020 325, 758.	(d) 2021 966, 767.	(e) 2022 273,178.	(f) Total 2,285,646.
	Amounts from line 4	433,204.	200,739.	323,730.	300,707.	2/3,1/0.	2,205,040.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	75.	156.	1,015.	79.	126.	1,451.
۵	Net income from unrelated business	731	1301	1,013	,,,,	1200	
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	18,530.	11,286.	6,233.	1,829.	12,530.	50,408.
11	Total support. Add lines 7 through 10					,	2,337,505.
	Gross receipts from related activities	. etc. (see instructi	ons)			12 5	,898,201.
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and <b>sto</b>			,	•	* * * *	
Se	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	97.78 %
	Public support percentage from 202					15	92.10 %
	33 1/3% support test - 2022. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			X
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - <b>2022.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	ces test, check this	s box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - <b>2021.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	eck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instructions	s

## 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.)

Sec	etion A. Public Support	ciow, picade com	piete i dit ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 business under section 513						
4	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						<del> </del>
5	furnished by a governmental unit to the organization without charge						
6	***						
	<b>Total.</b> Add lines 1 through 5						
	3 received from disqualified persons						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box at	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
b	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che	organization did ı	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	<b>Private foundation.</b> If the organization			•		ū	

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
3с		
30		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
Vu		
9b		
0-		
9с		
10a		
10b		
IUD		

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

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

	dule A (Form 990) 2022 HAWAII ISLAND ADULT CAR			99-0210974 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (e <i>xplain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	
Sect	ion 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		
Sect	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):			
а	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		

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

6

Schedule A (Form 990) 2022

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

emergency temporary reduction (see instructions).

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

-							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	ation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
-	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509 contributor, o	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, or ec	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contrib is checked, e purpose. Do	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the nutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., n't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively aritable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part I	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ne filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## HAWAII ISLAND ADULT CARE, INC.

99-0210974

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF HAWAII  101 AUPUNI STREET  HILO, HI 96720	\$ 125,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HAWAII COMMUNITY FOUNDATION  827 FORT STREET MALL  HONOLULU, HI 96813	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FRIENDS OF HAWAII CHARITIES  733 BISHOP STREET  HONOLULU, HI 96813	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HAWAIIAN TELCOM  1177 BISHOP STREET, SUITE 15  HONOLULU, HI 96813	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HAWAII ISLAND UNITED WAY PO BOX 745 HILO, HI 96720	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## HAWAII ISLAND ADULT CARE, INC.

99-0210974

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Employer identification number Name of organization 99-0210974 HAWAII ISLAND ADULT CARE, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **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 ADULT CARE, INC. Employer identification number 99-0210974

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>i</i>	Accounts. Complete if the
-		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	nds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes L No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	ny other purpose confe	
_	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes	s" on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`	1	
	Preservation of land for public use (for example, recreati	on or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure.			2c
d	Number of conservation easements included in (c) acquired af	•		
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or	terminated by the orga	inization during the tax
	year			
4	Number of states where property subject to conservation ease		<del> </del>	
5	Does the organization have a written policy regarding the period			
_	violations, and enforcement of the conservation easements it l			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	iandling of violations, ar	nd enforcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and en	forcing conservation e	assements during the year
•	Amount of expenses incurred in monitoring, inspecting, handi	rig or violations, and en	Toroning conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	ts of section 170(h)(4)(	B)(i)
	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		•	
	organization's accounting for conservation easements.	J		
Pai	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education	, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$	exhibition, education, o	r research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

Sche	dule D (Form 990) 2022 HAWAII	ISLAND ADUL	T CARE,	INC.		99-0	210974	Page	2
	rt III Organizations Maintaining C				or Other				_
3	Using the organization's acquisition, accessi	on, and other records	, check any of the	e following tha	at make sigr	nificant use of it	ts		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further	the organizati	on's exemp	ot purpose in Pa	art XIII.		
5	During the year, did the organization solicit of	r receive donations of	art, historical trea	asures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma						Yes	N <sub>1</sub>	0
Pai	t IV Escrow and Custodial Arran		e if the organizati	on answered	"Yes" on Fo	orm 990, Part I\	/, line 9, or		
	reported an amount on Form 990, Pa								_
1a	Is the organization an agent, trustee, custod						_		
	on Form 990, Part X?					L	Yes	N	0
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:						_
							Amount		_
С	Beginning balance					1c			_
d	Additions during the year					1d			_
е	Distributions during the year					1e			_
f	Ending balance								_
	Did the organization include an amount on F				-	?∟	Yes	⊢ N	0
_	If "Yes," explain the arrangement in Part XIII.								_
Pai	T V Endowment Funds. Complete i			(c) Two year		Three years bac	k (e) Four y	nare hael	
		(a) Current year	(b) Prior year	(C) TWO year	IS DACK (U)	Tillee years back	k (e) roury	ears Daci	<u>`</u>
1a									_
b	Contributions								_
С.	Net investment earnings, gains, and losses								_
d	Grants or scholarships								_
е	Other expenditures for facilities								
	and programs								_
	Administrative expenses			-					_
g	End of year balance		/li	(-))    -					_
2	Provide the estimated percentage of the curr	-	-	(a)) neid as:					
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С		%							
2-	The percentages on lines 2a, 2b, and 2c sho		ion that are hold	and administa	rad far tha				
Sa	Are there endowment funds not in the posse	ession of the organizat	ion that are neid	and administe	ered for the		Γv	es No	_
	organization by:							03 140	<u>_</u>
	(i) Unrelated organizations								_
b	(ii) Related organizations	tions listed as require	d on Cohodulo Di	 ກ			3a(ii)		_
_				·			3b		-
4 Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		miciti iuilus.						_
	Complete if the organization answere		Part IV, line 11a.	See Form 990	), Part X, lin	ne 10.			
	Description of property	(a) Cost or oth	<u> </u>	t or other		umulated	(d) Book	value	_
		basis (investme	1 ' '	(other)	` '	eciation	(=, = 00 K		
1a	Land								_

	<u> </u>		<u> </u>	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		19,600.	8,820.	10,780.
d Equipment		285,039.	190,952.	94,087.
e Other		169,912.	121,366.	48,546.
Total. Add lines 1a through 1e. (Column (d) must equ	153,413.			

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.  Complete if the organization answered "Yes" of	on Form 000 Port IV line	a 11h Cao Farm 000 Dart V lina 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	al derivatives	(b) Book value	(e) Welfied of Valuation. Good of one	a or your market value
	held equity interests			
(3) Other	Tiola adaily interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	5 000 B 1 W 1	44 O E 000 B IV " 40	
	Complete if the organization answered "Yes" (  (a) Description of investment			1 - \$
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	(a) [	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ımn (b) must equal Form 990, Part X, col. (B) line	15)		
Part X	Other Liabilities.	10.)		
I dit X	Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11e or 11f See Form 990 Part X line 25	<b>.</b>
1.	(a) Description of liability	5111 5111 555, Fare 17, III.	2 110 01 111. 000 1 0111 000, 1 0117, 1110 20	(b) Book value
	deral income taxes			, ,
(2)	acial mocine taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability	for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements	that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Scriedule D	(1 01111 990)	1 2022	11111111111	T 5 TT TT 1 D	110011	O111111 /	<b></b>		_	0 2 1
Part XI	Recond	iliation	of Revenue	per Audite	d Financia	al Statem	ents With	Revenue per Re	tur	n.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,602,934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	31,223.		
е	Add lines 2a through 2d			2e	31,223.
3	Subtract line 2e from line 1			3	1,571,711.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,571,711.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wit	th Expenses per	Retu	rn

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,692,921. Total expenses and losses per audited financial statements

2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	31,223.		
е	Add lines 2a through 2d			2e	31,223.
3	Subtract line 2e from line 1			3	1,661,698.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,661,698.

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

HAWAII ISLAND ADULT CARE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISIONS FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FALL UPON REGULATORY MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AS **EXAMINATION.** OF YEAR END BY REVIEWING ITS INCOME TAX RETURN AND CONFERRING WITH ITS TAX ADVISORS AND HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED IN ACCORDANCE WITH SUCN GENERALLY

ACCEPTED ACCOUNTING PRINCIPLES.

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

**Open to Public** Inspection

Employer identification number

	<i>I</i> AII	ISLAND	ADULT	CARE,	IN	<u>c.</u>		99-0210	974		
Part I Fundraising Act			the organiza	ation answe	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	filers are not		
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a											
									(vi) Amount paid to (or retained by) organization		
					Yes	No					
Гotal											
<b>3</b> List all states in which the or or licensing.	ganizatio	n is registere	ed or license	d to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration		

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

		of fundraising event contributions and gr		, LE, 111100 1 and 00: Elot	evente with groop receip	rto groater triair 40,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			GOLF	PLAY 4	NONE	
			TOURNAMENT	KUPUNA		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue			() /	(- : -: : -)   /	(	
Ve	١,	Our name to the	41,268.	10,708.		51,976.
Re	יו	Gross receipts	41,200.	10,700.		31,370.
			26 050			26 050
	2	Less: Contributions	26,958.			26,958.
	3	Gross income (line 1 minus line 2)	14,310.	10,708.		25,018.
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs	4,680.	2,000.		6,680.
Direct Expenses			,	,		. ,
共	7	Food and beverages	2,814.	5,236.		8,050.
ire	<b>'</b>	1 00d and beverages	2,011	3,2300		0,0301
	_	Fishertelesses				
	8	Entertainment	10 010	4,445.		16,493.
	9	Other direct expenses	-	4,445.		
	l	Direct expense summary. Add lines 4 through	. ,			31,223.
_		Net income summary. Subtract line 10 from li				-6,205.
Pa	ırt I	<del></del>	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo	(b) out or garring	col. (a) through col. (c))
eve						
Œ	1	Gross revenue				
'n	2	Cash prizes				
se						
Direct Expenses	3	Noncash prizes				
$\overline{\Delta}$		Noncash ph266				
ect	<b> </b>	Rent/facility costs				
Ë	*	Herit/Idollity Costs				
	_ ا	Other divert symposes				
	5	Other direct expenses				
			Yes%	Yes%	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	ı .	, ,				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			from line 1, column (d)			
9	8					
	8 En	Net gaming income summary. Subtract line 7	ucts gaming activities: _			Yes No
а	8 Ent	Net gaming income summary. Subtract line 7	ucts gaming activities: _ ctivities in each of these	states?		Yes No
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming a	ucts gaming activities: _ ctivities in each of these	states?		Yes No
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming a	ucts gaming activities: _ ctivities in each of these	states?		Yes No
b	Entra Is to	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a No," explain:	ucts gaming activities: _ ctivities in each of these	states?		
a b 10a	Entra Is to	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain:  ere any of the organization's gaming licenses re-	ucts gaming activities: _ctivities in each of these	states?erminated during the tax		
a b 10a	Entra Is to	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a No," explain:	ucts gaming activities: _ctivities in each of these	states?erminated during the tax		

Scne	edule G (Form 990) 2022 HAWAII ISLAND ADOLI CARE, INC. 99-0	<u> </u>	914	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└─ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
104	- boos the diganization have a contract with a time party from whom the diganization receives garning revenue:	. —		
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Traine			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	
	retain the state gaming license?	. –	Yes	└── No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$			
Pa	organization's own exempt activities during the tax year \$  rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III li	nes 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00, 100,

Schedule G	i (Form 990)	HAWAII	ISLAND	ADULT	CARE,	INC.	99-0210974	Page 4
Part IV	(Form 990) Supplemental Infor	mation (cont	inued)					
		·						

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Name of t	ame of the organization  HAWAII ISLAND ADULT CARE, INC.  99-02109											
Part I	·											
crite	criteria used to award the grants or assistance?											
2 Des Part II		Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "\	es" on Form 990, Parl	t IV, line 21, for any				
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance				
	er total number of section 501(c)(3) a er total number of other organization							······				

Part III	Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form s	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION	SCHOLARSHIPS	46	141,390.	0.		
Part IV	Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HAWAII ISLAND ADULT CARE, INC.

Employer identification number 99-0210974

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MAIN ACTIVITIES INCLUDE OPERATING A YEAR ROUND DAY CARE IN PLACE. PROGRAM AND A CAREGIVER TRAINING AND SUPPORT PROGRAM. FORM 990, PART VI, SECTION B, LINE 11B: THE COMPLETED 990 IS GIVEN TO THE INTERNAL AFFAIRS COMMITTEE WHO REVIEWS AND FORWARDS THE 990 AND A RECOMMENDATION TO THE FULL BOARD, AND THEN AN OFFICER OR ED AUTHORIZES THE 990 FOR SUBMITTAL. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD'S GOVERNANCE COMMITTEE HAS OVERSIGHT, AND THE EXECUTIVE DIRECTOR DISTRIBUTES AND COLLECTS SIGNED CONFLICT OF INTEREST STATEMENTS AS WELL AS PERSONAL AND PROFESSIONAL STANDARDS OF CONDUCT FORMS ANNUALLY FROM BOARD MEMBERS AND KEY EMPLOYEES. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS COMPARES SALARIES OF OTHER NOT FOR PROFIT ORGANIZATIONS OF SIMILAR SIZE AND TYPES OF SERVICES, SCOPE OF DUTIES AND RESPONSIBILITIES, AND ACCOMPLISHMENTS. FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.