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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For the	2020	calendar year, or tax year beginning 07/01, 2020, and	ending			/30, 20 21
Б			C Name of organization		D Employer ide	ntifica	tion number
R	Check if ap	pplicable:	KAPI'OLANI MEDICAL SPECIALISTS		99-0322	2406	5
	Addre		Doing business as HAWAI'I PACIFIC HEALTH MEDICAL GROUP	)	1		
Γ		change	Number and street (or P.O. box if mail is not delivered to street address) Roor	n/suite	E Telephone nu	mber	
	Initial	return	55 MERCHANT STREET, 24TH FLOOR		(808) 98	3 – 8	986
	Final r	return/	City or town, state or province, country, and ZIP or foreign postal code				
	Amen	ded	HONOLULU, HI 96813		G Gross receipts	\$	297,683,089.
	Applic	ation	F Name and address of principal officer: LESLIE CHUN, M.D., CEO		H(a) Is this a grou		n for Yes X No
	peru.		1100 WARD STREET, STE. 1130, HONOLULU, HI 9681	4	subordinates H(b) Are all subord		cluded? Yes No
ī	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527			list. See instructions
J	Websi	te: ▶	WWW.HAWAIIPACIFICHEALTH.ORG	L	H(c) Group exem	ption nu	ımber 🕨
ĸ	Form o	of organ	ization: X Corporation Trust Association Other ▶	L Year of form	ation: 1995 M		
_	art I		mmary				
			describe the organization's mission or most significant activities: SEE SCHEI	OULE O			
۵		Dilony	recognition the organization of most significant activities.				
ũ							
Ë	2	Check	this box if the organization discontinued its operations or disposed of	more than 25	9/ of its not seed		
Governance	3		er of voting members of the governing body (Part VI, line 1a)			3	9.
			er of independent voting members of the governing body (Part VI, line 1b)			4	5.
Activities &						5	853.
<u> </u>	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			6	5.
1	6		number of volunteers (estimate if necessary)			<del>                                     </del>	0.
	'a		unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	D	Net ur	nrelated business taxable income from Form 990-T, Part I, line 11	<del></del>		7b	
	١.				Prior Year	1	Current Year
9	8   8		butions and grants (Part VIII, line 1h)		3,593,51		4,973,962.
Rovenne	9		am service revenue (Part VIII, line 2g)	• • • •	142,645,26		292,692,717.
á	<u> </u>		ment income (Part VIII, column (A), lines 3, 4, and 7d)		6,97		16,410.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		115 015 05	0.	0.
_			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	146,245,75	+	297,683,089.
			s and similar amounts paid (Part IX, column (A), lines 1-3)			0.	1,000.
	14	Benef	its paid to or for members (Part IX, column (A), line 4)			0.	0.
ď	ฏ 15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	• • • •	126,194,49		217,941,170.
Typonogo	2 16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)			0.	0.
2	<u> </u>	Total	fundraising expenses (Part IX, column (D), line 25) ▶0 .				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		86,851,30		169,734,772.
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		213,045,80	1.	387,676,942.
	19	Rever	nue less expenses. Subtract line 18 from line 12		-66,800,04	4.	-89,993,853.
Net Assets or	Ces			Beg	Inning of Current	/ear	End of Year
Sets	[ 20	Total	assets (Part X, line 16)		50,715,37	7.	66,271,257.
¥.	21	Total	liabilities (Part X, line 26)		55,466,01	9.	69,591,766.
Ž,	<b>E</b> 22	Net a	ssets or fund balances. Subtract line 21 from line 20,		-4,750,64	2.	-3,320,509.
	art II	Si	gnature Block				
U	nder pei	nalties (	of perjury, I declare that I have examined this return, including accompanying schedules a	and statements	, and to the best o	f my l	knowledge and belief, it is
tr	ue, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer has any	Ť.		
			Carm An M M		5/1	0/2	2
	gn		Signature of officer	<u></u>	Date		
H	ere		CARRIE ANN TSUTSUI VP AND CO	NTROLLER	}		
			Type or print name and title				
		Print	Type preparer's name Preparer's signature	Date	Check	if F	PTIN
Pa	id	Joc	ELYNE C MILLER Joulyne C. Miller !	5/9/22	self-employ	J	P00634378
	eparer	Firm's	s name ERNST & YOUNG U.S. LLP		Fim's EIN ▶		
Us	e Only		s address \$4365 EXECUTIVE DR., STE. 1600 SAN DIEGO, CA 92121				535-7200
M	av the		iscuss this return with the preparer shown above? (see instructions)		1		[37]
_		****	Reduction Act Notice, see the separate instructions.			• • •	Form <b>990</b> (2020
	" ı apt	TI UI N	nouseum not notice, see the separate Mistractions.				1:0mm <b>3:30</b> (2020

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			rvice Accomplishments ains a response or note to any line in this	Part III	х
	-	describe the organization's m			
	prior Fo	orm 990 or 990-EZ?	significant program services during th		Yes X No
3	Did the		s on Schedule O. ucting, or make significant changes		Yes X No
4	Describ- expense	es. Section 501(c)(3) and 5	Schedule O.  Im service accomplishments for each (i01(c)(4) organizations are required to any, for each program service reported.		
	(Code: SEE SO	) (Expenses \$ CHEDULE O	371,667,466. including grants of \$	1,000. ) (Revenue \$292	692,717)
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other p	rogram services (Describe c		venue \$	

**4e** Total p.

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Part IV Page 3

	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	ection in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
	the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
	tid the organization receive or hold a conservation easement, including easements to preserve open space,			
	e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	tid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
	the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	ustodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	ebt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	d the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
	the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	II, VIII, IX, or X as applicable.			
D	id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	mplete Schedule D, Part VI	11a	Х	
	the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	id the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	eported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	id the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
ı	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	he organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
Di	d the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
S	chedule D, Parts XI and XII	12a		Х
٧	Nas the organization included in consolidated, independent audited financial statements for the tax year? If			
	Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L
	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	oid the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
f	undraising, business, investment, and program service activities outside the United States, or aggregate			
f	oreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
I	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
fo	or any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
Di	d the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
as	ssistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
D	id the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	art IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	art VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	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		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		21		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	4		

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Part IV Checklist of Required Schedules (continued) Page 4

Fart	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		res	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		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 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	20-		Х
h	"Yes," complete Schedule L, Part IV	28a 28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		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 Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	l	37	
25 -	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
Ü	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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		V	X
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 0E1030			990	(2020)
UL 1U3U	50F129 1018 60023819			AGE !

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 853			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See \ instructions \ for \ filling \ requirements \ for \ FinCEN \ Form \ 114, \ Report \ of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
_	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
	required to file Form 8282?	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Spansaring organizations maintaining depart advised funds. Did a depart advised fund maintaining depart advised funds.	7 11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		Λ
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		21
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Page 6 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

Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year			
та	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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
·	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
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	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
٠	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	·.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	37	X
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01-		
Cooti	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Taylor (A004 A required to	F /O	4:4 -	.04/ `
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Upon request Other (explain on Schedule O)	ı (Sec	tion 5	001(C)
10		of into	oct -	odiov
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		est þ	жису,
20	State the name, address, and telephone number of the person who possesses the organization's books and record JESSICA LI 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	ds 🕨		

Form **990** (2020)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than of is both or/trust employee employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						<u> </u>				
(1) RAYMOND P. VARA JR.	.20									
BOARD OF DIRECTOR & PRESIDENT	61.90	X		Х				0.	2,201,810.	2,584,503.
(2) CASS NAKASONE, M.D.	40.00									
PHYSICIAN	0.					Х		1,586,527.	0.	32,931.
(3)DAVID OKABE	3.00									
EVP, CFO & TREASURER	47.00			Х				0.	946,332.	377,896.
(4) MARTHA SMITH	2.00									
FORMER OFFICER	58.00						Х	0.	876,739.	308,071.
(5) GREGORY CHOW, M.D.	40.00									
PHYSICIAN	0.					X		1,105,058.	0.	32,045.
(6) ARTHUR GLADSTONE	.10									
EVP & CSO	55.70			Х				0.	816,310.	309,387.
(7) CHARLES R. CHING	.50									
EVP, GEN. COUNSEL & SECRETARY	39.50			Х				0.	770,901.	282,179.
(8)GAIL LERCH	38.50									
FORMER OFFICER	12.50						Х	0.	742,339.	304,514.
(9) STEVEN ROBERTSON	10.00									
EVP & CIO	43.00			Х				0.	746,792.	292,161.
(10) DANIEL JUDD, M.D.	40.00									
PHYSICIAN	0.					Х		1,014,071.	0.	24,755.
(11) KENNETH LEE, M.D.	40.00								_	
PHYSICIAN	0.					X		990,679.	0.	16,582.
(12) MELINDA ASHTON, M.D.	.10									
EVP & CQO	49.20			Х				0.	720,839.	248,689.
(13) MARK GERBER, M.D.	40.00							0.45 0.55	•	10 51 5
PHYSICIAN	0.					X		941,071.	0.	18,715.
(14) LESLIE CHUN, M.D.	45.00			3.7				2		114 056
CHIEF EXECUTIVE OFFICER	15.00			Х				0.	664,477.	114,056.

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (c	ontinue	ed)
(A)	(B)			(C	<b>(</b> )			(D)	(E)		(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unless er and	s per	more rson	e than o is both tor/truste employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fro orga and	timated nount of other pensation om the anization d related anizations
	6)	rustee	ıl trustee		/ee	t compensated ee				0.90	
15) PATRICK O'DONNELL, M.D.	40.10										
BOARD OF DIRECTOR	0.	X						647,645.	0.		36,96
16) DAVID CHO, M.D.	40.10										
BOARD OF DIRECTOR	0.	X						623,988.	0.		33,67
17) GERARD LIVAUDAIS, M.D.	0.										
EVP	50.00			Х				0	523,145.		123,91
18) DOUGLAS KWOCK, M.D.	1.00										
VP	39.00			Х				0	492,064.		95,97
19) KENNETH B. ROBBINS, M.D.	20.50										
FORMER OFFICER	34.50						Х	0	346,070.		180,36
20) DAWN DUNBAR	.10										
SVP	44.90			Х				0	393,438.		104,94
21) WARREN CHAIKO	10.00										
SVP	30.00			Х				0	375,732.		110,60
22) SUSAN MASUMOTO-NONAKA	.10										
VP	39.90			Х				0	364,629.		81,44
23) BRANDT FARIAS SVP/CHIEF MKTG. OFFR. (PT YR)	10.00			х				0	327,384.		85,94
24) MICHAEL ROBINSON VP	.10 49.90			Х				0	327,479.		74,19
25) JAMES LIN, M.D.	2.00										
VP	45.60			Х				27,533.	285,691.		66,00
1b Sub-total							▶	6,936,572.	11,922,171.	5,9	40,506
c Total from continuation sheets to Part VII, S	ection A			• •			•	559,742.	2,942,623.	6	88,563
d Total (add lines 1b and 1c)	<del>-</del>						$\blacktriangleright$	7,496,314.	14,864,794.	6,6	29,069
Total number of individuals (including but not reportable compensation from the organization)	limited to t		listed		oove	e) who	re	ceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Х
4 For any individual listed on line 1a, is the organization and related organizations gro	sum of repeater than	ortab \$15	ole co 50,00	omp 00?	pen <i>If</i>	nsatior "Yes	n aı	nd other compens	sation from the le J for such		
individual										4	Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5	X

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 4

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

27   EARL INOUYE		(A)	(B)			(0	C)			(D)	(E)		(F)	
Part		Name and title	hours per week (list any	box,	unle	heck ss pe	more	e than c is both	an	compensation from	compensation from related	aı	nount o	of
BOARD OF DIRECTOR			related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		f org an	rom the ganization	on d
27) EARL INQUYE   16.50   X	(		+	.,,						220, 660	0		0.4	402
FORMER OFFICER   31.50	,			X						338,662.	0.		24	,483.
28) DAVID STUMBAUGH			+						X	0	285,145.		69	,530.
VP         38.50         X         0. 266,339.         79,416.           29) LORRIE-ANN LUKE         1.50         X         0. 259,855.         82,911.           30) WILLIAM BURKE         12.00         X         0. 277,031.         60,631.           31) SUNSHINE TOPPING         3.00         X         0. 289,279.         21,615.           32) KENNETH T. NAKAMURA, M.D.         28.00         X         147,639.         123,801.         25,940.           33) CARRIE ANN TSUTSUI         12.10         X         0. 230,878.         53,413.           34) TERENCE YOUNG         38.00         X         0. 225,787.         37,187.           35) KATIE SHIGEMITSU         5.00         X         0. 224,686.         38,125.           36) JENNIFER JONES         60.00         X         73,441.         116,065.         53,896.           1b Sub-total         559,742.         2,298,866.         547,147.         559,742.         2,298,866.         547,147.           2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   612         Yes No           3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes," complete Schedule J for such individual	,										,			·
VP	`			1		Х				0	266,339.		79	,416.
30   WILLIAM BURKE	(	29) LORRIE-ANN LUKE	1.50											
VP		VP	40.00			Х				0	259,855.		82	,911.
31) SUNSHINE TOPPING   3.00   X   0.289,279.   21,615.	(	30) WILLIAM BURKE	+											
SVP		VP				Х				0	277,031.		60	<u>,631</u> .
32) KENNETH T. NAKAMURA, M.D.   28.00	(													
FORMER OFFICER  2.50  X 147,639. 123,801. 25,940.  33) CARRIE ANN TSUTSUI  12.10  VP & CONTROLLER  35.90  X 0. 230,878. 53,413.  34) TERENCE YOUNG  38.00  VP  22.00  X 0. 225,787. 37,187.  35) KATIE SHIGEMITSU  5.00  COMPLIANCE OFFICER  35.00  X 0. 224,686. 38,125.  36) JENNIFER JONES  60.00  VP  0. X 73,441. 116,065. 53,896.  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  612  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the		SVP	47.00			Х				0	289,279.		21	<u>,615</u> .
33) CARRIE ANN TSUTSUI  VP & CONTROLLER  35.90  X  0.230,878.  53,413.  34) TERENCE YOUNG  VP  22.00  X  0.225,787.  37,187.  35) KATIE SHIGEMITSU  COMPLIANCE OFFICER  35.00  VP  0.224,686.  38,125.  36) JENNIFER JONES  OD  VP  0.X  73,441.  116,065.  53,896.  1b Sub-total  C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 612  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	(	32) KENNETH T. NAKAMURA, M.D.												
VP & CONTROLLER       35.90       X       0. 230,878.       53,413.         34) TERENCE YOUNG       38.00       VP       22.00       X       0. 225,787.       37,187.         35) KATIE SHIGEMITSU       5.00       X       0. 224,686.       38,125.         36) JENNIFER JONES       60.00       X       73,441.       116,065.       53,896.         1b Sub-total       ▶       559,742.       2,298,866.       547,147.         c Total from continuation sheets to Part VII, Section A       ▶       d Total (add lines 1b and 1c)       ▶       2         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		FORMER OFFICER	2.50						Х	147,639.	123,801.		25	,940.
34) TERENCE YOUNG  VP  22.00  X  0. 225,787. 37,187.  35) KATIE SHIGEMITSU  COMPLIANCE OFFICER  35.00  X  0. 224,686. 38,125.  36) JENNIFER JONES  60.00  VP  0. X  73,441. 116,065. 53,896.  1b Sub-total  C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 612  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	(	33) CARRIE ANN TSUTSUI												
VP       22.00       X       0. 225,787.       37,187.         35) KATIE SHIGEMITSU       5.00       X       0. 224,686.       38,125.         36) JENNIFER JONES       60.00       X       73,441.       116,065.       53,896.         1b Sub-total       > 559,742.       2,298,866.       547,147.         c Total from continuation sheets to Part VII, Section A       > 4       Total (add lines 1b and 1c)       > 559,742.       2,298,866.       547,147.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   612       Yes No         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes No         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			35.90			Х				0	230,878.		53	,413.
35) KATIE SHIGEMITSU COMPLIANCE OFFICER 35.00 X 0. 224,686. 38,125.  36) JENNIFER JONES VP 0. X 73,441. 116,065. 53,896.  1b Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	(	34) TERENCE YOUNG	38.00											
COMPLIANCE OFFICER  35.00 X 0 224,686. 38,125.  36) JENNIFER JONES  VP 0. X 73,441. 116,065. 53,896.  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c). ▶  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 612  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the		VP	22.00			Х				0	225,787.		37	,187.
36) JENNIFER JONES  VP  0. X  73,441. 116,065. 53,896.  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 612  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	(	35) KATIE SHIGEMITSU	5.00											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 612  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 612  Yes No  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the		COMPLIANCE OFFICER	35.00			Х				0	224,686.		38	,125.
1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 612  Yes No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	(	36) JENNIFER JONES	60.00											
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 612  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the		VP	0.			Х				73,441.	116,065.		53	,896.
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 612  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		1b Sub-total	•	•				•	<b></b>	559,742.	2,298,866.		547,	147.
d Total (add lines 1b and 1c)		c Total from continuation sheets to Part VII, S	ection A						<b>•</b>					
reportable compensation from the organization ▶ 612  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									•					
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		, ,				ed a	bov	e) who	o re	ceived more than	\$100,000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													Yes	No
employee on line 1a? If "Yes," complete Schedule J for such individual		3 Did the organization list any former office	er directo	or or	tri	ieto	Δ	kov c	mn	Novee or highes	t compensated			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the												3	Х	
The state of the s														

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form **990** (2020)

JSA 0E1055 1.000

Part VII

(A)	(B)			(C)	)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	not ch unless er and	Posit eck n s pers a dir	ion nore t son is rector	than on s both a	ın e)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
7) ALAN ITO INFORMATION SECURITY OFFICER	.10 39.90			Х				0	. 200,273.	35,37
8) JESSICA LEWIS  ASSISTANT CORPORATE SECRETARY	2.50			Х				0	. 170,876.	40,40
9) DAVID FOX PRIVACY OFFICER (PART YEAR)	1.20			Х				0	163,615.	32,10
0) FRANCE GRAVES PRIVACY OFFICER	38.80			Х				0	108,993.	33,53
1) CHRIS ELDRIDGE BOARD OF DIRECTOR	0.	Х						0	0.	
2) GORDON HAMMOND  BOARD OF DIRECTOR, CHAIR	0.	Х		Х				0	0.	
3) WAYNE KATAYAMA  BOARD OF DIRECTOR	0.	Х						0	0.	
4) ANDREW KAWANO BOARD OF DIRECTOR	0.	Х						0	0.	
5) WILLOW MORTON  BOARD OF DIRECTOR	0.	Х						0	0.	
1b Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	ction A						<b>&gt; &gt; &gt;</b>	0.	643,757.	141,416
2 Total number of individuals (including but not li reportable compensation from the organization	mited to tl		listed				red	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the s organization and related organizations gre	um of rep ater than	ortab \$15	le c	omp 00?	ens If	sation <i>"Ye</i> s,"	an " c	nd other compens complete Schedu	sation from the	<b>4</b> X
individual										4 X

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form **990** (2020)

# Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d	70.				
שַׁיָּה	е	Government grants (contributions) 1e	4,973,892.				
Sir	f	All other contributions, gifts, grants,					
e E		and similar amounts not included above . 1f					
턀	g	Noncash contributions included in					
g		lines 1a-1f 1g	\$				
<u>ත</u>	h	Total. Add lines 1a-1f		4,973,962.			
_			Business Code				
<u>ice</u>	2a	PATIENT SERVICE REVENUE	900099	22,830,805.	22,830,805.		
Program Service Revenue	b	SERVICE CONTRACTS	900099	5,805,749.	5,805,749.		
e e	С	INTER-ENTITY SERVICE REVENUE	900099	264,056,163.	264,056,163.		
gra Re	d						
õ	е						
а.	f	All other program service revenue		000 600 515			
	g	Total. Add lines 2a-2f		292,692,717.			
	3	Investment income (including dividends,		16,410.			16,410.
	,	other similar amounts).	. Г	0.			10,410.
	4 5	Income from investment of tax-exempt bond Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ē	b	Less: cost or other basis					
evenue		and sales expenses 7b					
ě	С	Gain or (loss) 7c					
ř	d	Net gain or (loss)	▶	0.			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less	0.				
		returns and allowances	0.				
	b c	Less: cost of goods sold  Net income or (loss) from sales of inventory		0.			
	٠	THE INCOME OF (1055) HOM SAIRS OF INVENTORY.	Business Code	0.			
sno (			Dusiless Code				
nue	11a						
ella	b						
Miscellaneous Revenue	c d	All other revenue					
Σ		Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		297,683,089.	292,692,717.		16,410.

KAPI'OLANI MEDICAL SPECIALISTS

Form **990** (2020)

JSA 0E1051 1.000 50F129 1018

60023819

# 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 resp	onse or note to any line	n this Part IX	is must complete cold	
Do	not include amounts reported on lines 6b, 7b,		(B)		(D)
	9b, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,000.	1,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	1,571,496.	1,565,670.	5,826.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	414,676.	206,039.	208,637.	
7	Other salaries and wages	186,887,318.	183,482,350.	3,404,968.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,617,287.	5,475,029.	142,258.	
9	Other employee benefits	14,706,824.	9,055,579.	5,651,245.	
10	Payroll taxes	8,743,569.	8,536,060.	207,509.	
11	Fees for services (nonemployees):				
	Management	0.			
	Legal	4,239.		4,239.	
	Accounting	493,524.		493,524.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
	Other. (If line 11g amount exceeds 10% of line 25, column				
,	(A) amount, list line 11g expenses on Schedule O.)	29,334,922.	24,468,194.	4,866,728.	
12	Advertising and promotion	63.	63.		
13	Office expenses	139,534.	106,399.	33,135.	
14	Information technology	336,793.	179,034.	157,759.	
15	Royalties	0.			
16	Occupancy	2,498,573.	2,445,835.	52,738.	
17	Travel	641,403.	626,202.	15,201.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	202.		202.	
20	Interest	191,130.	191,130.		
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	640,551.	640,551.		
23	Insurance	11,435,567.	11,362,481.	73,086.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
u	CONTRACT SERVICE HPHMG	122,806,274.	122,780,623.	25,651.	
-	MOVING EXPENSE	474,328.		474,328.	
_	OTHER PURCHASES	462,924.	380,560.	82,364.	
d	MEDICAL SUPPLIES	156,338.	150,529.	5,809.	
е	All other expenses	118,407.	14,138.	104,269.	
	Total functional expenses. Add lines 1 through 24e	387,676,942.	371,667,466.	16,009,476.	
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				
	following SOP 98-2 (ASC 958-720)	0.			- 000 (sees)

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# Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	6,790,774.	2	10,134,607.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	1,834,768.	4	2,450,611.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
s	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	1,765,113.	9	1,730,253.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,313,209.			
	b	Less: accumulated depreciation	5,130,018.	10c	944,147.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	687,166.	12	1,480,023.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	34,507,538.	15	49,531,616.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	50,715,377.	16	66,271,257.
_	17	Accounts payable and accrued expenses	23,067,300.	17	26,713,971.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
(O	22	Loans and other payables to any current or former officer, director,	<u> </u>	21	J.
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
iji		controlled entity or family member of any of these persons	0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third	<u> </u>	24	<u> </u>
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	32,398,719.	25	42,877,795.
	26	Total liabilities. Add lines 17 through 25	55,466,019.	26	69,591,766.
	20	Organizations that follow FASB ASC 958, check here ► X	33/100/013.	20	03/331/1001
ces		and complete lines 27, 28, 32, and 33.			
Fund Balances	27	Net assets without donor restrictions	-4,775,320.	27	-3,345,187.
Ba	28	Net assets with donor restrictions.	24,678.	28	24,678.
pq	-0	Organizations that do not follow FASB ASC 958, check here ▶	21,0.00	20	21/0/01
교		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
	32	Total net assets or fund balances	-4,750,642.	32	-3,320,509.
Net	33	Total liabilities and net assets/fund balances	50,715,377.	33	66,271,257.
_	JJ	Total liabilities and het assets/fulla balances, , , , , , , , , , , , , , , , , , ,	50,715,577.	ာ	Form <b>990</b> (2020)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		97,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2		87,6		
3	Revenue less expenses. Subtract line 2 from line 1	3		89,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-4,7	50,6	42.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		91,4	23,9	86.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		-3,3	20,5	09.
Part						
	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: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
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 con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

Form **990** (2020)

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## **SCHEDULE A** (Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

		ie organization					Employer identifi	
KAI	?I'(	OLANI MEDICAL SPECIA					99-03224	
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must o	complet	te this p	art.) See instruction:	S.
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	Щ	A church, convention of chu						
2		A school described in <b>secti</b>		•	•			
3	X	A hospital or a cooperative	•	•		٠,		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	_	hospital's name, city, and st						
5		An organization operated f		a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	(b)(1)(A)(v).	
7		An organization that norma	•	•	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		•				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix) (	operated	d in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:						
0		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt the total control in the term of the	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions	s; and (2) no more that s section 511 tax) from	n 331/3 % of its businesses
	_	acquired by the organizatio						
1		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	ction 509(a)(4).	
2		An organization organized		-	-			
		of one or more publicly su						
	_	Check the box in lines 12a t	hrough 12d that de	escribes the type of su	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g
а		$oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	f the directors or truste	es of the
	_	_ supporting organization.	You must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported
		_ organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С								lly integrated with,
	_	_ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d			integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	_		-			d an attentiveness
	_	_ requirement (see instruct	•	-				
е	L	Check this box if the orga						II, Type III
_	_	functionally integrated, or			porting o	organizat	tion.	
f		ter the number of supported	•					
g		ovide the following information					T	
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
						-		
E)								

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

Schedule A (Form 990 or 990-EZ) 2020

**Total** 

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support	. , ,		· ·	· · ·	,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	(1)	(4)	(1)	(1)	(1)	(,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	<b>First 5 years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (li						%
15	Public support percentage from 2019						<u>%</u>
16a	331/3% support test - 2020. If the org						
_	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2019. If the org						
4	this box and <b>stop here.</b> The organization			_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets			_	· ·		supported
<b>L</b>	organization						and line
a	15 is 10% or more, and if the organization		•				
	in Part VI how the organization meets					-	-
	organization			•	•		

Schedule A (Form 990 or 990-EZ) 2020

JSA

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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2020 Page 3

## 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.)

16 Public support percentage from 2019 Schedule A, Part III, line 15	Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·	,	
1 dills, grams, contributions, and membership fees received. The one include any various grants 7) 2 Gross receipts from admissions, membandine sold or services performed, or facilities furnished in any activity that is related to the organization's time exempt perspose - or unrelated trade or business under section 513 - or any unrelated trade or business under section 513 - or appended on its behalf - or expended on			(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on	_							
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on		received. (Do not include any "unusual grants.")						
turnished in any activity purpose	2							
a granization's beceive the purpose.  3 Gross receipts from activities that are not an unrelieud trade or business under accion 513.  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from disqualified apersons in the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount of line 14 for the organization of line 14 or line 15 is more than 331/3%, and line 15 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 15 or 10 for more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 16 or 10 for more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 16 or 10 for 14 fo		sold or services performed, or facilities						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Trax revenues leviced for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities for turnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons , .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Public support. (Subtreat line 7c from line 6) .  9 Amounts from line 6  9 Amounts from line 6  9 Amounts from line 6  9 Unrelated business taxable income (less section 511 taxes) from businesses acquired affer June 30, 1975 .  10 Agross income from interest, dividends, payments received on securities learns, rents, royalise, and income from similar societies acquired affer June 30, 1975 .  10 Agross income from line 100, whether or not the business is acquired affer June 30, 1975 .  11 All Net income from unrelated business acquired affer June 30, 1975 .  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .  13 Total support. (Add lines 9, 10c, 11 and 12) .  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here.  15 Public support percentage from 2019 Schedule A, Part III, line 15 .  16 Section D. Computation of Investment income Percentage  17 Investment income percentage for 2020 (line 8, column (f), divided by line 13, column (fi)) .  18 Investment income percentage for 2020 (line 6) column (f), divided by line 13, column (fi)) .  19 a 331/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qua		furnished in any activity that is related to the						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Trax revenues leviced for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities for turnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons , .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Public support. (Subtreat line 7c from line 6) .  9 Amounts from line 6  9 Amounts from line 6  9 Amounts from line 6  9 Unrelated business taxable income (less section 511 taxes) from businesses acquired affer June 30, 1975 .  10 Agross income from interest, dividends, payments received on securities learns, rents, royalise, and income from similar societies acquired affer June 30, 1975 .  10 Agross income from line 100, whether or not the business is acquired affer June 30, 1975 .  11 All Net income from unrelated business acquired affer June 30, 1975 .  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .  13 Total support. (Add lines 9, 10c, 11 and 12) .  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here.  15 Public support percentage from 2019 Schedule A, Part III, line 15 .  16 Section D. Computation of Investment income Percentage  17 Investment income percentage for 2020 (line 8, column (f), divided by line 13, column (fi)) .  18 Investment income percentage for 2020 (line 6) column (f), divided by line 13, column (fi)) .  19 a 331/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qua		·						
4 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5	3							
Tax revenues levided for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5		·						
organization's benefit and either paid to or expended on its behalf	4							
or expended on its behalf  1 The value of services or facilities furnished by a governmental unit to the organization without charge								
5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons.  b Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater 55,000 por 1% of the amount on line 15 for the year c Add lines 7 and 7b.  8 Public support. (Subtract line 7c from line 6.)  9 Amounts from line 6.  10 Gross income from interest, dividends, payments received on securities boars, payments received on securities boars, reins, royalties, and income from similar space in the security of the secu								
furnished by a governmental unit to the organization without charge,	5	·						
organization without charge	-							
Total Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 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 or Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.  9 Amounts from line 6.  10a Gross income from interest, dividends, pression of the state of the support of the substance is required and securities leans, 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.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on, loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.).  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  5 Public support percentage from 2019 Schedule A, Part III, line 15.  1a Total support percentage from 2019 Schedule A, Part III, line 17 is not more than 331/3%, eheck this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 331/3%, and line 16 is more than 331/3%, and line 16 is nore than		, ,						
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Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6,	-							
Calendar year (or fiscal year beginning in)    Amounts from line 6	Sec							
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## Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

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Part	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			ı
			Yes	No
1	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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		
2	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance)  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr		s). <b>No</b>
2	Activities Test. Answer lines 2a and 2b below.		. 55	
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 <b>Part VI identify</b> 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		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	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 <b>Part VI</b> the role played by the organization in this regard.	3h		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (expla	in in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organi	zations n	nust complete Sectio	ns A through E.
Se	ection 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		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	I Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	g organization
	(see instructions).			· <del>-</del>

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Part	Type III Non-Functionally integrated 509(a)(3)	Supporting Organization	tions (continuea)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 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) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				

Schedule A (Form 990 or 990-EZ) 2020

6

greater than zero, explain in Part VI. See instructions.

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7: Excess from 2016 Excess from 2017 Excess from 2018 Excess from 2019 Excess from 2020

and 4c.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

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Schedule A (Form 990 or 990-EZ) 2020 Page 8

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, 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 A (Form 990 or 990-EZ) 2020

JSA

# **SCHEDULE D** (Form 990)

# 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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KAI	PI'OLANI MEDICAL SPECIALISTS				9	19-03224	06		
Pa	rt I Organizations Maintaining Donor Advised				r Accol	unts.			
	Complete if the organization answered "Yes	s" on Form 990,	Part	IV, line 6.					
		(a) Donor advi	sed fu	ınds	(b	) Funds and	other	account	s
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 advi	isors in writing th	at th	e assets held	in don	or advised			_
	funds are the organization's property, subject to the organization	anization's exclusi	ve le	gal control? .				Yes	No
6	Did the organization inform all grantees, donors, and d	onor advisors in v	writir	ng that grant f	unds ca	in be used			
	only for charitable purposes and not for the benefit of	the donor or don	or a	dvisor, or for a	any othe	er purpose			_
	conferring impermissible private benefit?							Yes	No
Pa	rt II Conservation Easements.		_						
	Complete if the organization answered "Yes								
1	Purpose(s) of conservation easements held by the orga	•	that						
	Preservation of land for public use (for example, recre	eation or education)	Н	Preservation		-	•		area
	Protection of natural habitat			Preservation	of a ce	rtified histo	ric st	ructure	
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a	qualified conserva	ation	contribution in	the for				
	easement on the last day of the tax year.					Held at the	End	of the 1a	ax Year
а	Total number of conservation easements				2a				
b	Total acreage restricted by conservation easements				2b				
С	Number of conservation easements on a certified histor			` '	2c				
d	Number of conservation easements included in (c) acc								
_	historic structure listed in the National Register				2d				
3	Number of conservation easements modified, transfer	red, released, ext	ingui	shed, or term	inated	by the org	anıza	ition du	ring the
	tax year >		_41	_					
4	Number of states where property subject to conservation				tion ho	مطائمہ م			
5	Does the organization have a written policy regarding					_		<b>.</b> [	
6	violations, and enforcement of the conservation easeme						nonto	Yes	∟ No
6	Staff and volunteer hours devoted to monitoring, inspecting	j, nandling of viola	itions,	and enforcing	conserv	alion easen	ienis	during t	ne year
7	Amount of expenses incurred in monitoring, inspecting, I	handling of violatic	ne a	and enforcing o	oncorve	ation oacom	onte	durina t	the year
′	S	nandling of violatic	л 15, с	ind emorcing c	OHSCIVE	alloneasen	ICIIIS	uuring i	ille yeal
8	Does each conservation easement reported on line 2(d) a	ahove satisfy the re	anira	ements of sect	ion 170/	'h)(4)(B)(i)			
•	and section 170(h)(4)(B)(ii)?	•	•					Yes	□ No
9	In Part XIII, describe how the organization reports cons						nt and		110
•	balance sheet, and include, if applicable, the text of the				•				9
	organization's accounting for conservation easements.		3						
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Tr	eası	ures, or Othe	r Simil	ar Assets			
	Complete if the organization answered "Yes	s" on Form 990,	Part	IV, line 8.					
1a	If the organization elected, as permitted under FASB A	ASC 958, not to r	epor	t in its revenu	ie state	ment and b	oalan	ce shee	et works
	of art, historical treasures, or other similar assets he service, provide in Part XIII the text of the footnote to its	eld for public ext	nibitic	n. education.	or res	earch in fu	ırther	ance o	f public
h	If the organization elected, as permitted under FASB						3000	choot v	vorke of
b	art, historical treasures, or other similar assets held for provide the following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1					▶\$			
	(ii) Assets included in Form 990, Part X					<b>▶</b> \$			
2	If the organization received or held works of art, his								
	following amounts required to be reported under FASB						-	•	
а	Revenue included on Form 990, Part VIII, line 1					▶\$			
b	Assets included in Form 990, Part X					▶\$			

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Page 2 Schedule D (Form 990) 2020

Pa	rt     Organizations Maintaini	ng Collect	ions of	Art, Histo	rical Tre	asures	s, or	Other	Similar As	ssets (d	continued)	
3	Using the organization's acquisition	n, accessio	n, and o	other recor	ds, check	any o	f the	follow	ing that ma	ake sigr	nificant use	of its
	collection items (check all that app	ly):										
а	Public exhibition			d	Loan	or excha	ange	prograi	m			
b	Scholarly research			е	Other							
С	Preservation for future gene	rations			_							
4												
	XIII.											
5	During the year, did the organization	on solicit or i	receive o	donations o	f art. histo	orical tr	easu	res. or	other simila	r		
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Pa	Part IV Escrow and Custodial Arrangements.											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trus	tee, custodi	ian or o	ther interm	nediary fo	or conti	ributi	ons or	other asse	ts not		
	included on Form 990, Part X?				-					_	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII a	nd com	olete the fo	llowing tab	ole:						
	, ,				J					Amount		
С	Beginning balance						1c					
d	Additions during the year											
е	Distributions during the year											
f	Ending balance											
2a	Did the organization include an am							stodial	account liab	oility?	Yes	No
	If "Yes," explain the arrangement i											
	rt V Endowment Funds.				1		p					
. ~	Complete if the organiza	ation answe	ered "Ye	es" on For	m 990. F	Part IV.	line	10.				
	γ	(a) Curren		(b) Prio		(c) Tw			(d) Three ye	ars back	(e) Four yea	ırs back
4	Designing of year belongs		-	(-,	,				(4)		(4)	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
_	and programs											
f	Administrative expenses											
g	End of year balance											
2 a	Provide the estimated percentage Board designated or quasi-endown				e (line 1g,	column	ı (a))	held as	:			
	Permanent endowment >	%										
	Term endowment >	/0 %										
Ū	The percentages on lines 2a, 2b, a		d equal '	100%								
32	Are there endowment funds not in				ation that	are hel	d and	d admir	nistered for t	he		
ou	organization by:	the peodeoc	51011 01 11	io organiza	ation that	are nor	a and	a aannii	ilotoroa ioi t		Yes	s No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	+
h	If "Yes" on line 3a(ii), are the relate										3b	+
4	Describe in Part XIII the intended of	•		•							0.0	
$\overline{}$												
ıa	Complete if the organize	ation answe	ered "Y	es" on Foi	rm 990, l	Part IV	, line	11a. S	See Form	990, Pa	ırt X, line 1	10.
	Description of property	(	a) Cost or	other basis	(b) Cost		asis		cumulated	(0	) Book value	
10	Land		(inves	unent)	(0	ther)		uepr	eciation			
1a	Land						+					
b	Buildings					291,01	10	1	51,718.		120	,292.
C C	Leasehold improvements					22,19	_		17,344.			,855.
d	Equipment				3,0		, , ,	۷,۷	±1,011.		004	, , , , , , .
E Tata	Other  I. Add lines 1a through 1e. (Columr		rual Earr	n 000 Do-4	V colum	n /P\ !:-	20 10	lc )			011	,147.
iota	ı. Auu iilles ta illibüyli te. (Colullii	ı (u) must et	<sub>l</sub> uai FUII	ıı əsu, rall	A, COIUITII	ı (D), III	10	u.)			シュセ	, / .

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Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value

(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

ATTACHMENT 1 (a) Description	(b) Book value
(1) VARIOUS DEFERRED CHARGES	28,833,202.
(2) DUE FROM STRAUB CLINIC & HOSP.	7,768,571.
(3) OPERATING LEASE	5,793,415.
(4) DUE FROM KAUA'I MEDICAL CLINIC	2,692,994.
(5) DUE FROM HAWAI'I HLTH. PTNRS.	1,403,050.
(6) OTHER RECEIVABLES	1,279,706.
(7) DUE FROM KMCWC	706,042.
(8) DUE FROM PALI MOMI MED. CTR.	648,240.
(9) DUE FROM WILCOX MEMORIAL HOSP.	218,128.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	49,531,616.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes ATTACHMENT 2	
(2)	457B LIABILITY	28,787,221.
(3)	DUE TO HAWAI'I PACIFIC HEALTH	6,562,129.
(4)	LONG-TERM OPERATING LEASE LIABILITY	5,470,550.
(5)	SHORT-TERM OPERATING LEASE	1,040,746.
(6)	DEFERRED PAYROLL TAX LIABILITY	855,843.
(7)	DUE TO CMS COVID PAYMENT	85,444.
(8)	DUE TO KAPI'OLANI HEALTH FOUNDATION	35,336.
(9)	DUE TO HONOLULU SURGERY CENTER	26,008.
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	42,877,795.

<sup>2.</sup> 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 . JSA 0E1270 1.000

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Page 4 Schedule D (Form 990) 2020

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part \/	line 1: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		

# Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS AUDITED FINANCIAL STATEMENT FOOTNOTE

THE COMPANY HAS NOT RECORDED ANY EXPENSE OR ACCRUED FOR ANY RELATED

EXPENSE FOR ANY UNCERTAIN TAX POSITIONS. THE COMPANY'S 2017 THROUGH 2020

TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR FEDERAL INCOME TAX PURPOSES,

WHEREAS THE 2016 THROUGH 2020 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR

STATE TAXING JURISDICTIONS IN WHICH THE COMPANY OPERATES.

ATTACHMENT 1

SCHEDULE D, PART IX - OTHER ASSETS

DESCRIPTION BOOK VALUE

DUE FROM HPHRI 79,346.

DUE FROM PROVIDERS INS. CORP. 68,508.

DUE FROM STRAUB FOUNDATION 40,414.

> 49,531,616. TOTALS

> > ATTACHMENT 2

SCHEDULE D, PART X - OTHER LIABILITIES

DESCRIPTION BOOK VALUE

DEFERRED TENANT IMPROVE ALLOW LESSEE 8,855.

CAPITAL ACCUMULATION LIABILITY 4,631.

ESCHEAT LIABILTY 920.

DUE TO PALI MOMI FOUNDATION 100.

DUE TO WILCOX HEALTH FOUNDATION 12.

> 42,877,795. TOTALS

> > Schedule D (Form 990) 2020

# **SCHEDULE J** (Form 990)

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KAPI'OLANI MEDICAL SPECIALISTS

Employer identification number

99-0322406

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation of the CEO/Executive Director, but explain in Part III.  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
RAYMOND P. VARA JR.	(i)	0.	0.	0.	0.	0.	0.	0.	
1 BOARD OF DIRECTOR & PRESIDENT	(ii)	1,110,173.	372,487.	719,150.	2,558,309.	26,194.	4,786,313.	593,274.	
CASS NAKASONE, M.D.	(i)	1,294,572.	372.	291,583.	11,400.	21,531.	1,619,458.	0.	
2 <sup>PHYSICIAN</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
DAVID OKABE	(i)	0.	0.	0.	0.	0.	0.	0.	
3 <sup>EVP, CFO &amp; TREASURER</sup>	(ii)	553,990.	132,543.	259,799.	362,800.	15,096.	1,324,228.	224,487.	
MARTHA SMITH	(i)	0.	0.	0.	0.	0.	0.	0.	
4 FORMER OFFICER	(ii)	564,852.	138,435.	173,452.	292,175.	15,896.	1,184,810.	182,195.	
GREGORY CHOW, M.D.	(i)	1,018,091.	1,488.	85,479.	11,400.	20,645.	1,137,103.	0.	
<b>5</b> PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
ARTHUR GLADSTONE	(i)	0.	0.	0.	0.	0.	0.	0.	
6 <sup>EVP &amp; CSO</sup>	(ii)	516,857.	128,098.	171,355.	285,469.	23,918.	1,125,697.	195,252.	
CHARLES R. CHING	(i)	0.	0.	0.	0.	0.	0.	0.	
7 EVP, GEN. COUNSEL & SECRETARY	(ii)	436,925.	104,835.	229,141.	262,171.	20,008.	1,053,080.	164,297.	
GAIL LERCH	(i)	0.	0.	0.	0.	0.	0.	0.	
8 FORMER OFFICER	(ii)	448,776.	107,316.	186,247.	294,796.	9,718.	1,046,853.	176,006.	
STEVEN ROBERTSON	(i)	0.	0.	0.	0.	0.	0.	0.	
9 <sup>EVP &amp; CIO</sup>	(ii)	450,338.	108,006.	188,448.	276,365.	15,796.	1,038,953.	172,460.	
DANIEL JUDD, M.D.	(i)	959,294.	372.	54,405.	2,850.	21,905.	1,038,826.	0.	
10 <sup>PHYSICIAN</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
KENNETH LEE, M.D.	(i)	972,349.	0.	18,330.	11,400.	5,182.	1,007,261.	0.	
11 PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
MELINDA ASHTON, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
12 <sup>EVP &amp; CQO</sup>	(ii)	467,643.	111,972.	141,224.	233,089.	15,600.	969,528.	169,135.	
MARK GERBER, M.D.	(i)	890,092.	744.	50,235.	11,400.	7,315.	959,786.	0.	
13PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
LESLIE CHUN, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
14 CHIEF EXECUTIVE OFFICER	(ii)	532,633.	83,827.	48,017.	90,427.	23,629.	778,533.	0.	
PATRICK O'DONNELL, M.D.	(i)	628,175.	744.	18,726.	11,400.	25,569.	684,614.	0.	
15 <sup>BOARD OF DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
DAVID CHO, M.D.	(i)	595,629.	7,474.	20,885.	11,400.	22,272.	657,660.	0.	
16 BOARD OF DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
GERARD LIVAUDAIS, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
$ exttt{1}^{ ext{EVP}}$	(ii)	410,238.	78,825.	34,082.	108,525.	15,389.	647,059.	71,310.	
DOUGLAS KWOCK, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
$2^{\!$	(ii)	407,043.	48,037.	36,984.	73,862.	22,109.	588,035.	45,958.	
KENNETH B. ROBBINS, M.D	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER OFFICER	(ii)	255,484.	0.	90,586.	165,414.	14,951.	526,435.	219,481.	
DAWN DUNBAR	(i)	0.	0.	0.	0.	0.	0.	0.	
<b>4</b> <sup>SVP</sup>	(ii)	299,741.	57,822.	35,875.	81,124.	23,823.	498,385.	65,358.	
WARREN CHAIKO	(i)	0.	0.	0.	0.	0.	0.	0.	
_ <b>5</b> <sup>SVP</sup>	(ii)	268,426.	52,369.	54,937.	84,038.	26,568.	486,338.	59,768.	
SUSAN MASUMOTO-NONAKA	(i)	0.	0.	0.	0.	0.	0.	0.	
_ <b>6</b> <sup>VP</sup>	(ii)	278,475.	39,915.	46,239.	71,170.	10,271.	446,070.	45,567.	
BRANDT FARIAS	(i)	0.	0.	0.	0.	0.	0.	0.	
7 <sup>SVP/CHIEF MKTG. OFFR. (PT YR)</sup>	(ii)	249,279.	47,553.	30,552.	76,212.	9,732.	413,328.	50,819.	
MICHAEL ROBINSON	(i)	0.	0.	0.	0.	0.	0.	0.	
<b>8</b> <sup>VP</sup>	(ii)	266,844.	38,177.	22,458.	64,458.	9,732.	401,669.	44,010.	
JAMES LIN, M.D.	(i)	26,603.	0.	930.	2,275.	2,015.	31,823.	0.	
<b>9</b> <sup>VP</sup>	(ii)	235,544.	18,953.	31,194.	39,945.	21,768.	347,404.	0.	
ANNE DEMPSEY, M.D.	(i)	311,420.	952.	26,290.	11,400.	13,083.	363,145.	0.	
10 <sup>BOARD OF DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
EARL INOUYE	(i)	0.	0.	0.	0.	0.	0.	0.	
11 FORMER OFFICER	(ii)	201,366.	40,705.	43,074.	67,586.	1,944.	354,675.	46,925.	
DAVID STUMBAUGH	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	217,152.	31,699.	17,488.	56,827.	22,589.	345,755.	34,835.	
LORRIE-ANN LUKE	(i)	0.	0.	0.	0.	0.	0.	0.	
<b>13</b> <sup>VP</sup>	(ii)	211,025.	30,832.	17,998.	57,735.	25,176.	342,766.	34,527.	
WILLIAM BURKE	(i)	0.	0.	0.	0.	0.	0.	0.	
_14 <sup>VP</sup>	(ii)	237,450.	16,427.	23,154.	43,960.	16,671.	337,662.	0.	
SUNSHINE TOPPING	(i)	0.	0.	0.	0.	0.	0.	0.	
15 <sup>SVP</sup>	(ii)	261,580.	0.	27,699.	0.	21,615.	310,894.	0.	
KENNETH T NAKAMIRA M	(i)	81,445.	21,281.	44,913.	4,151.	6,400.	158,190.	0.	
16 FORMER OFFICER	(ii)	83,807.	0.	39,994.	8,913.	6,476.	139,190.	22,303.	

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020 Page 2

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CARRIE ANN TSUTSUI	(i)	0.	0.	0.	0.	0.	0.	0.
1 VP & CONTROLLER	(ii)	195,857.	17,756.	17,265.	41,055.	12,358.	284,291.	0.
TERENCE YOUNG	(i)	0.	0.	0.	0.	0.	0.	0.
$2^{\!$	(ii)	183,457.	11,901.	30,429.	28,055.	9,132.	262,974.	0.
KATIE SHIGEMITSU	(i)	0.	0.	0.	0.	0.	0.	0.
3 <sup>COMPLIANCE</sup> OFFICER	(ii)	221,265.	0.	3,421.	23,435.	14,690.	262,811.	0.
JENNIFER JONES	(i)	73,212.	0.	229.	6,432.	13,899.	93,772.	0.
<b>4</b> <sup>VP</sup>	(ii)	88,368.	11,973.	15,724.	21,381.	12,184.	149,630.	0.
ALAN ITO	(i)	0.	0.	0.	0.	0.	0.	0.
5 SINFORMATION SECURITY OFFICER	(ii)	185,591.	13,070.	1,612.	21,083.	14,293.	235,649.	0.
JESSICA LEWIS	(i)	0.	0.	0.	0.	0.	0.	0.
6 ASSISTANT CORPORATE SECRETARY	(ii)	170,876.	0.	0.	15,118.	25,286.	211,280.	0.
DAVID FOX	(i)	0.	0.	0.	0.	0.	0.	0.
7 PRIVACY OFFICER (PART YEAR)	(ii)	160,526.	0.	3,089.	16,325.	15,781.	195,721.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020

## Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 3

SUPPLEMENTAL COMPENSATION INFORMATION

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT

PARENT, HAWAI'I PACIFIC HEALTH ('HPH'), AND IS DISCLOSED AS A PERSON PAID

BY A RELATED ORGANIZATION. SEE SCHEDULE O, FORM 990 PART VI, SECTION B,

LINE 15A FOR THE PROCESS USED BY HPH TO DETERMINE COMPENSATION.

FORM 990, SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE RESTORATION PLAN WAS DESIGNED TO RESTORE BENEFITS THAT ARE LOST DUE

TO LIMITS IMPOSED BY SECTIONS 401 AND 415 OF THE INTERNAL REVENUE CODE ON

COMPENSATION CONSIDERED UNDER SUCH PLANS.

AMOUNT PAID OUT DURING THE YEAR BY RELATED ORGANIZATIONS:

RAYMOND P. VARA JR. - \$443,030

DAVID OKABE - \$156,411

GAIL LERCH - \$113,397

STEVEN ROBERTSON - \$100,707

KENNETH B. ROBBINS, M.D. - \$91,556

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CHARLES R. CHING - \$84,461

ARTHUR GLADSTONE - \$77,843

MARTHA SMITH - \$74,608

MELINDA ASHTON, M.D. - \$61,798

ANNUAL INCENTIVE PLAN

THE ANNUAL INCENTIVE PLANS ARE AFFORDED TO EXECUTIVES BASED ON ANNUAL

SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE

OF NET EARNINGS.

AMOUNT PAID OUT DURING THE YEAR BY RELATED ORGANIZATIONS:

RAYMOND P. VARA JR. - \$372,488

DAVID OKABE - \$132,543

GAIL LERCH - \$107,316

STEVEN ROBERTSON - \$108,006

CHARLES R. CHING - \$104,835

ARTHUR GLADSTONE - \$128,098

MARTHA SMITH - \$138,435

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

## Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

MELINDA ASHTON, M.D. - \$111,972

LESLIE CHUN, M.D. - \$83,827

GERARD LIVAUDAIS, M.D. - \$78,824

DAWN DUNBAR - \$57,822

WARREN CHAIKO - \$52,368

DOUGLAS KWOCK, M.D. - \$48,037

BRANDT FARIAS - \$47,553

EARL INOUYE - \$40,705

SUSAN NONAKA - \$39,915

MICHAEL ROBINSON - \$38,177

DAVID STUMBAUGH - \$31,700

LORRIE-ANN LUKE - \$30,832

JAMES LIN, M.D. - \$18,581

CARRIE ANN TSUTSUI - \$17,756

WILLIAM BURKE - \$16,427

JENNIFER JONES - \$11,973

TERENCE YOUNG - \$11,901

Schedule J (Form 990) 2020

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

RETENTION INCENTIVE PLAN

THE RETENTION INCENTIVE PLAN WAS DESIGNED TO ENCOURAGE CONTINUED INTEREST IN THE SUCCESS OF THE ORGANIZATION AND PROVIDE COMPETITIVE RETIREMENT BENEFITS. THE SOLE PLAN PARTICIPANT IS HAWAI'I PACIFIC HEALTH'S CHIEF EXECUTIVE OFFICER, RAYMOND P. VARA JR. THE PLAN DOES NOT REPLACE THE ANNUAL AND LONG-TERM INCENTIVE PLAN NOR THE SERP RESTORATION PLAN.

AMOUNTS PAID OUT DURING THE YEAR BY A RELATED ORGANIZATION:

RAYMOND P. VARA JR - \$1,015,000

## **SCHEDULE L**

Department of the Treasury

# Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Employer identification number Name of the organization KAPI'OLANI MEDICAL SPECIALISTS 99-0322406 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	1 (a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction								
		organization									
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year								
	under section 4958										
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization										

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(b) Relationship with organization	(c) Purpose of loan	oan from th		(e) Original principal amount	(f) Balance due	(g) In o	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
		То	From			Yes	No	Yes	No	Yes	No	
			with organization loan from organi	with organization loan from the organization?	with organization Ioan from the organization?	with organization Ioan from the organization? principal amount by bc comm	with organization loan from the organization? principal amount by board or committee?	with organization loan from the organization? principal amount by board or committee?				

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 Page 2

#### Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1) JANNY CHEN, M.D.	SEE PART V	202,264.	PHYSICIAN COMPENSATION		Х
(2) SUSAN LIN, M.D.	SEE PART V	259,318.	PHYSICIAN COMPENSATION		Х
_(3)					
_(4)					
_ (5)					
_ (6)					
_ (7)					
(8)					
(9)					
(10)					

#### Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

FORM 990, SCHEDULE L, PART IV, COLUMN B

JANNY CHEN, M.D. IS A FAMILY MEMBER OF DAVID CHO, M.D., A CURRENT MEMBER OF THE BOARD OF DIRECTORS.

SUSAN LIN, M.D. IS A FAMILY MEMBER OF LESLIE CHUN, M.D., CHIEF EXECUTIVE OFFICER.

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Ombox 2020

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

KAPI'OLANI MEDICAL SPECIALISTS

99-0322406

FORM 990, PART I, LINE 1

MISSION STATEMENT

KAPI'OLANI MEDICAL SPECIALISTS, AN AFFILIATE OF HAWAI'I PACIFIC HEALTH,
IS A PROVIDER GROUP THAT SERVES HAWAII PACIFIC HEALTH THROUGH ACADEMICS,
RESEARCH AND CLINICAL CARE, IN PARTNERSHIP WITH KAPI'OLANI MEDICAL CENTER
FOR WOMEN AND CHILDREN, PALI MOMI MEDICAL CENTER, STRAUB MEDICAL CENTER,
AND WILCOX HEALTH.

FORM 990, PART III, LINE 1

MISSION STATEMENT

KAPI'OLANI MEDICAL SPECIALISTS (DBA HAWAI'I PACIFIC HEALTH MEDICAL GROUP)

IS A MULTI-SPECIALTY PROVIDER GROUP DEDICATED TO PROVIDING WORLD-CLASS

CARE FOR HAWAI'I'S ADULTS AND CHILDREN THROUGH ACADEMICS, RESEARCH AND

CLINICAL CARE. WORKING IN PARTNERSHIP WITH KAPI'OLANI MEDICAL CENTER FOR

WOMEN & CHILDREN, PALI MOMI MEDICAL CENTER, STRAUB MEDICAL CENTER, AND

WILCOX HEALTH, THE GROUP'S MISSION IS TO CREATE A HEALTHIER HAWAI'I.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

KAPI'OLANI MEDICAL SPECIALISTS (DBA HAWAI'I PACIFIC HEALTH MEDICAL GROUP)

HAS OVER 667 EMPLOYED FTE PROVIDERS AND IS ORGANIZED BY THE FOLLOWING

SPECIALTIES: PRIMARY CARE, MEDICAL SUBSPECIALTIES, SURGERY, WOMEN'S

HEALTH, HOSPITAL BASED MEDICINE, AND PEDIATRICS. IN FISCAL YEAR 2021,

KAPI'OLANI MEDICAL SPECIALISTS (DBA HAWAI'I PACIFIC HEALTH MEDICAL GROUP)

Name of the organization

KAPI 'OLANI MEDICAL SPECIALISTS

Employer identification number

99-0322406

HAD 880,987 PATIENT ENCOUNTERS.

KAPI'OLANI MEDICAL SPECIALISTS (DBA HAWAI'I PACIFIC HEALTH MEDICAL GROUP)

ALLIES WITH THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE,

IN ADHERENCE TO ITS CORE VALUES OF WORLD-CLASS HEALTH CARE, PHYSICIAN

TRAINING, AND MEDICAL RESEARCH. THIS PARTNERSHIP PROVIDES A UNIQUE

ACADEMIC AFFILIATION FOR HAWAI'I PACIFIC HEALTH AND FURTHERS ITS

COMMITMENT TO EFFECTIVE HEALTH CARE THROUGH MEDICAL RESEARCH AND BY

TRAINING TOMORROW'S HEALTH CARE PROVIDERS.

KAPI'OLANI MEDICAL SPECIALISTS (DBA HAWAI'I PACIFIC HEALTH MEDICAL GROUP)
HAS DEVELOPED A VARIETY OF WAYS TO IDENTIFY AND MEET THE UNIQUE HEALTH
CARE NEEDS OF HAWAI'I. KAPI'OLANI MEDICAL SPECIALISTS RECRUITS PHYSICIANS
FROM THROUGHOUT THE NATION WHO DESIRE EMPLOYMENT IN A GROUP PRACTICE
SETTING WITH HAWAI'I'S LEADING HEALTH CARE SYSTEM, ESPECIALLY
SUB-SPECIALISTS IN SHORT SUPPLY, YET HIGH DEMAND. KAPI'OLANI MEDICAL
SPECIALISTS PHYSICIANS PROVIDE ESSENTIAL SERVICES AT OTHER HOSPITALS IN
THE STATE OF HAWAI'I, I.E., NEONATAL SERVICES AT THE QUEEN'S MEDICAL
CENTER, CLINICS AT TRIPLER ARMY MEDICAL CENTER, AND SPECIALTY SERVICES AT
KAISER PEMANENTE LOCATIONS. ADDITIONALLY, THEY PROVIDE PATIENT CARE AT
OUTREACH CLINICS AND COMMUNITY HEALTH CENTERS THROUGHOUT HAWAI'I, PROMOTE
LESSER-KNOWN SERVICES TO PATIENTS WITH SPECIAL NEEDS, PROVIDE HEALTH
EDUCATION ON THE NEIGHBOR ISLANDS AND HEALTH CARE TRAINING TO THE
COMMUNITY AND OTHER PROVIDERS, AND SERVE AS MEDICAL DIRECTORS ON VARIOUS
COMMUNITY BOARDS. CARING FOR THE UNDERSERVED, A LONG-STANDING TRADITION

Name of the organization

KAPI'OLANI MEDICAL SPECIALISTS

Employer identification number

99-0322406

OF ACADEMIC MEDICAL CENTERS THROUGHOUT THE NATION, CONTINUES TO BE A MAJOR FOCUS OF KAPI'OLANI MEDICAL SPECIALISTS. IN FISCAL YEAR 2021, THE GROUP PROVIDED \$293 MILLION IN MEDICAL CARE TO PATIENTS IN NEED OF MEDICAL SERVICES.

FORM 990, PART V, LINE 1A

FORM 1096 REPORTING

HAWAI'I PACIFIC HEALTH (HPH), THE ORGANIZATION'S TAX EXEMPT PARENT, PAYS ALL VENDORS. THEREFORE, HPH ISSUES FORMS 1099 UNDER ITS TAX ID.

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS AND RIGHTS

HAWAI'I PACIFIC HEALTH (HPH) IS THE SOLE MEMBER WHO HAS THE RIGHT TO

PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE WITH THE RIGHT TO APPROVE

CERTAIN DECISIONS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7A

DESCRIPTION OF CLASSES OF PERSON AND THE NATURE OF THEIR RIGHTS

HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER AND HAS THE POWER TO ELECT

MEMBERS OF THE GOVERNING BODY. HAWAI'I PACIFIC HEALTH, AS MEMBER, ALSO

HAS THE POWER TO ELECT ONE OR MORE EX-OFFICIO VOTING MEMBERS OF THE

GOVERNING BODY.

FORM 990, PART VI, SECTIONA A, LINE 7B

DESCRIPTION OF CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF

VOTING RIGHTS

HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS:

- (I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: THE CHIEF MEDICAL OFFICER, DIRECTOR OF OPERATIONS, TREASURER, SECRETARY, EXECUTIVE VP/CFO, OTHER EXCUTIVE VP'S, SENIOR VP, ASSISTANT SECRETARIES, AND ALL VP'S EXCEPT THE OPERATING UNIT VP'S, AS SUCH TERMS ARE DEFINED IN THESE BYLAWS;
- (II) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR

  COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES

  MATRIX ADOPTED BY THE MEMBER BOARD;
- (III) AMEND THESE BYLAWS;
- (IV) THE CORPORATION'S PARTICIPATION IN ALL LONG-TERM FINANCING
  TRANSACTIONS WHICH ARE IN EXCESS OF 1 YEAR AND/OR FOR \$1,000,000 OR MORE;
- (V) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED;
- (VI) DIRECT, MANAGE AND CONTROL THE CUSTODY, THE ADVISORY SERVICE AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;
- (VII) EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE;
- (VIII) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS;
- (IX) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP OR

OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;

(X) EXCEPT AS PROVIDED IN SECTION 3.2(C) OF THE BYLAWS OR AS REQUIRED BY
THE LAWS OF THE STATE OF HAWAI'I, SELL, LEASE OR OTHERWISE TRANSFER 50 OR
MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED

ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY THE CORP;

(XI) EXCEPT AS PROVIDED IN SECTION 3.2(C) OF THE BYLAWS OR AS REQUIRED BY THE LAWS OF THE STATE OF HAWAI'I, SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE CORPORATION WHICH GENERATE 50 OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE CORPORATION DURING THE PRIOR FISCAL YEAR;

(XII) CLOSE THE CLINICAL FACILITIES OWNED AND OPERATED BY THE CORPORATION; PROVIDED THAT AFTER THE EFFECTIVE DATE OF THESE BYLAWS, ANY ELIMINATION OF A CLINICAL SERVICE PROVIDED BY THE CORP MUST ALSO BE APPROVED BY THE BOARD;

(XIII) CONVERT THE CLINICAL FACILITIES OWNED AND OPERATED BY THE CORPORATION INTO A FACILITY NO LONGER OFFERING MEDICAL SERVICES; PROVIDED THAT AFTER THE EFFECTIVE DATE OF THESE BYLAWS, ANY ELIMINATION OF A CLINICAL SERVICE PROVIDED BY THE CORPORATION MUST ALSO BE APPROVED BY THE BOARD;

(XIV) AFTER CONSULTING WITH THE BOARD, REMOVE THE CHIEF MEDICAL OFFICER, DIRECTOR OF OPERATIONS, EXECUTIVE VP/CFO, TREASURER, SECRETARY, OTHER EXECUTIVE VP'S, SENIOR VP'S, ASSISTANT SECRETARIES, AND ALL VP'S EXCEPT THE OPERATING UNIT VP'S; PROVIDED, HOWEVER, THAT TO REMOVE OR TERMINATE THE CHIEF MEDICAL OFFICER WILL REQUIRE THE CHIEF MEDICAL OFFICER OF THE MEMBER TO FULLY COLLABORATE AND CONSULT WITH THE BOARD AND SEEK THE BOARD'S ADVANCE CONSENT FOR SUCH REMOVAL OR TERMINATION. IF THE BOARD DOES NOT CONCUR WITH THE PROPOSED REMOVAL OR TERMINATION OF THE CHIEF MEDICAL OFFICER, SUCH REMOVAL OR TERMINATION WILL REQUIRE THE APPROVAL OF A MAJORITY OF THE MEMBERS ON THE MEMBER BOARD;

Name of the organization

KAPI'OLANI MEDICAL SPECIALISTS

Employer identification number

99-0322406

(XV) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATION GOALS AND THE LONG RANGE AND STRATEGIC PLANS OF THE CORPORATION; AND

(XVI) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.

IN ADDITION, DECISIONS OF THE GOVERNING BODY REQUIRING THE APPROVAL OF HAWAI'I PACIFIC HEALTH, AS MEMBER, INCLUDE:

- (I) ADD ANY DIRECTOR TO THE BOARD;
- (II) REMOVE ANY DIRECTOR FROM THE BOARD;
- (III) AMEND THE ARTICLES;
- (IV) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE CORPORATION EXCEEDING \$1,000,000 IN VALUE;
- (V) ACQUIRE ASSETS WORTH OVER \$1,000,000;
- (VI) AQUIRE SHARES IN ANOTHER CORPORATION;
- (VII) SELL, LEASE OR OTHERWISE TRANSFER 50 OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER THE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY THE CORPORATION;
- (VIII) SELL, LEASE, EXCHANGE OR DISPOSE OF 50 OR MORE OF THE THEN PROPERTY AND ASSETS HELD BY THE CORPORATION;
- (IX) SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE CORPORATION WHICH GENERATE 50 OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE

CORPORATION DURING THE PRIOR FISCAL YEAR;

- (X) MERGE THE CORPORATION WITH ANY ENTITY;
- (XI) DISSOLVE OR LIQUIDATE THE CORPORATION;
- (XII) ISSUE THE CORPORATION'S MEMBERSHIP TO ANY OTHER THAN THE MEMBER;
- (XIII) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONASHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY; AND
- (XIV) DEVELOP A NEW LINE OF BUSINESS

FORM 990, PART VI, SECTION B, LINE 11B REVIEW OF THE FORM 990 BY THE ORGANIZATION'S GOVERNING BODY VARIOUS SCHEDULES OF THE FORM 990 ARE PREPARED PRIMARILY BY STAFF WITHIN THE ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL, ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED INTERNALLY BASED ON INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF THE REPORTING ENTITY. THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS AND APPROVES THE DISCLOSURE NARRATIVES WHICH DESCRIBES THE MISSION/PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION. SENIOR MANAGEMENT OF THE HEALTH CARE SYTEM REVIEWS THE FORM 990 OF EACH FILLING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM. ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE FORMS 990 ARE THEN PROVIDED TO THE GOVERNANCE AND NOMINATING COMMITTEE OF THE HEALTH CARE SYSTEM'S BOARD OF DIRECTORS FOR THEIR REVIEW. THE GOVERNANCE AND NOMINATING COMMITTEE OF THE PARENT'S ENTITY (HAWAI'I PACIFIC HEALTH "HPH") BOARD PROVIDES OVERSIGHT FOR THE FORM 990 REPORTING AND REVIEWS THE FORM 990 FOR EACH ENTITY PRIOR TO FILING. IN ADDITION,
THE FORM 990 FOR EACH ENTITY IS MADE AVAILABLE TO THE HPH BOARD OF
DIRECTORS THROUGH A BOARD PORTAL FOR REVIEW PRIOR TO THE FILING OF THE
FORM 990. COPIES OF THE FORMS 990 ARE MADE AVAILABLE TO THE BOARD MEMBERS
OF EACH SUBSIDIARY UNIT OF HPH AND IS PHYSICALLY LOCATED AT EACH
FACILITY'S SITE FOR THE BOARD MEMBER TO REVIEW PRIOR TO FILING. THE FORMS
990 WILL BE POSTED TO HPH'S WEBSITE FOR PUBLIC ACCESS AFTER THE FILING OF
THE RETURNS WITH THE IRS.

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

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

ANNUALLY, EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE

WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS

THAT SUCH PERSON:

- 1) RECEIVED A COPY OF THE CONFLICT OF INTEREST ('COI') POLICY;
- 2) HAS READ AND UNDERSTAND THE POLICY;
- 3) AGREES TO COMPLY WITH THE POLICY;
- 4) HAS DISCLOSED ANY CONFLICTS OR POTENTIAL CONFLICTS OR ECONOMIC INTERESTS AS REQUIRED; AND
- 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

THE IN-HOUSE LEGAL DEPARTMENT DISTRIBUTES THE STATEMENT REQUEST AND

99-0322406

REVIEWS THE COI STATEMENTS RETURNED. IDENTIFIED CONFLICTS OF INTEREST ARE PRESENTED TO THE BOARD FOR REVIEW, DELIBERATION AND CONFIRMATION/REFUTATION THAT A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST HAS BEEN FOUND, THE INDIVIDUAL MAY ADDRESS THE BOARD AND EXPLAIN THE TRANSACTION OR ARRANGEMENT CAUSING THE CONFLICT. AFTER THE PRESENTATION, THE INDIVIDUAL IS EXCUSED FROM THE MEETING AND SHALL NOT PARTICIPATE WITH ANY DISCUSSION OR VOTE ON MATTERS PERTAINING TO THE TRANSACTION OR ARRANGEMENT.

IN MEETINGS WHERE APPLICATION OF THE COI POLICY OCCURS, THE MEETING MINUTES INCLUDE NATURE OF THE FINANCIAL INTEREST/CONFLICT, NAME(S) OF THE PERSON(S) WITH THE POTENTIAL OR ACTUAL CONFLICT, ANY ACTION TAKEN TO ASSIST IN THE DETERMINATION OF WHETHER A CONFLICT EXISTED, INCLUDING ANY DISCUSSION OF ALTERNATIVE ARRANGEMENTS, THE BOARD'S DECISION(S) REGARDING THE CONFLICT AND NAMES OF PERSON PRESENT IN THE DISCUSSION AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINES 15A & 15B PROCESS OF DETERMINING COMPENSATION THE TOP MANAGEMENT OFFICIALS OF THE ORGANIZATION ARE NOT COMPENSATED BY THE FILING ORGANIZATION, BUT RATHER BY THE TAX-EXEMPT PARENT, HAWAI'I PACIFIC HEALTH ("HPH"). FOLLOWING IS THE PROCESS THAT THE PARENT ORGANIZATION UNDERTAKES TO APPROVE THE TOP MANAGEMENT OFFICIAL'S COMPENSATION. COMPENSATION FOR HPH EXECUTIVES (VP AND ABOVE) IS SET BY THE INDEPENDENT BOARD MEMBERS WHO ARE MEMBERS OF THE HPH COMPENSATION COMMITTEE. ON AN ANNUAL BASIS, THE HPH BOARD CHAIRPERSON (WHO IS

INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION

CONSULTANT TO REVIEW THE EXECUTIVE'S COMPENSATION AND BENEFITS. THE

CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS

ANNUAL MEETING. INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE

ORGANIZATIONS. THE COMPENSATION COMMITTEE MAKES FINAL DECISIONS REGARDING

COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF

THE CONSULTANT'S REPORT. COMMUNITY BASED DIRECTORS OF THE ORGANIZATION

ARE NOT COMPENSATED.

CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE

OF THE REPORTING OR RELATED ORGANIZATION. PHYSICIAN COMPENSATION IS ALSO

HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH

COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND

FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS. THIS

PROCESS WAS LAST COMPLETED ON MARCH 09, 2021 TO REVIEW PHYSICIAN

COMPENSATION AND ON JULY 28, 2021 TO REVIEW EXECUTIVE COMPENSATION.

DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND STANDARDS OF CONDUCT ARE AVAILABLE ON THE HAWAI'I PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWAI'I PACIFIC HEALTH WEBSITE.

FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS

FORM 990, PART VI, SECTION C, LINE 19

Name of the organization
KAPI'OLANI MEDICAL SPECIALISTS

Employer identification number
99-0322406

EQUITY TRANSFER WITH HPH \$ 91,423,988

ROUNDING \$ (2)

TOTAL \$ 91,423,986

ATTACHMENT 1

## 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

770 7 11111 711 00111 211011111011 01 1111 1171	111011201 11112 11121 00111111010110	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
UNIVERSITY OF HAWAI'I 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822	PHYSICIAN SERVICES	1,272,048.
COMPHEALTH, INC. PO BOX 972651 DALLAS, TX 75397-2651	PHYSICIAN SERVICES	417,831.
MEDICAL DIRECTOR ASSOCIATES 5201 CONGRESS AVE., STE. 100 BOCA RATON, FL 33487	PHYSICIAN SERVICES	250,720.
ERNST & YOUNG U.S. LLP 1003 BISHOP ST., STE. 2600 HONOLULU, HI 96813	ACCOUNTING SERVICES	133,325.

### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

KAPI 'OLANI MEDICAL SPECIALISTS

Employer identification number
99-0322406

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled
						Yes	No
(1) HAWAI'I PACIFIC HEALTH 99-0246363							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	ADMIN. SVCS.	HI	501(C)(3)	12C, III-FI	N/A		X
(2) KAPI'OLANI HEALTH FOUNDATION 99-0246364							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	НРН	X	
(3) KAPI'OLANI MED CTR FOR WOMEN & CHILDREN 99-0177350							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	НРН	X	
(4) KAUA'I MEDICAL CLINIC 99-0326099							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	X	
(5) PALI MOMI FOUNDATION 38-3840327							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	НРН	X	
(6) PALI MOMI MEDICAL CENTER 99-0274038							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	НРН	X	İ
(7) PROVIDERS INSURANCE COMPANY 71-0893000							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	INSURANCE	HI	501(C)(3)	12B, II	НРН	X	

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

Schedule R (Form 990) 2020

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#### **SCHEDULE R** (Form 990)

Department of the Treasury

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

KAPI'OLANI MEDICAL SPECIALISTS

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 99-0322406

	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1)						
2)						
3)						
4)						
5)						
6)						

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) STRAUB CLINIC & HOSPITAL 91-2151670							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	X	l
(2) STRAUB FOUNDATION 99-0109350							
55 MERCHANT STREET, 26TH FLOOR HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	X	l
(3) WILCOX HEALTH FOUNDATION 99-0204242							
3-3420 KUHIO HIGHWAY LIHUE, HI 96766	FUNDRAISING	HI	501(C)(3)	7	НРН	X	
(4) WILCOX MEMORIAL HOSPITAL 99-0074365							
3-3420 KUHIO HIGHWAY LIHUE, HI 96766	HOSPITAL	HI	501(C)(3)	3	HPH	X	l
(5)							
(6)							
							<u> </u>
(7)							
							İ

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

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	1 .	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
		,,,		,			Yes	No		Yes	No	
(1) ASC PACIFIC VENTURES, LLC												
SEE PART VII	AMBU. SURG. CTR.	AL	N/A	N/A								
_(2)	_											
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	-	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1) HAWAI'I PACIFIC HEALTH PARTNERS, INC.	99-0318588								
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813		HOLDING COMPANY	HI	N/A	C CORP				
(2) STRAUB PHARMACY, INC.	99-0145107								
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813		INACTIVE	HI	N/A	C CORP				
(3) HICORD, INC.	99-0251496								
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813		INVESTMENT	HI	N/A	C CORP				
_(4)		_							
(5)									
(6)									
(7)									

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 Page 3

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s).	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1р	Х	
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
·				
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s)	1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	sholds	S	

	2 If the answer to any of the above is "res," see the instructions for information on who must complete this line, including covered relationships and transact								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved					
(1)	KAPI'OLANI MED CTR FOR WOMEN & CHILDREN	Q	5,750,863.	FMV					
(2)	KAPI'OLANI MED CTR FOR WOMEN & CHILDREN	P	14,873,068.	FMV					
(3)	PALI MOMI MEDICAL CENTER	Q	1,135,775.	FMV					
(4)	PALI MOMI MEDICAL CENTER	0	68,423.	FMV					
(5)	PALI MOMI MEDICAL CENTER	P	7,404,978.	FMV					
(6)	STRAUB CLINIC & HOSPITAL	Q	12,459,535.	FMV					

Schedule R (Form 990) 2020

JSA

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)			
	Gift, grant, or capital contribution from related organization(s)			
	Loans or loan guarantees to or for related organization(s)			
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
q	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)			
i	Exchange of assets with related organization(s)	1i		
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		
•	, , , , , , , , , , , , , , , , , , , ,			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
	Sharing of paid employees with related organization(s)	10		
	• • • • • • • • • • • • • • • • • • • •			
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses	1q		
•				
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s).	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	shold	s.	

2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and trans	action thresholds.
	(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	STRAUB CLINIC & HOSPITAL	0	98,650.	FMV
(2)	STRAUB CLINIC & HOSPITAL	P	97,772,923.	FMV
(3)	STRAUB CLINIC & HOSPITAL	R	4,339,620.	FMV
(4)	WILCOX MEMORIAL HOSPITAL	Q	4,303,162.	FMV
(5)	WILCOX MEMORIAL HOSPITAL	Р	7,493,877.	FMV
(6)	KAUA'I MEDICAL CLINIC	Р	28,525,227.	FMV

Schedule R (Form 990) 2020

3

Schedule R	(Form 990) 2020	Page •
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a			
b	Gift, grant, or capital contribution to related organization(s)				1b			
С	Gift, grant, or capital contribution from related organization(s)				1c			
	Loans or loan guarantees to or for related organization(s)				1d			
	Loans or loan guarantees by related organization(s)				1e			
f	Dividends from related organization(s)				1f			
g	Sale of assets to related organization(s)				1g			
h	Purchase of assets from related organization(s)				1h			
i	Exchange of assets with related organization(s)				1i			
j	Lease of facilities, equipment, or other assets to related organization(s).				1j			
-								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11			
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n			
	Sharing of paid employees with related organization(s)				10			
р	Reimbursement paid to related organization(s) for expenses				1p			
a q	Reimbursement paid by related organization(s) for expenses				1q			
•								
r	Other transfer of cash or property to related organization(s)				1r			
s	Other transfer of cash or property from related organization(s).				1s			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh							
	(a) Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	Method of	<b>(d)</b> f detei	minin	ıa	
		type (a-s)			ount involved		5	
(1)	PROVIDERS INSURANCE CORPORATION	R	12,867,184.	FMV				
• •								
(2)								
<b>(0</b> )								
(3)							—	
(4)								
17)								

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(6) JSA

(5)

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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity Primary activity Legal domicile (state or foreign country)		income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
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#### **Supplemental Information** Part VII

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III

RELATED ORG. TAXABLE AS PARTNERSHIP:

ASC PACIFIC VENTURES, LLC

EIN: 27-0540034

ADDRESS: 55 MERCHANT ST., 27TH FLOOR HONOLULU, HI 96813