Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A F	or th	e 2020	calendar year, or tax year beginning 07/01, 2020, and endi	ng		06,	/30, 20 21
ь.			C Name of organization		D Employer Iden	tificat	lon number
B	heck if a	pplicable:	KAPI'OLANI HEALTH FOUNDATION		99-0246	364	
Γ	Addre		Doing business as				
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	е	E Telephone nur	nber	
	Initial	l return	55 MERCHANT STREET, 24TH FLOOR		(808) 535	5-71	100
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code				
	Amer	nded	HONOLULU, HI 96813		G Gross receipts	\$	28,673,583.
		cation	F Name and address of principal officer. DAWN DUNBAR	·	H(a) Is this a grou		for Yes X No
			55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 9681	3	H(b) Are all subordi		luded? Yes No
1	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," at	tach a li	st. See instructions
J	Webs	ite: 🕨	HTTPS://GIVING.HAWAIIPACIFICHEALTH.ORG		H(c) Group exemp	tion nu	mber >
K	Form	of organ	alzation: X Corporation Trust Association Other ▶ L Yea	r of format	ion: 1986 M s	State c	of legal domicile: HI
Р	art l	Su	mmary				
	. 1	Briefly	describe the organization's mission or most significant activities: THE MISSION	OF KA	PI'OLANI I	HEAI	TH
9		FOU	NDATION IS TO CREATE A HEALTHIER HAWAI'I.				
Governance	l						
Ver	2	Check	this box Fig. if the organization discontinued its operations or disposed of more	than 25%	of its net assets	 3.	
Ô	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3	24.
Activities &	4		er of independent voting members of the governing body (Part VI, line 1b)			4	22.
ij.	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5	0.
ξį	6		number of volunteers (estimate if necessary)			6	40.
ĕ	7a		unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net u	nrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
					Prior Year		Current Year
ø.	8	Contri	ibutions and grants (Part VIII, line 1h)		7,829,53	2.	7,846,866.
ž	9		am service revenue (Part VIII, line 2g)			0.	0.
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,074,71	6.	1,473,914.
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		67	4.	1,080.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,755,49	0.	9,321,860.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		3,031,37	8.	2,286,504.
	14		its paid to or for members (Part IX, column (A), line 4)			0.	0.
Ś	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)			0.	0.
×	b		fundraising expenses (Part IX, column (D), line 25) ▶ 850, 572.				
W	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,356,79	3.	1,996,179.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,388,17	1.	4,282,683.
	19	Rever	nue less expenses. Subtract line 18 from line 12		-632,68	1.	5,039,177.
Net Assets or Fund Balances				Begin	ining of Current Y	'ear	End of Year
sets	20	Total	assets (Part X, line 16)		92,196,37	8.	117,427,566.
A P	21	Total	liabilities (Part X, line 26)		1,754,09	5.	2,026,824.
25	22	Net a	ssets or fund balances. Subtract line 21 from line 20		90,442,28	3.	115,400,742.
Pa	art II	Si	gnature Block				
Un	der pe	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules and standard complete. Declaration of preparer (other than officer) is based on all information of which preparer	atements, a	and to the best of	my k	nowledge and belief, it is
- II U		oci, and		ilas aliy k	Ť		
0:		.	anni an M. V		5/10	122	
Sig	-		Signature of officer		Date		
He	re		CARRIE ANN TSUTSUI ASSISTANT TR	EASURE	:R		
		<u> </u>	Type or print name and title				
D-'			Type preparer's name Preparer's gignature C. Miller 5/5/		Check	if P	TIN
Pai	a parer	JOC:	ELYNE C MILLER Ooking C. Miller 5/5/	22	self-employ		P00634378
	parer Only	Eirm'	sname ▶ERNST & YOUNG U.S. LLP		Firm's EIN ▶ 3	4-6	565596
		Firm's	s address ▶4365 EXECUTIVE DR., STE. 1600 SAN DIEGO, CA 92121		1		535-7200
Ма	y the	IRS d	liscuss this return with the preparer shown above? (see instructions) \dots				
For	Pape	rwork	Reduction Act Notice, see the separate instructions.			-	Form 990 (2020)

KAPI'OLANI HEALTH FOUNDATION 99-0246364 Form 990 (2020) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF KAPI'OLANI HEALTH FOUNDATION IS TO CREATE A HEALTHIER HAWAI'I. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: 2,795,437. including grants of \$ 1,058,025.) (Revenue \$) (Expenses \$ SEE SCHEDULE O) (Revenue \$ 4b (Code:) (Expenses \$ including grants of \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ **4e** Total program service expenses ▶

2,795,437.

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) (Revenue \$

Form 990 (2020)
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		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
	id the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
	If 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.			
	the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	omplete Schedule D, Part VI	11a	Х	
	id 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	112		
	f 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
	oid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did 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,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				1

Form **990** (2020) PAGE 5

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other againtance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	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			
له.	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		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	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	X	
D	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				77
	Check if Schedule O contains a response or note to any line in this Part V	 j	Yes	. X
1.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		res	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2020) Page 5

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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	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.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
IJ	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
	·			

60023819 PAGE 7

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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	ship with			
	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or ur	nder t	ne direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	erson	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		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 el	ect o	appoint			
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:			_	3.7	
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot			9		X
Secti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Inte			-)	21
Occi	on B. I didies (This decision B requests information about policies het requires by the line	mai	tovonac		·/ Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		-	10b		
11a	·	•		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iiig tii	5 IOIIII: •			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests t					
-	rise to conflicts?		_	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
_	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	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safe	juard the	4.01		
Cooti	organization's exempt status with respect to such arrangements?			16b		
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► HI.	000	1 000 =	/6		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap		and 990-T	(Sec	tion 5	U1(C)
	X Own website Another's website X Upon request Other (explain on Sc		e ())			
10			,	f into	oct ~	olicy
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	ients,	COTHICL O	ıııtel	εδι β	oncy,
20		nooke	and record	s >		
	State the name, address, and telephone number of the person who possesses the organization's because it is 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 808-535-7434	Joons	a.ia 100010			

Form **990** (2020)

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60023819 PAGE 8

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) RAYMOND P. VARA JR.	.20									
BOARD OF DIRECTOR	61.90	X						0.	2,201,810.	2,584,503
(2)DAVID OKABE	.20									
TREASURER	49.80			Х				0.	946,332.	377,896
(3) CHARLES R. CHING	.10									
SECRETARY	39.90			Х				0.	770,901.	282,179
(4) DAWN DUNBAR	10.40									
PRESIDENT	34.60			Χ				0.	393,438.	104,947
(5) EARL INOUYE	.20									
FORMER OFFICER	47.80						Х	0.	285,145.	69,530
(6) CARRIE ANN TSUTSUI	.20									
ASSISTANT TREASURER	47.80			Χ				0.	230,878.	53,413
(7)JESSICA LEWIS	.50									
ASSISTANT SECRETARY	39.50			X				0.	170,876.	40,404
(8) ANGELA PRATT	.20									
BOARD OF DIRECTOR	0.	X						0.	24,372.	0
(9) JEFFREY A. ARCE	.20									
BOARD OF DIR., CHAIR (PT YR)	0.	Х		X				0.	0.	0
(10)NATALIE BANACH	.20									
BOARD OF DIRECTOR (PART YEAR)	0.	X						0.	0.	0
(11) KATHY CARR	.20									
BOARD OF DIRECTOR	0.	Х						0.	0.	0
(12) MEREDITH CHING	.20									
BOARD OF DIRECTOR	0.	Х						0.	0.	0
(13) SHELLEY CRAMER	.20	1								
BOARD OF DIRECTOR	0.	Х						0.	0.	0
(14) SARA DUDGEON	.20								_	_
BOARD OF DIRECTOR	0.	X						0.	0.	0

Form **990** (2020)

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50F128 1018 60023819 PAGE 9 Form 990 (2020)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average	(do)	oot ol	Pos	C) sition	o than a		(D) Reportable	(E) Reportable		(F)	
	hours per week (list any hours for related	box,	unles er and	ss pe d a d	rson lirect	e than o is both tor/trust Ф <u>∓</u>	an ee)	compensation from the	compensation from related organizations	com	nount of other pensatic om the	n
	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)	org and	anizatior d related anization	
15) MATTHEW EMERSON	.20											
BOARD OF DIRECTOR	0.	X						0	0.			
16) STEPHANIE GAMBETTA	.20									ı		_
BOARD OF DIRECTOR 17) KIM HEHIR	.20	X						0	0.			
BOARD OF DIRECTOR (PART YEAR)	.30	X						0	0.	ı		C
18) THOMAS KOSASA, M.D.	.20	Λ.						0	. 0.			
BOARD OF DIRECTOR	0.	X						0	0.	ı		(
19) HOWARD LEE	.20											`
BOARD OF DIRECTOR	0.	Х						0] 0.	1		(
20) NEDRA MANSON	.20											
BOARD OF DIRECTOR	0.	Х						0	0.	ı		(
21) PAUL MARX	.20											
BOARD OF DIRECTOR, CHAIR	0.	Х		Х				0	0.	ı		(
22) MARCUS MERNER	.20											
BOARD OF DIRECTOR	0.	Х						0	0.			(
23) RALPH MESICK	.20									1		
BOARD OF DIRECTOR	0.	Х						0	0.			(
24) RUTH MILLS	.20									1		
BOARD OF DIRECTOR	0.	X						0	. 0.			(
25) BRAD NICOLAI	.20									1		,
BOARD OF DIRECTOR, VICE CHAIR	0.	X		X				0	0.		-10 0	(7.0
1b Sub-total							>	0.	5,023,752.	3,5	512,8	0
c Total from continuation sheets to Part VII, S								0.	5,023,752.	2 [512,8	
d Total (add lines 1b and 1c)							<u> </u>				712,0	74.
reportable compensation from the organization				u ai	DOV	e) wiic) 16	ceived more man	\$100,000 01			
	,										Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х	
4 For any individual listed on line 1a, is the organization and related organizations groups	sum of repeater than	ortab \$15	ole o 50,0	com 00?	per	nsation "Yes	n aı s,"	nd other compen complete Schedu	sation from the		77	
individual										4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent o	con	tracto	rs t	nat received more	e tnan \$100,000 o	/T		

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 ▶ 0.

Form **990** (2020)

JSA 0E1055 1.000

(A)	(B)			(C	?)			(D)	(E)	((F)	
Name and title	Average hours per week (list any hours for related	box,	unles er and	Posi neck ss per	ition more rson irect	e than or is both a or/truste	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estir amo ot compe	mated ount of ther ensation m the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2) 1033 MIGG)	and i	nizatior related nization	ł
6) PAIGE PAHLMEYER	.20											
BOARD OF DIRECTOR	0.	Х						0	0.			
7) KAREN T. POLIVKA	.20											
BOARD OF DIRECTOR	0.	Х						0	0.			
8) PATRICIA W. SHEEHAN	.20											
BOARD OF DIRECTOR	0.	Х						0	0.			
9) CHYNNA STONE	.20											
BOARD OF DIRECTOR	0.	Х						0	0.			
0) KELLY SUEDA	.20											
BOARD OF DIRECTOR	0.	Х						0	0.			
1) EILEEN WACKER	.20											
BOARD OF DIRECTOR	0.	Х						0	0.			
2) SHELLEY WILSON	.20											
BOARD OF DIRECTOR	0.	Х						0	0.			
3) LINDA WOO	.20											
BOARD OF DIRECTOR	0.	Х						0	0.			
1b Sub-total								0.	0.			(
c Total from continuation sheets to Part VII,	Section A						\blacktriangleright					
d Total (add lines 1b and 1c)							\blacktriangleright					
2 Total number of individuals (including but no reportable compensation from the organizat		hose 0.		d ab	oove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organizat	011	0.	•								Yes	N
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3	Х	
4 For any individual listed on line 1a, is the organization and related organizations (individual	reater than	\$15	50,00	00?	lf	"Yes,	," (complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive of												
for services rendered to the organization? If Section B. Independent Contractors										5		Х

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)

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a res	oonse or note to ar	ny 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	1a	Federated campaigns 1a	ı				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
عَ ق	С	Fundraising events					
fts	d	Related organizations					
פּׁוֹבַ	e	Government grants (contributions) . 16					
ns, Sir	f	All other contributions, gifts, grants,	,				
ë ë		and similar amounts not included above . 1f	7,846,866.				
혈	g	Noncash contributions included in	7,7010,70001				
할	9		\$ 605,605.				
a C	h	Total. Add lines 1a-1f		7,846,866.			
	-"	Total. Add lilles 1a-11	Business Code	7,040,000.			
ġ.	_		Business code				
Š	2a		_				
Ser	b		-				
ĕ Ē	С		-				
gra Re	d		-				
Program Service Revenue	е		-				
ъ.	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividend	_	1 242 052			1,242,952.
		other similar amounts)	_	1,242,952.			1,242,932.
	4	Income from investment of tax-exempt be	•				
	5	Royalties	(ii) Personal	0.			
	_		(II) I GISOIIAI				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	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 19,582,68	5.				
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b 19,351,72					
Re	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>	230,962.			230,962.
Other	8a	Gross income from fundraising					
J		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	a 0.				
	b	Less: direct expenses	b 0.				
	С	Net income or (loss) from fundraising ever	<u>nts</u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19	a 0.				
	b	Less: direct expenses	b 0.				
	С	Net income or (loss) from gaming activiti	<u>es</u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b		0.				
	С	Net income or (loss) from sales of inventory		0.			
<u>n</u>			Business Code				
e ne	11a	ALL OTHER REVENUE	900099	1,080.			1,080.
Miscellaneous Revenue	b		-				
Sce Re	C	All d	-				
Ξ	d	All other revenue		1 000			
	e	Total Add lines 11a-11d		1,080.			1 474 004
	12	Total revenue. See instructions	🟲	9,321,860.		İ	1,474,994.

KAPI'OLANI HEALTH FOUNDATION

Form **990** (2020)

JSA 0E1051 1.000 50F128 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 response or note to any line in this Part IX											
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)						
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	2,286,504.	2,286,504.								
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	0.									
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	0.									
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	0.									
9	Other employee benefits	0.									
10	Payroll taxes	0.									
11	Fees for services (nonemployees):										
а	Management	0.									
b	Legal	0.		11.010							
C	Accounting	14,949.		14,949.							
d	Lobbying	0.									
е	Professional fundraising services. See Part IV, line 17.	0.		0.60 0.01							
f	Investment management fees	269,271.		269,271.							
g	Other. (If line 11g amount exceeds 10% of line 25, column	056 044		044 110	611 005						
	(A) amount, list line 11g expenses on Schedule O.) ATCH 1	856,044.		244,119.	611,925.						
12	Advertising and promotion	6,821.		26.025	6,821.						
13	Office expenses	56,355.		26,935.	29,420.						
14	Information technology	103.			103.						
15	Royalties	0.			27 265						
16	Occupancy	37,365.			37,365.						
17	Travel	2,278.			2,278.						
18	Payments of travel or entertainment expenses	0									
	for any federal, state, or local public officials	0. 634.			624						
19	Conferences, conventions, and meetings	0.			634.						
20	Interest	0.									
21	Payments to affiliates	1,205.			1,205.						
22	Depreciation, depletion, and amortization	13,970.		13,970.	1,205.						
23	Insurance	13,570.		13,570.							
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.)										
_	PROGRAM EXPENDITURES	508,933.	508,933.								
-	PRINTING & DESIGN SVCS.	122,099.	300,733.		122,099.						
-	CORPORATE ALLOCATION	67,430.		67,430.							
_	ANNUAL GIVING GIFTS	9,543.		0.,100.	9,543.						
		29,179.			29,179.						
	All other expenses	4,282,683.	2,795,437.	636,674.	850,572.						
_	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.									
		*1			Form 990 (2020)						

Form 990 (2020) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A)		(B)
	_	Cook was interest begring	Beginning of year 0.		End of year 0.
	1	Cash - non-interest-bearing	2,946,840.	1	8,274,910.
	2	Savings and temporary cash investments	2,240,767.	2	2,489,858.
	3	Pledges and grants receivable, net	1,995,884.	3	1,760,903.
	4	Accounts receivable, net	1,990,004.	4	1,700,903.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	0	_	0
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined	0		0
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
SS	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	79,093.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 193, 211.			
	b	Less: accumulated depreciation	1,205.	10c	0.
	11	Investments - publicly traded securities	33,564,303.	11	40,855,090.
	12	Investments - other securities. See Part IV, line 11	48,573,557.	12	61,173,516.
	13	Investments - program-related. See Part IV, line 11.	2,407,496.	13	2,407,496.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	387,233.	15	465,793.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	92,196,378.	16	117,427,566.
	17	Accounts payable and accrued expenses	38,133.	17	95,037.
	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	145,936.	21	141,477.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
Ĭ	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			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,570,026.	25	1,790,310.
	26	Total liabilities. Add lines 17 through 25	1,754,095.	26	2,026,824.
es		Organizations that follow FASB ASC 958, check here ► X			
Net Assets or Fund Balances	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	71,154,699.	27	90,245,271.
Ba	28	Net assets with donor restrictions.	19,287,584.	28	25,155,471.
Б	20	Organizations that do not follow FASB ASC 958, check here ▶	15/20//301.	20	23/133/171
굔		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
šets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et	32	Total net assets or fund balances	90,442,283.	32	115,400,742.
Z	33	Total liabilities and net assets/fund balances	92,196,378.	33	117,427,566.
_					Form 990 (2020)

Form **990** (2020)

50F128 1018 60023819 PAGE 14

Form 990 (2020) Page **12**

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			21,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			82,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			39,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		90,4		
5	Net unrealized gains (losses) on investments	5		20,0	77,9	941.
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		-1	58,6	559.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	15,4	00,7	42.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	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 cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				3.7	
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 audit	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	_			v	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			37
	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)

50F128 1018 60023819 PAGE 15

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

KAI	ΡΙ'	OLANI HEALTH FOUNDA'	TION				99-02463	64
Pai	t I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instructions	3.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated t		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	-					
6	37	A federal, state, or local go	•			•	, , , , , , ,	
7	X	An organization that norma	-	· · · · · · · · · · · · · · · · · · ·	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)			Dom! II.\			
8 9		A community trust describe					Lin conjunction with a	land grant college
9		An agricultural research orgor university or a non-land-	=			-		
		university:	grant conege or ag	griculture (see iristruct	ions). E	inei mei	name, city, and state o	i the college of
10		An organization that norma	lly receives (1) mc	ore than 331/3 % of its	sunnort	from cor	ntributions membersh	in fees, and gross
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its
		support from gross investm acquired by the organization	nent income and u	nrelated business tax 975 See section 509	able inco (a)(2) ((ome (less	s section 511 tax) from	businesses
11		An organization organized						
12		An organization organized	•	•	-			carry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that d	escribes the type of si	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		Type I. 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 m	ajority of	the directors or truste	es of the
	_	supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b	L	Type II. A supporting org	•					
		control or management of			the sam	e persor	ns that control or man	age the supported
		organization(s). You must						
С	L	Type III functionally integ						lly integrated with,
	Г	its supported organization						
d	L	Type III non-functionally	•		•			• ,
		that is not functionally into requirement (see instruct	-		-		•	an allenliveness
е	Г	Check this box if the orga		-				I Type III
·	_	functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	i, type iii
f	Er	nter the number of supported						
g		ovide the following information		orted organization(s).				
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization	` '	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				abovo (666 mondonomo))	Yes	No	men denone,	men denome,
(A)								
/								
(B)								
(C)								
'D'								
(D)								
(E)								
Tota	ıl							

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Schedule A (Form 990 or 990-EZ) 2020

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,693,433.	4,891,693.	6,594,376.	7,844,967.	7,846,866.	32,871,335.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	5,693,433.	4,891,693.	6,594,376.	7,844,967.	7,846,866.	32,871,335.
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						
6	shown on line 11, column (f)						1,344,011.
6	Public support. Subtract line 5 from line 4						31,527,324.
	tion B. Total Support	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in)	5,693,433.	4,891,693.	6,594,376.	7,844,967.	7,846,866.	32,871,335.
7 8	Amounts from line 4	968,136.	1,240,824.	1,101,256.	1,027,353.	1,242,952.	5,580,521.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	112,077.	45,743.	536,528.			694,348.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	465.	582.	720.	674.	1,080.	3,521.
11	Total support. Add lines 7 through 10						39,149,725.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	80.53 %
15	Public support percentage from 2019					15	78.51 %
16a	331/3% support test - 2020. If the org	ganization did n	ot check the box	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu						
b	33 1/3% support test - 2019. If the org						
	this box and stop here. The organization			_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets			-		-	
	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz	-					
	in Part VI how the organization meets					-	-
	organization			•	•	•	
18	Private foundation. If the organizatio						
	instructions						
		_					

Schedule A (Form 990 or 990-EZ) 2020

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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				<u> </u>	,	
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) 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 - 2021. 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 - 2021. 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		·						
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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 13 of the amount on line 15 for the year c Add lines 7 and 7 b. Public support. (Subtract line 7 c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6. 10 Gross income from interest, dividends, payments received on securities boars, reins, royalties, and income from similar space in the security of								
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organization without charge	-							
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and 12.)	13							
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Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	1-7	-	-			•		` ` ` ` `
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16 Public support percentage from 2019 Schedule A, Part III, line 15				<u> </u>	mn (f))		15	%
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17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))								70
18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 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 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 331/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		-			13 column (f))		17	%
19a 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 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ b 331/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ [
17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ b 331/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶								
b 331/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	134		-					
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h							
	D	• • • • • • • • • • • • • • • • • • • •				•		
ZU TITYANG TOUTHANDIN IT UTG OTGANIZANOH UNU HOL GHEGK A DOX OH HIRC 14. 138. OF 190. CHECK HIS DOX AND SEE INSTITUTIONS 🔛 T	20	•		•	•			

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Schedule A (Form 990 or 990-EZ) 2020 Page **4**

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

- 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

JSA 0E1229 1.010 Schedule A (Form 990 or 990-EZ) 2020

50F128 1018 60023819 PAGE 19

Schedule A (Form 990 or 990-EZ) 2020 Page 5

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 Part VI.	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
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 Part VI 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 Part VI 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 Part VI how you supported a governmental entity (see	e instr		s). No
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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
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 Part VI .	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 Part VI the role played by the organization in this regard.	3h		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S			
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi					
Se	Section A - Adjusted Net Income (A) Prior Year					
_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	gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
_7		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	Total (add lines 1a, 1b, and 1c)	1d				
e	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	-	5				
6						
-	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).	, -3	21			

Schedule A (Form 990 or 990-EZ) 2020

50F128 1018 60023819 PAGE 21

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	Current Year				
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt 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	rovide details in Part VI)		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	Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2020				(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				

Schedule A (Form 990 or 990-EZ) 2020

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any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

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

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.

50F128 1018 60023819 PAGE 22

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.)

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME					
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	465.	582.	720.	674.	1,080.	3,521.
OTHER INCOME	103.	302.	720.	0,11.	1,000.	3,321.
TOTALS	465.	582.	720.	674.	1,080.	3,521.

Schedule A (Form 990 or 990-EZ) 2020

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

KAPI'OLANI HEALTH FOUNDATION

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

99-0246364 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization KAPI 'OLANI HEALTH FOUNDATION

Employer identification number 99-0246364

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization KAPI'OLANI HEALTH FOUNDATION

Employer identification number 99-0246364

art II	Noncash Property	(see instructions). Use duplicate c	opies of Part II if ad	ditional space is needed.
--------	-------------------------	-------------------	--------------------	------------------------	---------------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization KAPI'OLANI HEALTH FOUNDATION **Employer identification number** 99-0246364 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

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

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 KAPT'OLANT HEALTH FOUNDATION 99-0246364

Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		n of a historically important land area
		n of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution is	in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
C C		20
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
•	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terr	ninated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
	and section 170(h)(4)(B)(ii)?	∟ Yes ∟ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue at	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	cial statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reven of art, historical treasures, or other similar assets held for public exhibition, education	ue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education service, provide in Part XIII the text of the footnote to its financial statements that describes	, or research in furtherance of public these items
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	
b	art, historical treasures, or other similar assets held for public exhibition, education, or re	
	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	
2	If the organization received or held works of art, historical treasures, or other similar	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	The state of the s
а	Revenue included on Form 990, Part VIII, line 1	⊳ \$
b	Assets included in Form 990, Part X.	· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2020

PAGE 28

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of A	Art, Historical Tre	asures, o	r Other	Similar Assets (continu	ied)				
3	Using the organization's acquisition	n, accession, and o	ther records, check	any of the	e follow	ing that make sig	nificant	use c	of its			
	collection items (check all that app	ly):										
а	Public exhibition			r exchange	progran	n						
b	Scholarly research		e Other									
С	Preservation for future gene								_			
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part											
_	XIII.	10.00										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar											
Do	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, custodian or ot	her intermediary fo	r contribut	ions or	other assets not						
	included on Form 990, Part X?						Yes	X	No			
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tab	le:								
						Amoun	t					
С	Beginning balance											
d	Additions during the year											
e	Distributions during the year											
f	Ending balance				into dial	a a a a unt li a bilitu?	V Vas		Na			
	Did the organization include an am If "Yes," explain the arrangement i					- '	X Yes		No			
	rt V Endowment Funds.	II Fait Aiii. Check he	re ii tile explanation	nas been p	Tovided	UII FAIL AIII		Δ.				
га	Complete if the organiza	ation answered "Ye	s" on Form 990 F	art IV line	10							
	Comprete ii tiio organii20	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Fou	ır vears	back			
4 -	Decimal of year belones	84,640,785.	82,066,540.	77,696		72,036,920.			368.			
	Beginning of year balance	46,615.	30,286.		,975.	11,100.	,		150.			
b	Contributions	,	,		,							
C	and losses	21,409,490.	2,587,692.	4,446	,940.	5,697,717.	6,	6,736,577.				
Ь	Grants or scholarships	69,431.	35,233.	32	,580.	10,240.		74,	889.			
	Other expenditures for facilities											
	and programs											
f	Administrative expenses	11,821.	8,500.		,476.	38,816.		11,286				
g	End of year balance	106,015,638.	84,640,785.	82,066	,540.	77,696,681.	72,	036,	920.			
2 a	Provide the estimated percentage Board designated or quasi-endown	of the current year enent ► 96.0000	end balance (line 1g, _%	column (a))	held as:	:						
		0000 %										
С	Term endowment ▶ 1.0000	• * *										
	The percentages on lines 2a, 2b, a											
3a	Are there endowment funds not in	the possession of th	e organization that	are held an	ıd admin	istered for the		V				
	organization by:						0 - (1)	Yes	No			
	(i) Unrelated organizations						3a(i)		X			
_	(ii) Related organizations						3a(ii) 3b					
_	If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended to	•	•				30					
4 Pa	rt VI Land, Buildings, and Equ	uipment.			. 110. 0	Coo Form 000 D	ort V lie	20.10				
	Complete if the organize Description of property	(a) Cost or		or other basis			d) Book v		•			
		(investi		her)		eciation						
1a	Land											
b	Buildings			27 040		27 040						
C	Leasehold improvements			37,840. 55,371.		37,840.						
d	Equipment		<u>_</u>	35,3/1.		55,371.						
e Toto	Other I. Add lines 1a through 1e. (Column	(d) must say a Ferra	000 Port V column	(R) line 1	2c)							
ı ota	i. Aud iiiles Ta tiilbugii Te. (Columir	(u) musi equal FOM	i 330, Fait A, COIUIIII	ı (<i>D),</i> IIII C 10	<i></i>	-						

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on:
(1) Financi	al derivatives			
` '	held equity interests			
(3) Other	manage quely managed			
	ESTMENTS-OTHER SECURITIES	61,173,516.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	61,173,516.		
Part VIII	Investments - Program Related. Complete if the organization answered	l "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 marke	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Coli	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes			(b) Doon Talas
	TO AFFILIATES			949,323.
	TO KAPI'OLANI CTR WOMEN & CHILI)		609,886.
	TO HAWAI'I PACIFIC HEALTH			213,381.
	TO STRAUB MEDICAL CENTER			16,080.
	TO HPH RSRCH INSTITUTE			1,506.
· · ·	TO WILCOX MEMORIAL HOSPITAL			134.
	TO WILLOW MEMORIAL HOSPITAL			134.
(8)				
(9)	nn (h) must squal Form 000 Port V and (D) live- 05 1		<u> </u>	1,790,310.
i otal. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)			⊥,/⊅U,J⊥U.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Page 4 Schedule D (Form 990) 2020

Part	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 2a		
b	Donated services and use of facilities		
С	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4c	
С 5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	
Part		irn.	
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:		
a	investment expenses not included on Form 550, Fait Vin, inc 75 1 1 1 1 1 1	-	
b c	Other (Describe in Part XIII.)	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
2; Par	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 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)

FORM 990, SCHEDULE D, PART IV, LINE 2B

ESCROW OR CUSTODIAL ACCOUNT LIABILITY

ESCROW LIABILITIES REPRESENT AMOUNTS DUE TO INDIVIDUALS UNDER CHARITABLE REMAINDER TRUST AGREEMENTS.

FORM 990, SCHEDULE D, PART V, LINE 4

DESCRIPTION OF INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS ENDOWMENT FUNDS ARE MANAGED TO ENSURE THAT THE RETURNS SUPPORT THE MEDICAL CENTER'S OPERATIONS; HIRING OF STAFF; IMPLEMENTATION OF PROGRAMS; RESEARCH AND EDUCATION; AND PROVIDE QUALITY CARE FOR PATIENTS, ALL IN ACCORDANCE WITH THE DONOR'S INTENT AND THE ORGANIZATION'S MISSION.

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.

SCHEDULE I (Form 990)

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

2020

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2020

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization **Employer identification number** KAPI'OLANI HEALTH FOUNDATION 99-0246364 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) KAPI'OLANI MED CENTER FOR WOMEN & CHILDREN 55 MERCHANT ST, 24TH FL HONOLULU, HI 96813 99-0177350 501(C)(3) 2,197,146. 69,624. FMV GIFT IN KIND GENERAL SUPPORT (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)1.

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

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_2					
_ 3					
_4					
_ 5					
_ 6					
7					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS TEMPORARILY RESTRICTED FUNDS RELEASED (& GRANTED) TO THE AFFILIATED ORGANIZATION ARE RELEASED AFTER THE SPECIFIC PURPOSE OF THE FUND HAS BEEN MET. ONCE THE AFFILIATED ORGANIZATION COMMUNICATES THE EXPENSE AND SATISFIES THE SUBSTANTIATION OF THE EXPENSE FOR THE PURPOSE THAT THE FUNDS WERE CONTRIBUTED FOR, THE FOUNDATION RELEASES THE RESTRICTION AND RECORDS THE GRANT TO THE AFFILIATED ORGANIZATION. NO FURTHER MONITORING OF THE FUNDS AFTER DISTRIBUTION IS NECESSARY.

Schedule I (Form 990) (2020)

60023819 PAGE 34

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 HEALTH FOUNDATION

Employer identification number

99-0246364

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		X
	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		X
~	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		X
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 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 in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)		
RAYMOND P. VARA JR.	(i)	0.	0.	0.	0.	0.	0.	0.	
1BOARD OF DIRECTOR	(ii)	1,110,173.	372,487.	719,150.	2,558,309.	26,194.	4,786,313.	593,274.	
DAVID OKABE	(i)	0.	0.	0.	0.	0.	0.	0.	
2TREASURER	(ii)	553,990.	132,543.	259,799.	362,800.	15,096.	1,324,228.	224,487.	
CHARLES R. CHING	(i)	0.	0.	0.	0.	0.	0.	0.	
3SECRETARY	(ii)	436,925.	104,835.	229,141.	262,171.	20,008.	1,053,080.	164,297.	
DAWN DUNBAR	(i)	0.	0.	0.	0.	0.	0.	0.	
4PRESIDENT	(ii)	299,741.	57,822.	35,875.	81,124.	23,823.	498,385.	65,358.	
EARL INOUYE	(i)	0.	0.	0.	0.	0.	0.	0.	
5FORMER OFFICER	(ii)	201,366.	40,705.	43,074.	67,586.	1,944.	354,675.	46,925.	
CARRIE ANN TSUTSUI	(i)	0.	0.	0.	0.	0.	0.	0.	
6ASSISTANT TREASURER	(ii)	195,857.	17,756.	17,265.	41,055.	12,358.	284,291.	0.	
JESSICA LEWIS	(i)	0.	0.	0.	0.	0.	0.	0.	
7ASSISTANT SECRETARY	(ii)	170,876.	0.	0.	15,118.	25,286.	211,280.	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

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 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

CHARLES R. CHING - \$84,461

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

CHARLES R. CHING - \$104,835

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.

EARL INOUYE - \$40,705

DAWN DUNBAR - \$57,822

CARRIE ANN TSUTSUI - \$17,756

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 SERP RESTORATION PLAN.

AMOUNTS PAID OUT DURING THE YEAR BY A RELATED ORGANIZATION:

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

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.

KAPI'OLANI HEALTH FOUNDATION 99-0246364

Schedule J (Form 990) 2020 Page 3

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.

AMOUNT PAID OUT DURING THE YEAR BY RELATED ORGANIZATIONS:

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

DAVID OKABE - \$156,411

CHARLES R. CHING - \$84,461

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

CHARLES R. CHING - \$104,835

EARL INOUYE - \$40,705

DAWN DUNBAR - \$57,822

CARRIE ANN TSUTSUI - \$17,756

Schedule J (Form 990) 2020

KAPI'OLANI HEALTH FOUNDATION 99-0246364

Schedule J (Form 990) 2020 Page 3

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 M (Form 990)

Noncash Contributions

99-0246364

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KAPI'OLANI HEALTH FOUNDATION

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 16,641. COST/SELLING X 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 535,980. Χ FMV 6. Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 X 4,060. COST/SELLING 19 Х 30,381. 6. COST/SELLING 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 18,543. Other ▶(ATCH 1 25 26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a X **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Page 2

SCHEDULE M, PART I, COLUMN B

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) (2020) JSA

0E1508 1.000

50F128 1018 60023819 PAGE 42 Schedule M (Form 990) (2020) Page 2

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
<u> </u>	(II) CILLER	CONTRIBUTIONS		<u>BB1BRHINING</u>
PREPAID GIFT CARD	X	5.	6,980.	COST/SELLING
MISCTOYS	X	10.	11,563.	COST/SELLING
TOTALS		15.	18,543.	

Schedule M (Form 990) (2020)

JSA

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

KAPI'OLANI HEALTH FOUNDATION

P9-0246364

FORM 990, PART III, LINE 4

PROGRAM SERVICE ACCOMPLISHMENTS

THE MISSION OF KAPI'OLANI HEALTH FOUNDATION (THE FOUNDATION) IS TO CREATE

A HEALTHIER HAWAI'I.

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KAPI'OLANI) IS A

NOT-FOR-PROFIT MEDICAL CENTER LOCATED IN HONOLULU THAT IS DEDICATED TO

THE HEALTH AND WELL BEING OF ALL HAWAI'I RESIDENTS. KAPI'OLANI IS

HAWAI'I'S ONLY MATERNITY, NEWBORN AND PEDIATRIC SPECIALTY HOSPITAL.

KAPI'OLANI IS PART OF THE HAWAI'I PACIFIC HEALTH SYSTEM, ONE OF THE

STATE'S LARGEST HEALTH CARE SYSTEMS.

AS A NOT-FOR-PROFIT MEDICAL CENTER, KAPI'OLANI RELIES ON PHILANTHROPIC SUPPORT FROM THE COMMUNITY TO FULFILL ITS MISSION AND CARE FOR ITS PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. CONTRIBUTIONS, BOTH UNRESTRICTED AND DESIGNATED, HELP THE MEDICAL CENTER PROVIDE EXCEPTIONAL MEDICAL CARE IN HAWAI'I. GENEROUS DONATIONS ASSIST, BUT ARE NOT LIMITED TO, THESE AREAS: PATIENT AND SPECIALITY CARE, CAPITAL IMPROVEMENTS, EDUCATION AND RESEARCH, COMMUNITY HEALTH AND UNCOMPENSATED CARE.

PATIENT AND SPECIALITY CARE

PEDIATRIC HEART CENTER

Name of the organization

KAPI'OLANI HEALTH FOUNDATION

Employer identification number 99-0246364

KAPI'OLANI HEALTH FOUNDATION SUCCESSFULLY COMPLETED ITS FUNDRAISING
CAMPAIGN FOR PEDIATRIC HEART CARE. THE MONEY RAISED WILL BUILD HAWAI'I'S
FIRST AND ONLY PEDIATRIC HEART CENTER. THE CENTER WILL PROVIDE CARDIC
CARE FOR CHILDREN THROUGHOUT HAWAI'I AND THE PACIFIC REGION. THE
CONSTRUCTION OF THE CARDIAC CATHETERIZATION LAB BEGAN IN OCTOBER 2021 AND
IS EXPECTED TO BE COMPLETED IN 2022. AS PART OF THIS PROGRAM DEVELOPMENT,
HAWAI'I'S FIRST LOCALLY BASED PEDIATRIC CARDIOTHORACIC SURGEON WAS HIRED
TO REDUCE THE NEED FOR PATIENTS TO TRAVEL TO THE MAINLAND FOR CARE. THE
NEW PEDIATRIC HEART CENTER WILL PROVIDE STATE-OF-THE-ART SPECIALIZED CARE
AND HELP TO REDUCE THE RISK AND EXPENSE OF TRAVEL.

CAPITAL IMPROVEMENTS

THE CONSTRUCTION OF THE NEW CATHETERIZATION LAB FOR THE PEDIATRIC HEART

CENTER WILL LEAD TO ADDITIONAL STATE-OF-THE-ART TECHNOLOGY AND EQUIPMENT

THAT WILL SERVE HUNDREDS OF CHILDREN WHO NEED SPECAILIZED CARDIAC CARE.

COMMUNITY HEALTH AND UNCOMPENSATED CARE

CHILD LIFE SERVICES: KAPI'OLANI'S CHILD LIFE PROGRAM WAS ESTABLISHED TO
HELP PEDIATRIC PATIENTS AND THEIR FAMILIES COPE WITH HOSPITALIZATION
TREATMENT. DONATIONS SUPPORT THE FINANCIAL NEEDS OF THE CHILD LIFE
PROGRAM INCLUDING THE SALARIES OF CHILD LIFE SPECIALISTS, CLASSROOM
ACTIVITIES AND SUPPLIES NEEDED BY THE EDUCATION LIAISON, AROMATHERAPY
STAFFING AND PROGRAMS COSTS, AND THE MEDICAL CENTER'S THERAPY DOG VISITS.

PATIENT ASSISTANCE FUND: FAMILY FUND

THE PURPOSE OF THE PATIENT ASSISTANCE FUND IS TO ASSIST MEDICAL CENTER PATIENTS AND/OR THEIR SUPPORT SYSTEM RECEIVING SERVICES, INCLUDING EMERGENCY ROOM AND OUTPATIENT SERVICES AT THIS FACILITY. THE MANAGEMENT AND DISBURSEMENT OF THE PATIENT ASSISTANCE FUND OR FAMILY FUND IS LEFT TO THE DISCRETION OF THIS FACILITY TO MEET SPECIFIC PATIENT CARE NEEDS. THE FUNDS MAY BE USED FOR PATIENTS AND/OR THEIR SUPPORT SYSTEM THAT HAVE FINANCIAL BARRIERS AND NEED CONTINUED MEDICAL OR PSYCHOSOCIAL SUPPORT OR TO FACILITATE DISCHARGE. NEARLY HALF OF KAPI'OLANI'S PATIENTS COME FROM UNINSURED OR UNDERINSURED FAMILIES.

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 2

DESCRIPTION OF BUSINESS RELATIONSHIPS

JEFFREY A. ARCE (BOARD OF DIRECTOR, CHAIR - PARTIAL) AND RAYMOND P. VARA
JR. (BOARD OF DIRECTOR) HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS AND RIGHTS

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

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

MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE

Name of the organization

KAPI 'OLANI HEALTH FOUNDATION

Semployer identification number

99-0246364

GOVERNING BOARD.

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

APPROVETHE ELECTION OF 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, SECTION A, LINE 7B

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

VOTING RIGHTS

HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS EXCLUSIVE POWER TO TAKE AND DIRECT
THE FOLLOWING ACTIONS OF THE CORPORATION:

- (I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS:

 PRESIDENT, VICE-PRESIDENT(S), TREASURER, SECRETARY, ASSISTANT TREASURERS

 AND SECRETARIES, AND ANY OTHER OFFICER, EXCEPT THE CHAIR AND VICE-CHAIR

 OF THE BOARD;
- (II) AFTER CONSULTATION WITH THE BOARD, REMOVE THE PRESIDENT,

 VICE-PRESIDENT(S), TREASURER, SECRETARY, ASSISTANT TREASURERS AND

 SECRETARIES, AND ANY OTHER OFFICER, EXCEPT THE CHAIR AND VICE-CHAIR;

 (III) REMOVE A DIRECTOR FROM THE BOARD;
- (IV) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR

 COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES

 MATRIX ADOPTED BY THE MEMBER;

Name of the organization

KAPI'OLANI HEALTH FOUNDATION

Semployer identification number

99-0246364

- (V) AMEND THESE BYLAWS;
- (VI) CAUSE THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR ONE MILLION DOLLARS (\$1,000,000) OR MORE;
- (VII) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED;
- (VIII) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;
- (IX) DETERMINE AND EFFECT INTER-CORPORATE FUND TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE;
- (X) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S EXECUTIVE COMPENSATION AND BENEFIT PLANS;
- (XI) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;
- (XII) DEVELOP AND PROMULGATE OVERALL CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION; AND
- (XIII) DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.

THE CORPORATION SHALL NOT TAKE THE FOLLOWING ACTIONS WITHOUT FIRST OBTAINING MEMBER APPROVAL:

- (I) ELECT ANY DIRECTOR TO THE BOARD;
- (II) AMEND THE ARTICLES;
- (III) MERGE THE CORPORATION WITH ANY ENTITY;

Name of the organization

KAPI'OLANI HEALTH FOUNDATION

Employer identification number

99-0246364

- (IV) DISSOLVE THE CORPORATION;
- (V) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS BY OR ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE;
- (VI) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS BY OR ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE;
- (VII) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000) EXCEPT FOR THOSE ASSETS ACQUIRED BY GIFTS, GRANT, OR DONATION;
- (VIII) ACQUIRE SHARES IN ANOTHER CORPORATION;
- (IX) SELL, LEASE, EXCHANGE, ENCUMBER OR DISPOSE OF TWENTY-FIVE PERCENT (25%) OR MORE OF THE PROPERTY AND ASSETS HELD BY THE CORPORATION TO ANY ENTITY THAT IS NOT AN AFFILIATE;
- (X) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER;
- (XI) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY; AND
- (XII) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.

FORM 990, PART VI, SECTION A, 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 OPERATING UNITS, HR, LEGAL,

ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPLETED 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 DESCRIBE THE MISSION/PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION. SENIOR MANAGEMENT OF THE HEALTH CARE SYSTEM REVIEWS THE FORM 990 OF EACH FILING 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 ENTITY'S (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 BOARD MEMBERS OF EACH SUBSIDIARY UNIT OF HPH AND THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER PORTAL FOR REVIEW PRIOR TO THE FILING OF THE FORM 990. THE FORMS 990 WILL BE POSTED TO HPH'S WEBSITE FOR PUBLIC ACCESS AFTER THE FILING OF THE RETURN 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 UNDERSTANDS 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 ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

THE IN-HOUSE LEGAL DEPARTMENT DISTRIBUTES THE STATEMENT REQUEST AND 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. 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 PRESIDENT, OFFICERS AND KEY EMPLOYEES 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 PRESIDENT, OFFICERS AND KEY EMPLOYEES' COMPENSATION. COMPENSATION FOR HAWAI'I PACIFIC HEALTH ("HPH") EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE HPH COMPENSATION COMMITTEE, WHICH IS COMPOSED SOLELY OF INDEPENDENT, COMMUNITY-BASED MEMBERS OF THE HPH BOARD OF DIRECTORS. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVES' 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, AND SUCH DECISIONS ARE DOCUMENTED IN THE COMPENSATION COMMITTEE MEETING MINUTES. 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

Name of the organization

KAPI'OLANI HEALTH FOUNDATION

Employer identification number

99-0246364

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.

FORM 990, PART VI, SECTION C, LINE 19

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

EQUITY TRANSFERS FROM HPH \$ (54,717)

OTHER CHANGES IN NET ASSETS \$ (14,027)

INTERCOMPANY TRANSFERS WITH FOUNDATIONS \$ (89,912)

ROUNDING \$ (3)

TOTAL \$ (158,659)

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	<u>FEES</u>	SERVICE EXP.	AND GENERAL	EXPENSES	
INTERNAL SVC. PROVIDER EXPENSE	788,668.	0.	244,119.	544,549.	
MANAGER/DIRECTOR BONUS	67,376.		0.	67,376.	

Employer identification number Name of the organization 99-0246364 KAPI'OLANI HEALTH FOUNDATION ATTACHMENT 1 (CONT'D) FORM 990, PART IX - OTHER FEES (A) (B) (C) (D) TOTAL PROGRAM MANAGEMENT FUNDRAISING DESCRIPTION FEES SERVICE EXP. AND GENERAL EXPENSES

856,044.

0.

244,119.

611,925.

TOTALS

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number KAPI'OLANI HEALTH FOUNDATION 99-0246364

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) 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) 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 MED CTR FOR WOMEN & CHILDREN 99-0177350							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	НРН	X	
(3) KAPI'OLANI MEDICAL SPECIALISTS 99-0322406							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HEALTHCARE	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	HPH	X	

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

JSA

50F128 1018 60023819 PAGE 55

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.

Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** KAPI'OLANI HEALTH FOUNDATION 99-0246364

(a) Name, address, and EIN (if applicable) of disregarded entity	(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	HPH	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.

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(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

Page 3 Schedule R (Form 990) 2020

Par	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.								
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 lis	sted in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X				
					1b	X					
					1d						
					1e		X				
f	Dividends from related organization(s)				1f		Х				
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)				-						
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k					1k		Х				
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11						
c Giff, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). e Loans or loan guarantees by related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). f Purchase of assets to related organization(s). g Sale of assets to related organization(s). f Exchange of assets with related organization(s). g Sale of assets with related organization(s). f Exchange of assets with related organization(s). g Lease of facilities, equipment, or other assets to related organization(s). g Performance of services or membership or fundraising solicitations for related organization(s). g Performance of services or membership or fundraising solicitations by related organization(s). g Performance of services or membership or fundraising solicitations by related organization(s). g Part organization or sharing of facilities, equipment, mailing lists, or other assets with related organization(s). g Part organization organi											
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	10 X									
0	Sharing of paid employees with related organization(s)				10	X					
-	· · · · · · · · · · · · · · · · · · ·				1p						
q	Reimbursement paid by related organization(s) for expenses				1q	Х					
						3.7					
r	Other transfer of cash or property to related organization(s)				\vdash						
	Other transfer of cash or property from related organization(s).										
2	•			action thre		S.					
		Transaction			of dete		g				
(1)	KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	В	1,963,750.	FMV							
(2)	KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	P	266,348.	FMV							
(3)	KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	R	376,739.	FMV							
(4)	PALI MOMI FOUNDATION	Р	77,006.	FMV							
(5)	STRAUB FOUNDATION	Р	102,747.	FMV							
		1		1							

Schedule R (Form 990) 2020

FMV

82,594.

JSA

WILCOX HEALTH FOUNDATION

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

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

(a) Name, address, and EIN of entity	Name, address, and EIN of entity Primary activity Primary activity Legal domicile (state or foreign country) related, excluring from tax under the country of the count		income (related, unrelated, excluded from tax under	(e) (f) Are all partners section Share of total income 501(c)(3) organizations?			(g) Share of end-of-year assets	(h) Disproportionate allocations?		of Schedule K-1 (Form 1065)		tner?	g ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
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Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

50F128 1018 60023819 PAGE 59

Page 4

Schedule R (Form 990) 2020 Page 5

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