## Form **990**

## **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.lrs.gov/Form990 for Instructions and the latest information.

A F	or the	e 2020	calendar year, or tax year beginning 07/01, 2020,	and ending		06	/30, 20 21
			C Name of organization		D Employer ide	entifica	tion number
Во	heck if a	pplicable:	KAUA'I MEDICAL CLINIC		99-032	6099	)
	Addre		Doing business as				
	Cheng	change		Room/suite	E Telephone n	ımber	
$\vdash$	┪	return	55 MERCHANT STREET, 24TH FLOOR		(808) 24	15-1	500
-	Final	return/	City or town, state or province, country, and ZIP or foreign postal code		(0007 2		
-	termi		HONOLULU, HI 96813		G Gross receip	e ¢	63,113,020.
	returi Appli	n cation	F Name and address of principal officer. JENNIE CHAHANOVICH		H(a) Is this a gr		
L	pendi		55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI	06012	subordinate	s?	
					H(b) Are all subor		
		empt st		r   527			list. See Instructions
		····•	WWW.HAWAIIPACIFICHEALTH.ORG/WILCOX		H(c) Group exer		
		of orgar	nization: X Corporation Trust Association Other	L Year of t	formation: 1967 M	State	of legal domicile: HI
P	art l		ummary				
	1		y describe the organization's mission or most significant activities: $\_ ext{KAUA'I}$			AN A	FFILIATE
9			HAWAI'I PACIFIC HEALTH. IT IS A FIVE-LOCATION,				
nan		CLI	NIC WHOSE NOT-FOR-PROFIT MISSION IS TO CREATE	A HEALTH	HER HAWAI'I		
Governance	2	Check	k this box 🕨 🔙 if the organization discontinued its operations or disposed	d of more than	n 25% of its net asse	ts.	
Ĝ	3	Numb	per of voting members of the governing body (Part VI, line 1a)	. <i>.</i>		3	7.
త	4		per of independent voting members of the governing body (Part VI, line 1b).			4	3.
Activities &	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5	189.
Ę	6		number of volunteers (estimate if necessary)			6	0.
Ac	7a		unrelated business revenue from Part VIII, column (C), line 12			7a	0.
			nrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
				<u> </u>	Prior Year	1	Current Year
_	8	Contr	ibutions and grants (Part VIII, line 1h)	F	932,9	83.	5,846.
Revenue	9		am service revenue (Part VIII, line 2g)		51,970,3		63,106,352.
, ve	10		tment income (Part VIII, column (A), lines 3, 4, and 7d).		-19,8		822.
æ	11		revenue (Part VIII, column (A), lines 5, 4, and 70).		25,0	0.	0.
	12				52,883,4		63,113,020.
	1		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		32,003,4	0.	0.
	13		ts and similar amounts paid (Part IX, column (A), lines 1-3)		.,	0.	0.
	14		fits paid to or for members (Part IX, column (A), line 4)		28,896,5		10,783,170.
ses	15		ies, other compensation, employee benefits (Part IX, column (A), lines 5-10).		20,090,3	0.	10,783,170.
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)	<i>.</i> .		0.	· ·
ă	b		fundraising expenses (Part IX, column (D), line 25) ▶	•	24 220 6	<i>-</i> 1	FO 470 0F0
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	r	34,332,6		52,479,850.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	63,229,2		63,263,020.
L 60	19	Rever	nue less expenses. Subtract line 18 from line 12		-10,345,8		-150,000.
S or					Beginning of Current		End of Year
Sset	20 21 22		assets (Part X, line 16)		23,684,7		25,849,919.
ž Z	21	Total	liabilities (Part X, line 26)		13,423,1		13,717,672.
		Net a	ssets or fund balances. Subtract line 21 from line 20		10,261,6	41.	12,132,247.
Pa	art II	Si	gnature Block				
Un	der pe	nalties	of perjury, I declare that I have examined this return, including accompanying schedu I complete. Declaration of preparer (other than officer) is based on all information of whic	les and statem	ents, and to the best	of my l	knowledge and belief, it is
	3, 0011	oct, and	4	ii proparei nas	······································	11./2	
٥.		<b>.</b>	ann an n		6/	1./2	·L
Sig			Signature of officer		Date		
He	re	<b>.</b>	CARRIE ANN TSUTSUI VP AND	CONTROLI	LER		
			Type or print name and title				
		Print	/Type preparer's name Preparer's signature	Date	Check	if F	NIT
Paid		JOC	ELYNE C MILLER Joulyne C. Mille	5/5/22	self-emplo	yed	P00634378
	parer	Firm'	s name ERNST & YOUNG U.S. LLP	v4- I	Firm's EIN ▶	34-6	5565596
USE	Only		s address ►4365 EXECUTIVE DR, STE 1600 SAN DIEGO, CA 92121				-535-7200
Ma	v the		discuss this return with the preparer shown above? (see instructions)		1. Hono no.		. X Yes No
_			Reduction Act Notice, see the separate instructions.			<u> </u>	Form <b>990</b> (2020)

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Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line	in this Part III
1	Briefly d	escribe the organization's mission:	
	KAUA'	MEDICAL CLINIC IS AN AFFILIATE OF HAWAI'	I PACIFIC HEALTH. IT
	IS A F	IVE-LOCATION, MULTI-SPECIALTY CLINIC WHOS	E NOT-FOR-PROFIT
	MISSIC	N IS TO CREATE A HEALTHIER HAWAI'I.	
2	Did the	organization undertake any significant program services dur	ing the year which were not listed on the
		m 990 or 990-EZ?	
	If "Yes,"	describe these new services on Schedule O.	
3		organization cease conducting, or make significant cha	nges in how it conducts, any program
		?	
		describe these changes on Schedule O.	
4	expense		each of its three largest program services, as measured by ed to report the amount of grants and allocations to others, rted.
12	(Code:	) (Evnences \$ 61,002,272, including grants of	\$ 0.)(Revenue \$ 63,106,352.)
4a	-	HEDULE O	φ(Neverlue φ63,106,352)
	255 20	REDULE O	
4b	(Code:	) (Expenses \$ including grants of	\$) (Revenue \$)
4c	(Code:	) (Expenses \$ including grants of	\$ ) (Revenue \$ )
70	(Codc		ψ) (πονοιίαο ψ)
		<u> </u>	
4d	-	ogram services (Describe on Schedule O.)	
	(Expens		) (Revenue \$
	Total pr	ogram service expenses ► 61,993,372.	
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Par	t W Checklist of Required Schedules		V	NI-
	Is the experientian described in section E04(a)(2) or 4047(a)(4) (ather them a princts foundation)? If "\\are a		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ '		3.5
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		x	
9	complete Schedule D, Part III	8	Λ	
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
. •	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	X	
12 9	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
120	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.5
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		- 22
13	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 If "Ves." complete Schedule I. Parts I and II.	21		X

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Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
0.4	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? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
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?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	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?			v
26	If "Yes," complete Schedule L, Part I	25b		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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,			
	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	202		Х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
	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	
b	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	335		
	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			7.7
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · · · ·	Yes	X No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	aan	(2020)
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 189			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See \ instructions \ for \ filing \ requirements \ for \ Fin CEN \ Form \ 114, \ Report \ of \ For eign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		37
_	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
	required to file Form 8282?	7с		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		21
	ii 100, complete i dilli 7/20, comedule C.			

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	990 (2020) KAUA'I MEDICAL CLINIC 99-0326			Page <b>6</b>
Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Soct	ion A. Governing Body and Management		· · ·	21
Jeci	IOTI A. GOVERNING BODY and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year.			
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
	any other officer, director, trustee, or key employee?	2		Δ.
3	Did the organization delegate control over management duties customarily performed by or under the direct	•		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	77	^
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	77	
	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) members,	l '	37	
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	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 that could give			
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
13				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		Х
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15b	Х	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	. 55		
16-				
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
	with a taxable entity during the year?	. Ju		

#### Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ightharpoonup CA, HI, 17

organization's exempt status with respect to such arrangements?.

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request X Own website Another's website Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records Debra Tuquero 55 Merchant Street, 24th Floor Honolulu, HI 96813 (808)535-7284

Form **990** (2020)

16b

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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	box,	Position not check more to unless person is ter and a directo			is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee		Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) RAYMOND P. VARA JR.	2.00									
BOARD OF DIRECTOR, PRESIDENT	60.10	X		Х				0.	2,201,810.	2,584,503.
(2)DAVID OKABE	1.00								, ,	
EVP, CFO & TREASURER	49.00	1		Х				0.	946,332.	377,896.
(3) ARTHUR GLADSTONE	.20									
EVP & CSO	55.60			Х				0.	816,310.	309,387.
(4) CHARLES R. CHING	.50									
EVP, GEN COUNSEL & SECRETARY	39.50			Х				0.	770,901.	282,179.
(5)GAIL LERCH	.50									
FORMER OFFICER	50.50						Х	0.	742,339.	304,514.
(6) STEVEN ROBERTSON	0.									
EVP & CIO	53.00			Х				0.	746,792.	292,161.
(7) MELINDA ASHTON, M.D.	.10									
EVP & CHIEF QUALITY OFFICER	49.20			Х				0.	720,839.	248,689.
(8) JENNIE CHAHANOVICH	10.00									
CEO	46.50			Х				0.	660,280.	228,096.
(9) LESLIE CHUN, M.D.	1.00									
EVP	59.00			Х				0.	664,477.	114,056.
(10) GERARD LIVAUDAIS, M.D.	.10									
EVP	49.90			Х				0.	523,145.	123,914.
(11) DOUGLAS KWOCK, M.D.	1.00									
VP	39.00			Х				0.	492,064.	95,971.
(12) KENNETH B. ROBBINS, M.D.	6.50									
FORMER OFFICER	48.50						Х	0.	346,070.	178,446.
(13) DAWN DUNBAR	0.									
SVP	45.00			Х				0.	393,438.	104,947.
(14) WARREN CHAIKO	1.00									
SVP	39.00			Х				0.	375,732.	110,606.

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Part VII Section A. Officers, Directors,	Irustees, Ke	y En	plo			and I	Higl		ed Employees (c	· ·
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(40.	4 1		ition	. 46		Reportable	Reportable	Estimated
	hours per week (list any					e than o is both		compensation from	compensation from related	amount of other
	hours for	office		dad		or/trust	tee)	the	organizations	compensation
	related	Indi or d	Inst	Officer	Key	Highest employe	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu	ituti	cer	em	nest	ner	(W-2/1099-MISC)		organization and related
	line)	or tr	onal		Key employee	e com				organizations
		Individual trustee or director	Institutional trustee		ě	pen				
		Ф	tee			t compensated ⁄ee				
15) SUSAN MATSUMOTO-NONAKA	.50					<u> </u>				
VP	39.50			Х				0	364,629.	81,441
16) GERI YOUNG, M.D.	20.00								301,025.	01,111
CMO (PART YEAR)	25.30			Х				0	407,043.	37,407
17) JAY MURPHY, M.D.	40.00									
BOARD OF DIRECTOR		Х						0	399,952.	32,931
18) BRANDT FARIAS	.10									
SVP (PART YEAR)	62.90			Х				0	327,384.	85,944
19) MICHAEL ROBINSON	.20									
VP	49.80			Х				0	327,479.	74,190
20) JAMES LIN, M.D.	.10									
VP	47.50			Х				0	313,223.	66,003
21) EARL INOUYE	1.00									
FORMER OFFICER	47.00						Х	0	. 285,145.	69,530
22) DAVID STUMBAUGH	1.50									
VP	38.50			Х				0	. 266,339.	79,167
23) LORRIE-ANN LUKE	.50									
VP	41.50			Х				0	. 259,855.	82,613
24) WILLIAM BURKE	0.									
VP	54.00			X				0	277,031.	60,631
25) ROBERT WOTRING II, M.D.	40.00									
BOARD OF DIRECTOR, CHAIR	0.	X		Х				0	311,587.	18,71
1b Sub-total								0.	- / /	6,043,937
c Total from continuation sheets to Part VII	· -							211,296.		342,818
d Total (add lines 1b and 1c)							<u> </u>	211,296.		6,386,755
2 Total number of individuals (including but n reportable compensation from the organiza			liste 2	d al	bove	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organiza	11011									Yes No
2 Did the executed list on farmer of	fficar directo				_	ا دما		Joyaa ay bigbaa	t	Tes No
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch										3 X
										3 22
4 For any individual listed on line 1a, is the										
organization and related organizations individual										4 X
5 Did any person listed on line 1a receive										

#### **Section B. Independent Contractors**

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

for services rendered to the organization? If "Yes," complete Schedule J for such person

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es, a	and F	ligl	hest Compensat	ed Employees (d	continued)
(A)	(B)			(C	<b>;</b> )			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	not ch unles er and	s per I a di	more rson irecte	than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) SUNSHINE TOPPING	.50									
SVP	49.50			Х				0	289,279.	21,615
27) THOMAS HEMINGWAY BOARD OF DIRECTOR (PART YEAR)	40.00	Х						0	257,706.	27,305
28) CARRIE ANN TSUTSUI  VP & CONTROLLER	.10 47.90			Х				0	230,878.	53,413
29) KATIE SHIGEMITSU	.50									
COMPLIANCE OFFICER	39.50			Х				0	. 224,686.	38,125
30) EUGENE TARESHAWTY	40.00									
BOARD OF DIRECTOR	0.	Х						0	237,307.	9,563
31) ALAN ITO  INFORMATION SECURITY OFFICER	39.90			х				0	200,273.	35,376
32) JESSICA LEWIS	2.50			21				0	200,273.	33,310
ASSISTANT CORPORATE SECRETARY	37.50			х				0	170,876.	40,404
33) DAVID FOX	1.50									
PRIVACY OFFICER (PART YEAR)	38.50			Х				0	163,615.	32,106
34) FRANCE GRAVES PRIVACY OFFICER	1.50 38.50			х				0	108,993.	33,530
35) DONNA WICHIMAI	40.00								1007333.	
MANAGER	1 0.					Х		109,477.	0.	22,348
36) AMBER ELKINGTON	40.00									
MANAGER	† <u>-</u> 0.					Х		101,819.	0.	29,033
1b Sub-total							<b>•</b>	211,296.	1,883,613.	342,818.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	_									
2 Total number of individuals (including but not							_ ro	esived more than	\$100,000 of	
reportable compensation from the organizatio			113161 2	u ab	JUVE	o will	J 16	ceived inore triair	\$ 100,000 OI	
	*									Yes No
										163 140

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated		v	
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	Λ	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

#### **Section B. Independent Contractors**

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

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

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 ▶

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Part VII Section A. Officers, Directors, Tru	uotooo Ka	v Ex	, nla			and L	امال	haat Campanaat	ad Employ	<b>1000</b> /o	antin		Page <b>8</b>
·		y ⊑ii	ipio			and r	ngi	1	I	ees (c			
(A) Name and title	Average hours per week (list any hours for	box,	unles er and	neck ss pe	ition more rson lirect	e than o	an ee)	(D) Reportable compensation from the	Reportal compensation related organization	n from	Es am c comp	(F) timated ount o other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	om the anizatio I related nization	d
37) HELEN COX BOARD OF DIRECTOR	.20	X						0.		0.			(
38) SANDI KATO-KLUTKE BOD, VICE CHAIR (PART YEAR)	.20	Х		Х				0.		0.			(
39) MIKE MURAKOSHI BOARD OF DIRECTOR	.20	Х						0.		0.			(
40) DENISE ROBERTS BOARD OF DIRECTOR	.20	Х						0.		0.			(
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	0.		0.			0
<ul> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but not reportable compensation from the organizatio</li> </ul>	limited to t	hose					re	ceived more than	\$100,000 c	of			
· · · · · · · · · · · · · · · · · · ·												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Х	
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes	,"				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													
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C)	ation	

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 ►

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JSA 0E1055 1.000 52T0ZX 1018

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Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to any	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 s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ۅٙڰ	c	Fundraising events 1c					
fts	d	Related organizations 1d					
פֿיַּּ	e	Government grants (contributions) 1e	5,846.				
Sin	f	All other contributions, gifts, grants,					
eric		and similar amounts not included above . 1f					
들된	g	Noncash contributions included in					
ğ		lines 1a-1f 1g	\$				
ದ್ದರ್	h	Total. Add lines 1a-1f	▶	5,846.			
			Business Code				
<u>8</u>	2a	NET PATIENT REVENUE	622110	34,383,769.	34,383,769.		
er <	b	PREMIUM REVENUE	622110	9,648,598.	9,648,598.		
Program Service Revenue	С	INTER-ENTITY SERVICE REVENUE	622110	17,283,187.	17,283,187.		
ran	d	OTHER HEALTH CARE REVENUE	622110	1,409,582.	1,409,582.		
og R	е	RENTAL INCOME	900099	146,476.	146,476.		
ቯ	f	All other program service revenue		234,740.	234,740.		
	g	Total. Add lines 2a-2f	▶	63,106,352.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	822.			822
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	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					
4		other than inventory 7a					
evenue	b	Less: cost or other basis					
Ş	_	and sales expenses 7b					
œ	١.	Gain or (loss)		0.			
Other	d	Net gain or (loss)		- 1			
₹	8a	Gross income from fundraising					
		events (not including \$ of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming					
	Ju	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	C	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory.	▶	0.			
<u>s</u>			Business Code				
eor re	11a						
lan ent	b						
Se V	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue See instructions	<b></b>	63 113 020	63 106 352		822

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JSA 0E1051 1.000 52T0ZX 1018

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
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	8,016,410.	7,534,896.	481,514.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	568,416.	547,222.	21,194.	
9	Other employee benefits	1,606,458.	1,252,064.	354,394.	
10	Payroll taxes	591,886.	556,982.	34,904.	
11	Fees for services (nonemployees):				
а	Management	0.			
b	Legal	0.			
С	Accounting	23,787.		23,787.	
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	052 107	606 706	165 401	
	(A) amount, list line 11g expenses on Schedule O.)	852,197. 157.	686,706. 157.	165,491.	
	Advertising and promotion	205,257.	167,217.	38,040.	
	Office expenses	60,581.	60,443.	138.	
	Information technology	00,501.	00,113.	150.	
	Royalties	1,287,971.	1,186,351.	101,620.	
	Occupancy	3,468.	2,338.	1,130.	
	Travel	3,100.	2,000.	2,130.	
. 0	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	11,900.	11,900.		
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	1,082,562.	1,082,562.		
23	Insurance	20,714.		20,714.	
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	INTER ENTITY PURCHASED SVCS.	45,808,364.	45,808,364.		
	MEDICAL SUPPLIES	3,071,236.	3,063,291.	7,945.	
_	MEMBERSHIP DUES	5,307.	5,307.		
d	GENERAL EXCISE TAX	9,362.	3,532.	5,830.	
е	All other expenses	36,987.	24,040.	12,947.	
	Total functional expenses. Add lines 1 through 24e	63,263,020.	61,993,372.	1,269,648.	
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here   if	_			
	following SOP 98-2 (ASC 958-720)	0.			

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,152,341.	1	1,147,897.
	2	Savings and temporary cash investments	2,472,985.	2	4,327,913.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	2,246,475.	4	2,969,833.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ä	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	10,622,797.	10c	10,270,065.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	7,190,177.	15	7,134,211.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	23,684,775.	16	25,849,919.
	17	Accounts payable and accrued expenses	1,591,405.	17	1,761,363.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	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.
	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	11,831,729.	25	11,956,309.
	26	Total liabilities. Add lines 17 through 25	13,423,134.	26	13,717,672.
Section		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	10,261,641.	27	12,132,247.
Ã	28	Net assets with donor restrictions	0.	28	0.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	10,261,641.	32	12,132,247.
ž	33	Total liabilities and net assets/fund balances	23,684,775.	33	25,849,919.
			<u> </u>		Form <b>990</b> (2020)

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			13,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			63,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			50,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		10,2	61,6	541.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2,0	20,6	06.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		12,1	32,2	247.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	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	ersiah	t of			
•	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					
	Schedule O.	L				
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
Ju	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 undergo	derao	the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

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

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

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

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.

KA	JA'	I MEDICAL CLINIC					99-03260	99
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	indation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3	X	A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated		a college or universit	ty owne	d or ope	rated by a governme	ntal unit described i
	_	section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6		A federal, state, or local go	_					
7		An organization that norm	•	•	ipport fr	om a go	vernmental unit or fro	om the general publi
		described in section 170(b)						
8		A community trust describe	-		-			
9		An agricultural research or	-			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state of	f the college or
		university:						
10		An organization that normal receipts from activities relasupport from gross investing acquired by the organization.	ated to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
11	$\vdash$	An organization organized	-		-			
12		An organization organized	•	•				• • •
		of one or more publicly su	· ·					
		Check the box in lines 12a t	_			_	·	=
а		Type I. A supporting org	•	•	•		• , , ,	
		the supported organization				ajority of	the directors or truste	es of the
<b>L</b>		supporting organization.				with ito	aupported organization	an(a) by baying
b		Type II. A supporting org control or management of	•					
		organization(s). <b>You mus</b> t			ine sam	e persor	is that control of man	age the supported
С		Type III functionally inte			ated in c	onnectio	n with and functional	ly integrated with
·		its supported organization						iy integrated with,
d		Type III non-functionally		- ·				ted organization(s)
_		that is not functionally into			•		• • •	• ,
		requirement (see instruct	-	<del>-</del>	-		•	
е		Check this box if the orga	•	-				I, Type III
		functionally integrated, or						
f	En	ter the number of supported						
g	Pro	ovide the following informati	on about the suppo	orted organization(s).				
	<b>(i)</b> N	ame 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)
				, , , , , ,	Yes	No	,	,
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

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

Schedule A (Form 990 or 990-EZ) 2020

Pai	Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua		
Sec	tion A. Public Support			· · ·	· ·	,		
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support		-					
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	<b>First 5 years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>							
Sec	tion C. Computation of Public Sup							
14	Public support percentage for 2020 (li						<u>%</u>	
15	Public support percentage from 2019						<u>%</u>	
16a	331/3% support test - 2020. If the or							
b	box and <b>stop here</b> . The organization q <b>33</b> 1/3% <b>support test - 2019</b> . If the organization box and <b>stop here</b> . The organization	ganization did n	ot check a box	on line 13 or 16	Sa, and line 15	is 331/3 % or mo	ore, check	
	this box and <b>stop here</b> . The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.							

JSA

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

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

16 Public support percentage from 2019 Schedule A, Part III, line 15	Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·	,	
1 dills, grams, contributions, and membership fees received. The one include any various grants 7) 2 Gross receipts from admissions, membandine sold or services performed, or facilities furnished in any activity that is related to the organization's time exempt perspose - or unrelated trade or business under section 513 - or any unrelated trade or business under section 513 - or appended on its behalf - or expended on			(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on	_							
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on		received. (Do not include any "unusual grants.")						
turnished in any activity purpose	2							
a granization's beceive the purpose.  3 Gross receipts from activities that are not an unrelieud trade or business under accion 513.  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from disqualified apersons in the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount of line 14 for the organization of line 14 or line 15 is more than 331/3%, and line 15 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 15 and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 15 and 16 or 16 for 16 or		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		·						
organization's benefit and either paid to or expended on its behalf	4							
or expended on its behalf  1 The value of services or facilities furnished by a governmental unit to the organization without charge								
5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons.  b Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater 55,000 por 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								
furnished by a governmental unit to the organization without charge,	5	·						
organization without charge	-							
Total Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.  9 Amounts from line 6.  10a Gross income from interest, dividends, pression of the state of the support of the substance in the substance is required after June 30, 1975.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on, loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  5 Public support percentage from 2019 Schedule A, Part III, line 15.  1a Total support percentage from 2019 Schedule A, Part III, line 17 is not more than 331/3%, eheck this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 331/3%, and line 16 is more than 331/3%, and line 16 is more than 331/3%, and line 16 is nore than		, ,						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6	_ · ·						
b Amounts included on lines 2 and 3 received from other than disqualified persons. In all exceed the greater of \$5,000 or 1 % of the amount on line 13 for the year c Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	, a							
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	b	· · · · · · · · · · · · · · · · · · ·						
or 1% of the amount on line 13 for the year c Add lines 7a and 7b		received from other than disqualified						
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c 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.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on, loss from the sale of capital assets (Explain in Part VI).  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  15 Public support percentage from 2019 Schedule A, Part III, line 15.  16 Public support percentage from 2019 Schedule A, Part III, line 15.  17 Investment income percentage from 2019 Schedule A, Part III, line 17.  18 Investment income percentage from 2019 Schedule A, Part III, line 17.  19 a 331/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	_	·						
Section B. Total Support  9 Amounts from line 6								
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6,	-							
Calendar year (or fiscal year beginning in)    Amounts from line 6	Sec							
9 Amounts from line 6, 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10a and 10b .  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on, 12 Other income. Do not included 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(c)(3) organization, check this box and stop here.  5 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .  15 Public support percentage from 2019 Schedule A, Part III, line 15.  16 Public support percentage from 2019 Schedule A, Part III, line 17  17 Investment income percentage from 2019 Schedule A, Part III, line 17  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19 a 331/3% support tests - 2020. (If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Part III, line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Part III, line 18 is not 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 Part III, line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Part III, line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Part III, line 18 is not more than 331/3%, check this box and stop here. The			(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		, , , , , ,		, ,	` , ,	, ,	, ,	.,
rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  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.)								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
section 511 taxes) from businesses acquired after June 30, 1975	b							
acquired after June 30, 1975	~	,						
c Add lines 10a and 10b		′						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  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.)	c							
activities not included in line 10b, whether or not the business is regularly carried on.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19 a 331/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 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								
or not the business is regularly carried on.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)								
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(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2019 Schedule A, Part III, line 17  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19 a 331/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 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		·						
loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  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.  ▶	40	, j						
(Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	14	G I						
Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		-						
and 12.)	13							
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		```						
organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19 a 331/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 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 ▶	14	· · · · · · · · · · · · · · · · · · ·	the organizati	on's first secon	d third fourth	or fifth tay ve	ar as a section	501(c)(3)
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	-	-			•		` ` ` ` `
Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15	Sec							
16 Public support percentage from 2019 Schedule A, Part III, line 15				<u> </u>	mn (f))		15	%
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))								
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	%
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line 18 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	h							
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Schedule A (Form 990 or 990-EZ) 2020

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		V	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Soction	on D. All Type III Supporting Organizations	1		
Secur	on b. All Type III Supporting Organizations		Voc	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	163	NO
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

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	g trust on	Nov. 20, 1970 (explai	in in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organia	zations r	nust complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7		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		
C	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	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7			ated Type III supporting	g organization
	(see instructions).	-		· <del>-</del>

Schedule A (Form 990 or 990-EZ) 2020

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)				
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.	,					
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	Section E - Distribution Allocations (see instructions)  (i)  Excess Distributions (ii)  Underdistribution Pre-2020			ıs	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
С	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						

Schedule A (Form 990 or 990-EZ) 2020

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b

d

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.

Excess distributions carryover to 2021. Add lines 3j

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KAUA'I MEDICAL CLINIC

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

Schedule A (Form 990 or 990-EZ) 2020

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#### **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

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

KAU	JA'I MEDICAL CLINIC	99-0326099
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r 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	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 f	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Pa	rt 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).	
	Preservation of land for public use (for example, recreation or education)  Preservation	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
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 term	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, inspect	tion, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
De	organization's accounting for conservation easements.  Int III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	ar Similar Assots
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	olilliai Assets.
4-		us statement and halance sheet works
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes t	hese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	\$ 45,768
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<b>▶</b> \$

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Pa	rt III Organizations Maintaini	ng Collections of	Art, Histor	ical Tre	asures, or	Other	Similar Asset	s (continu		age =
3	Using the organization's acquisition	on, accession, and	other record	ds, check	any of the	follow	ring that make	significant	use	of its
	collection items (check all that app	ly):		_						
а	X Public exhibition		d	Loan c	r exchange	prograi	m			
b	Scholarly research		е	Other						
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	s and expla	in how t	hey further	the or	ganization's exe	mpt purpo	ose in	Part
	XIII.									
5	During the year, did the organization									_
	assets to be sold to raise funds rath		ained as par	rt of the c	rganization	's collec	ction?	. Ye	s X	No
Pa	rt IV Escrow and Custodial A									
	Complete if the organiza	tion answered "Ye	es" on Forn	n 990, P	art IV, line	9, or r	eported an am	ount on F	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trus							ot		_
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the foll	owing tab	le:					
							Amo	unt		
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					L				
2a	Did the organization include an am	•	•				•			No
_	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the ex	planation	has been p	rovided	on Part XIII			
Pa	rt V Endowment Funds.	stion anawarad "V	oo" on Eorn	~ 000 E	Ort IV/ line	10				
	Complete if the organiza				(c) Two year		(.D. Th	-1. (-) [-		la a a la
	•	(a) Current year	(b) Prior	year	(c) Two year	15 Dack	(d) Three years ba	CK (e) FO	ur years	Dack
1 a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2 a	Provide the estimated percentage Board designated or quasi-endown		end balance %	(line 1g,	column (a))	held as	:			
b	Permanent endowment >	%								
C	Term endowment ▶									
·	The percentages on lines 2a, 2b, a	• ' •	100%							
3a	Are there endowment funds not in	•		tion that :	are held an	d admir	istered for the			
	organization by:	россосов	o. gaa.						Yes	No
	(i) Unrelated organizations							3a(i)	)	
	(ii) Related organizations								_	
b	If "Yes" on line 3a(ii), are the relate									
4	Describe in Part XIII the intended u	· ·	•							
Pa	rt VI Land, Buildings, and Equ Complete if the organization							5		
	Description of property		es" on Fori		or other basis		sumulated	(d) Book		<u>.                                    </u>
	Description of property		stment)	` ´ (ot	ther)		eciation	(a) Book	value	
1a	Land				34,097.				634,0	
b	Buildings				14,768.		79,568.		035,2	
С	Leasehold improvements				19,446.		34,050.		385,3	
d	Equipment				31,928.	7,3	35,609.		096,3	
<u>e</u>	Other				24,156.		5,103.		119,0	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fori	m 990, Part 2	X, columr	(B), line 10	)c.)	▶	10,	270,0	065.

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Schedule D (F	om 990) 2020	raye •
Dart VII	Investments Other Securities	

l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(b) Book value

### Part VIII Investments - Program Related.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

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

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

#### Part IX Other Assets.

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

ATTACHMENT 1 (a) Description	(b) Book value
(1) OPERATING LEASE	6,480,144.
(2) DUE FROM GOVERNMENT AGENCIES	218,213.
(3) OTHER RECEIVABLES	144,211.
(4) DUE FROM PROVIDERS INSR. CORP.	90,577.
(5) PREPAID & OTHER CURRENT ASSETS	65,688.
(6) DEPOSITS AND OTHER NON-CURRENT	51,130.
(7) DECORATIVE ARTWORK	45,768.
(8) DUE FROM HHP	28,543.
(9) DUE FROM HPH RSRCH. INSTITUTE	7,809.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	7,134,211.

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes ATTACHMENT 2	
(2)	LT OPERATING LEASE LIABILITY	6,663,217.
(3)	ST OPERATING LEASE LIABILITY	577,167.
(4)	DEFERRED PAYROLL TAX	144,643.
(5)	ESCHEAT LIABILITY	9,819.
(6)	DUE TO HPH MEDICAL GROUP	2,690,594.
(7)	DUE TO CMS (COVID PAYMENT)	1,029,878.
(8)	DUE TO HAWAI'I PACIFIC HEALTH	615,573.
(9)	DUE TO WILCOX MEMORIAL HOSPITAL	122,053.
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,956,309.

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

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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:		
а	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Irn	
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4c	
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.	_	
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation	•
SEE	PAGE 5		

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#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

ORGANIZATION'S ART COLLECTION

KAUA'I MEDICAL CLINIC'S (KMC) COLLECTION OF ARTWORK INCLUDES PAINTINGS

AND SIMILAR WORKS THAT ARE DISPLAYED IN PUBLIC WAITING/HALLWAY AREAS TO

IMPROVE PATIENT EXPERIENCE IN KMC'S FACILITIES.

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 D. PART	I. TX	- OTHER	ASSETS	
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DESCRIPTION BOOK VALUE

DUE FROM PALI MOMI MED. CENTER 2,128.

TOTALS 7,134,211.

ATTACHMENT 1

ATTACHMENT 2

SCHEDULE D, PART X - OTHER LIABILITIES DESCRIPTION BOOK VALUE DUE TO STRAUB CLINIC & HOSPITAL 49,715. DUE TO KAPI'OLANI MEDICAL CENTER WOMEN AND CHILDREN 42,095. DUE TO KAPI'OLANI MEDICAL SPECIALISTS 2,399. DUE TO KAPI'OLANI HEALTH FOUNDATION 8,959. DUE TO PALI MOMI FOUNDATION 9. DUE TO STRAUB FOUNDATION 188. 11,956,309. TOTALS

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#### **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

KAUA'I MEDICAL CLINIC

Employer identification number

99-0326099

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

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

Schedule J (Form 990) 2020

### 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 W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
RAYMOND P. VARA JR.	(i)	0.	0.	0.	0.	0.	0.	0.	
1 BOARD OF DIRECTOR, PRESIDENT	(ii)	1,110,173.	372,487.	719,150.	2,558,309.	26,194.	4,786,313.	593,274.	
DAVID OKABE	(i)	0.	0.	0.	0.	0.	0.	0.	
2 <sup>EVP</sup> , CFO & TREASURER	(ii)	553,990.	132,543.	259,799.	362,800.	15,096.	1,324,228.	224,487.	
ARTHUR GLADSTONE	(i)	0.	0.	0.	0.	0.	0.	0.	
3 <sup>EVP &amp; CSO</sup>	(ii)	516,857.	128,098.	171,355.	285,469.	23,918.	1,125,697.	195,252.	
CHARLES R. CHING	(i)	0.	0.	0.	0.	0.	0.	0.	
<b>4</b> EVP, GEN COUNSEL & SECRETARY	(ii)	436,925.	104,835.	229,141.	262,171.	20,008.	1,053,080.	164,297.	
GAIL LERCH	(i)	0.	0.	0.	0.	0.	0.	0.	
5 FORMER OFFICER	(ii)	448,776.	107,316.	186,247.	294,796.	9,718.	1,046,853.	176,006.	
STEVEN ROBERTSON	(i)	0.	0.	0.	0.	0.	0.	0.	
6EVP & CIO	(ii)	450,338.	108,006.	188,448.	276,365.	15,796.	1,038,953.	172,460.	
MELINDA ASHTON, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
7 <sup>EVP &amp; CHIEF QUALITY OFFICER</sup>	(ii)	467,643.	111,972.	141,224.	233,089.	15,600.	969,528.	169,135.	
JENNIE CHAHANOVICH	(i)	0.	0.	0.	0.	0.	0.	0.	
8 <sup>CEO</sup>	(ii)	381,818.	99,404.	179,058.	215,398.	12,698.	888,376.	133,412.	
LESLIE CHUN, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
<b>9</b> <sup>EVP</sup>	(ii)	532,633.	83,827.	48,017.	90,427.	23,629.	778,533.	0.	
GERARD LIVAUDAIS, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
10 <sup>EVP</sup>	(ii)	410,238.	78,825.	34,082.	108,525.	15,389.	647,059.	71,310.	
DOUGLAS KWOCK, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	407,043.	48,037.	36,984.	73,862.	22,109.	588,035.	45,958.	
KENNETH B. ROBBINS, M.D	(i)	0.	0.	0.	0.	0.	0.	0.	
12 FORMER OFFICER	(ii)	255,484.	0.	90,586.	163,495.	14,951.	524,516.	219,481.	
DAWN DUNBAR	(i)	0.	0.	0.	0.	0.	0.	0.	
13 <sup>SVP</sup>	(ii)	299,741.	57,822.	35,875.	81,124.	23,823.	498,385.	65,358.	
WARREN CHAIKO	(i)	0.	0.	0.	0.	0.	0.	0.	
14 <sup>SVP</sup>	(ii)	268,426.	52,369.	54,937.	84,038.	26,568.	486,338.	59,768.	
SUSAN MATSUMOTO-NONAKA	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	278,475.	39,915.	46,239.	71,170.	10,271.	446,070.	45,567.	
GERI YOUNG, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
16 <sup>CMO (PART YEAR)</sup>	(ii)	287,026.	17,962.	102,055.	24,527.	12,880.	444,450.	28,686.	

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### 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	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
JAY MURPHY, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
1 <sup>BOARD OF DIRECTOR</sup>	(ii)	368,876.	4,034.	27,042.	11,400.	21,531.	432,883.	0.	
BRANDT FARIAS	(i)	0.	0.	0.	0.	0.	0.	0.	
2 <sup>SVP (PART YEAR)</sup>	(ii)	249,279.	47,553.	30,552.	76,212.	9,732.	413,328.	50,819.	
MICHAEL ROBINSON	(i)	0.	0.	0.	0.	0.	0.	0.	
<b>3</b> <sup>VP</sup>	(ii)	266,844.	38,177.	22,458.	64,458.	9,732.	401,669.	44,010.	
JAMES LIN, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
<b>4</b> <sup>VP</sup>	(ii)	262,146.	18,953.	32,124.	42,220.	23,783.	379,226.	0.	
EARL INOUYE	(i)	0.	0.	0.	0.	0.	0.	0.	
5 FORMER OFFICER	(ii)	201,366.	40,705.	43,074.	67,586.	1,944.	354,675.	46,925.	
DAVID STUMBAUGH	(i)	0.	0.	0.	0.	0.	0.	0.	
<b>6</b> <sup>VP</sup>	(ii)	217,152.	31,699.	17,488.	56,578.	22,589.	345,506.	34,835.	
LORRIE-ANN LUKE	(i)	0.	0.	0.	0.	0.	0.	0.	
${f 7}^{ m VP}$	(ii)	211,025.	30,832.	17,998.	57,437.	25,176.	342,468.	34,527.	
WILLIAM BURKE	(i)	0.	0.	0.	0.	0.	0.	0.	
<b>8</b> <sup>VP</sup>	(ii)	237,450.	16,427.	23,154.	43,960.	16,671.	337,662.	0.	
ROBERT WOTRING II, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.	
9BOARD OF DIRECTOR, CHAIR	(ii)	291,778.	1,772.	18,037.	11,400.	7,315.	330,302.	0.	
SUNSHINE TOPPING	(i)	0.	0.	0.	0.	0.	0.	0.	
10 <sup>SVP</sup>	(ii)	261,580.	0.	27,699.	0.	21,615.	310,894.	0.	
THOMAS HEMINGWAY	(i)	0.	0.	0.	0.	0.	0.	0.	
11BOARD OF DIRECTOR (PART YEAR)	(ii)	196,672.	744.	60,290.	8,391.	18,914.	285,011.	0.	
CARRIE ANN TSUTSUI	(i)	0.	0.	0.	0.	0.	0.	0.	
12 <sup>VP &amp; CONTROLLER</sup>	(ii)	195,857.	17,756.	17,265.	41,055.	12,358.	284,291.	0.	
KATIE SHIGEMITSU	(i)	0.	0.	0.	0.	0.	0.	0.	
13 COMPLIANCE OFFICER	(ii)	221,265.	0.	3,421.	23,435.	14,690.	262,811.	0.	
EUGENE TARESHAWTY	(i)	0.	0.	0.	0.	0.	0.	0.	
14 BOARD OF DIRECTOR	(ii)	233,316.	0.	3,991.	1,731.	7,832.	246,870.	0.	
ALAN ITO	(i)	0.	0.	0.	0.	0.	0.	0.	
15 INFORMATION SECURITY OFFICER	(ii)	185,591.	13,070.	1,612.	21,083.	14,293.	235,649.	0.	
JESSICA LEWIS	(i)	0.	0.	0.	0.	0.	0.	0.	
16 <sup>ASSISTANT</sup> CORPORATE SECRETARY	(ii)	170,876.	0.	0.	15,118.	25,286.	211,280.	0.	

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## 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID FOX	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	160,526.	0.	3,089.	16,325.	15,781.	195,721.	0.
	(i)							
	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
	(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 COMPENSATION INFORMATION

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

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

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

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

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

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

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

COMPENSATION CONSIDERED UNDER SUCH PLANS.

AMOUNTS PAID OUT DURING THE YEAR BY RELATED ORGANIZATIONS:

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

DAVID OKABE - \$156,411

GAIL LERCH - \$113,397

STEVEN ROBERTSON - \$100,707

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

Schedule J (Form 990) 2020 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.

CHARLES R. CHING - \$84,461

ARTHUR GLADSTONE - \$77,843

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

JENNIE CHAHANOVICH - \$47,714

ANNUAL INCENTIVE PLAN

THE ANNUAL INCENTIVE PLAN IS AFFORDED TO EXECUTIVES BASED ON ANNUAL

SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS.

AMOUNTS PAID OUT DURING THE YEAR BY RELATED ORGANIZATIONS:

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

DAVID OKABE - \$132,543

GAIL LERCH - \$107,316

STEVEN ROBERTSON - \$108,006

CHARLES R. CHING - \$104,835

ARTHUR GLADSTONE - \$128,098

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

JENNIE CHAHANOVICH - \$99,404

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.

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

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

DAWN DUNBAR - \$57,822

WARREN CHAIKO - \$52,368

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

BRANDT FARIAS - \$47,553

EARL INOUYE - \$40,705

SUSAN NONAKA - \$39,915

MICHAEL ROBINSON - \$38,177

DAVID STUMBAUGH - \$31,700

LORRIE-ANN LUKE - \$30,832

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

CARRIE ANN TSUTSUI - \$17,756

WILLIAM BURKE - \$16,427

RETENTION INCENTIVE PLAN

THE RETENTION INCENTIVE PLAN WAS DESIGNED TO ENCOURAGE CONTINUED INTEREST

IN THE SUCCESS OF THE ORGANIZATION AND PROVIDE COMPETITIVE RETIREMENT

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.

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 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

Name of the organization

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

Employer identification number

99-0326099

KAUA'I MEDICAL CLINIC

FORM 990, PART III, LINE 4A

DESCRIPTION OF ORGANIZATION'S MISSION

THE KAUA'I MEDICAL CLINIC IS A NOT-FOR-PROFIT MULTI-SPECIALTY CLINIC WHOSE MISSION IS TO CREATE A HEALTHIER HAWAI'I.

DESCRIPTION OF PROGRAM SERVICES

ESTABLISHED IN 1967, KAUA'I MEDICAL CLINIC HAS PROVIDED THE RESIDENTS AND VISITORS OF KAUA'I WITH PRIMARY AND SPECIALTY CARE FOR MORE THAN 50 YEARS. KAUA'I MEDICAL CLINIC PARTNERS WITH WILCOX MEDICAL CENTER AS PART OF WILCOX HEALTH. KAUA'I MEDICAL CLINIC OFFERS MORE THAN 30 SPECIALTIES AT FIVE LOCATIONS: THE MAIN CLINIC IN LIHU'E, KAUA'I URGENT CARE CLINIC IN LIHU'E, AND THREE SATELLITE CLINICS IN KAPA'A, KOLOA AND ELE'ELE.

KAUA'I MEDICAL CLINIC HAS 163 EMPLOYEES AND 95 PHYSICIANS. IN FISCAL YEAR 2021, TOTAL CLINIC ENCOUNTERS WERE 261,667.

SPECIALTY UNITS

KAUA'I MEDICAL CLINIC IS KAUA'I'S ONLY MULTI-SPECIALTY GROUP. IT PROVIDES

CARE IN CARDIOLOGY, FAMILY MEDICINE, GASTROENTEROLOGY, GENERAL MEDICINE,

GENERAL SURGERY, HEMATOLOGY, INFECTIOUS DISEASES, INTERNAL MEDICINE,

NEUROLOGY, OBSTETRICS AND GYNECOLOGY, ONCOLOGY, ORTHOPEDIC SURGERY,

OTOLARYNGOLOGY, PEDIATRICS, PHYSIATRY, PODIATRY AND UROLOGY. THIS RANGE

OF SPECIALTIES, MULTIPLE LOCATIONS, AND AFFILIATION WITH HAWAI'I PACIFIC

HEALTH SIGNIFICANTLY INCREASES ACCESS TO CARE FOR KAUA'I RESIDENTS AND

VISITORS. KAUA'I MEDICAL CLINIC PATIENTS ENJOY EASY APPOINTMENT

Name of the organization

KAUA'I MEDICAL CLINIC

Employer identification number

99-0326099

SCHEDULING, URGENT CARE SERVICES, CHRONIC DISEASE MANAGEMENT, DIABETES
CONSULTATION AND EDUCATION, DIAGNOSTIC IMAGING AND FINANCIAL COUNSELING.

#### COMMUNITY

KAUA'I MEDICAL CLINIC (KMC) IS AN ACTIVE COMMUNITY PARTNER. IN FISCAL YEAR 2021, MOST OF KMC'S EFFORTS WERE TO SERVE THE EVER-CHANGING MEDICAL NEEDS OF THE COMMUNITY IN RESPONSE TO THE PANDEMIC. COVID-19 INITIATIVES INCLUDED COMMUNITY VACCINE CLINICS, COMMUNITY TESTING SITES THAT WERE MOBILIZED THROUGHOUT KAUA'I, TELEHEALTH OPTIONS, AND COLLABORATING WITH THE HAWAI'I STATE DEPARTMENT OF HEALTH AND OTHER HEALTH CARE PROVIDERS TO PROVIDE A COHESIVE PUBLIC HEALTH RESPONSE.

MOST OF THE SPONSORED EVENTS SUPPORTED BY KMC, IN PARTNERSHIP WITH WILCOX MEMORIAL HOSPITAL, WERE TRANSITIONED TO A SAFER AND PHYSICALLY DISTANCED FORMAT, INCLUDING THE "KAUA'I MARATHON" THAT WAS DONE AS THE VIRTUAL "KAUA'I 100 MILE CHALLENGE" AND THE ANNUAL "BACK TO SCHOOL BASH" TURNED INTO A DRIVE-BY DISTRIBUTION OF 2,000 SCHOOL BAGS FOR CHILDREN. MANY HEALTH EDUCATION, PREVENTION PROGRAMS AND SUPPORT GROUPS FOCUSED ON DIABETES, SPORTS MEDICINE, HEART ATTACK/STROKE, WATER SAFETY, INJURY PREVENTION AND HEALTH FAIRS WERE ALSO PUT ON HOLD BECAUSE OF THE PANDEMIC.

KAUA'I MEDICAL CLINIC TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO

PAY, THUS SERVING (WITH WILCOX MEMORIAL HOSPITAL) AS ONE OF THE

COMMUNITY'S SAFETY NET PROVIDERS OF HEALTH CARE. IN FISCAL YEAR 2021,

Name of the organization

KAUA'I MEDICAL CLINIC

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KAUA'I MEDICAL CLINIC PROVIDED \$1,421,946 WORTH OF CARE TO PATIENTS WHO WERE UNINSURED OR UNABLE TO PAY FOR THEIR CARE, AS WELL AS OTHER COMMUNITY BENEFITS.

FORM 990, PART V, LINE 1A

FORM 1096 REPORTING

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

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS AND RIGHTS

HAWAI'I PACIFIC HEALTH 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

GOVERNING BODY.

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

DESCRIPTION OF CLASSES OF PERSON AND THE NATURE OF THEIR RIGHTS

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

THE 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

THE MEMBER SHALL HAVE THE EXCLUSIVE POWER TO TAKE AND DIRECT THE

FOLLOWING ACTIONS OF THE CORPORATION:

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

  THE PRESIDENT/CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE

  VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, OTHER EXECUTIVE VICE-PRESIDENTS,

  SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS

  EXCEPT THE OPERATING UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE

  BYLAWS;
- (2) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR

  COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES

  MATRIX ADOPTED BY THE MEMBER BOARD;
- (3) AMEND THE BYLAWS;
- (4) DETERMINE AND EFFECT THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1)YEAR AND/OR FOR ONE MILLION DOLLARS (\$1,000,000) OR MORE;
- (5) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED;
- (6) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;
- (7) EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE;
- (8) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE

  CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS;
- (9) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;

Name of the organization
KAUA'I MEDICAL CLINIC

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(10) EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS OR AS REQUIRED BY THE LAW OF THE STATE OF HAWAI'I, SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY WILCOX MEMORIAL HOSPITAL, KAUA'I MEDICAL CLINIC AND WILCOX HEALTH FOUNDATION (THE WILCOX AFFILIATES);

- (11) EXCEPT AS PROVIDED IN THE BYLAWS OR AS REQUIRED BY THE LAWS OF THE STATE OF HAWAI'I, SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE WILCOX AFFILIATES WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE WILCOX AFFILIATES DURING THE PRIOR FISCAL YEAR;

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

  (14) AFTER CONSULTING WITH THE BOARD, REMOVE THE PRESIDENT/CHIEF
  EXECUTIVE OFFICER, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER,
  TREASURER, SECRETARY, OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR
  VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT
  THE OPERATING UNIT VICE-PRESIDENTS; PROVIDED, HOWEVER, THAT TO REMOVE OR
  TERMINATE THE PRESIDENT/CHIEF EXECUTIVE OFFICER WILL REQUIRE THE

Name of the organization

KAUA'I MEDICAL CLINIC

Employer identification number

99-0326099

PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE MEMBER TO FULLY COLLABORATE AND CONSULT WITH THE BOARD AND SEEK THE BOARD'S ADVANCE CONSENT FOR SUCH REMOVAL OR TERMINATION. IF THE BOARD DOES NOT CONCUR WITH THE PROPOSED REMOVAL OR TERMINATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SUCH REMOVAL OR TERMINATION WILL REQUIRE THE APPROVAL OF A MAJORITY OF THE MEMBERS ON THE MEMBER BOARD;

- (15) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG RANGE AND STRATEGIC PLANS OF THE CORPORATION; AND
- (16) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.

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

- (1) ADD ANY DIRECTOR TO THE BOARD;
- (2) REMOVE ANY DIRECTOR FROM THE BOARD;
- (3) AMEND THE ARTICLES;
- (4) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION
  WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE CORPORATION EXCEEDING ONE
  MILLION DOLLARS (\$1,000,000) IN VALUE;
- (5) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000);
- (6) ACQUIRE SHARES IN ANOTHER CORPORATION;
- (7) SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING

PRINCIPLES, OF THE TOTAL ASSETS HELD BY THE WILCOX AFFILIATES;

- (8) SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF
  THE ROPERTY AND ASSETS HELD BY THE CORPORATION TO ANY ENTITY THAT IS NOT
  AN AFFILIATE;
- (9) SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE WILCOX

  AFFILIATES WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET

  REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF

  THE WILCOX AFFILIATES DURING THE PRIOR FISCAL YEAR;
- (10) MERGE THE CORPORATION WITH ANY ENTITY;
- (11) DISSOLVE OR LIQUIDATE THE CORPORATION;
- (12) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER;
- (13) 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
- (14) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.

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

REVIEW OF FORM 990 BY THE ORGANIZATION'S GOVERNING BODY

VARIOUS SCHEDULES OF THE FORM 990 ARE PREPARED PRIMARILY BY STAFF WITHIN THE ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL, ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED INTERNALLY BASED ON INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF THE REPORTING ENTITY. THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS AND APPROVES THE DISCLOSURE NARRATIVES WHICH DESCRIBES THE MISSION/PURPOSE AND PROGRAM

Name of the organization Employer identification number KAUA'I MEDICAL CLINIC 99-0326099

ACCOMPLISHMENTS OF THEIR ORGANIZATION. SENIOR MANAGEMENT OF THE HEALTH

CARE SYSTEM REVIEWS THE FORMS 990 OF EACH FILLING ORGANIZATION WITHIN THE

HEALTH CARE SYSTEM. ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE

FORMS 990 ARE THEN PROVIDED TO THE GOVERNANCE AND NOMINATING COMMITTEE OF

THE HEALTH CARE SYSTEM'S BOARD OF DIRECTORS FOR THEIR REVIEW. THE

GOVERNANCE AND NOMINATING COMMITTEE OF THE PARENT'S ENTITY (HAWAI'I

PACIFIC HEALTH "HPH") BOARD PROVIDES OVERSIGHT FOR THE FORM 990 REPORTING

AND REVIEWS THE FORM 990 FOR EACH ENTITY PRIOR TO FILING. IN ADDITION,

THE FORM 990 FOR EACH ENTITY IS MADE AVAILABLE TO THE 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 RETURNS WITH THE IRS.

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

MONITORING & 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; AND
- 4) 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.

PROCESS OF DETERMINING COMPENSATION

THE CEO OF THE ORGANIZATION IS NOT COMPENSATED BY THE FILING

ORGANIZATION, BUT RATHER BY THE TAX EXEMPT PARENT HAWAI'I PACIFIC HEALTH

FORM 990, PART VI, SECTION B, LINES 15A & 15B

TO APPROVE THE CEO'S COMPENSATION.

("HPH"). FOLLOWING IS THE PROCESS THAT THE PARENT ORGANIZATION UNDERTAKES

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

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

PROCESS WAS 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

Employer identification number Name of the organization KAUA'I MEDICAL CLINIC 99-0326099

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 WITH HPH \$ 2,010,328

TEMPORARILY RESTRICTED NET 10,278

\_\_\_\_\_

TOTAL \$ 2,020,606

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PHILIPS HEALTH CARE 3000 MINUTEMAN RD., TAX DEPARTMENT ANDOVER, MA 01810	MEDICAL SERVICES	179,000.
OAHU AIR CONDITIONING SERVICE PO BOX 17010 HONOLULU, HI 96817	MAINTENANCE SERVICES	120,973.
SHIOI CONSTRUCTION INC. PO BOX 963 KILAUEA, HI 96754	CONSTRUCTION SVCS.	107,087.

### **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** KAUA'I MEDICAL CLINIC 99-0326099

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled
						Yes	No
(1) HAWAI'I PACIFIC HEALTH 99-0246363							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	ADMIN SVCS.	HI	501(C)(3)	12C, III-FI	N/A		X
(2) KAPI'OLANI HEALTH FOUNDATION 99-0246364							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	X	
(3) KAPI'OLANI MED CTR FOR WOMEN & CHILDREN 99-0177350							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	X	
(4) KAPI'OLANI MEDICAL SPECIALISTS 99-0322406							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HEALTHCARE	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	HPH	X	
(6) PALI MOMI MEDICAL CENTER 99-0274038							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	НРН	X	
(7) PROVIDERS INSURANCE CORPORATION 71-0893000							
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	INSURANCE	HI	501(C)(3)	12B, II	НРН	Х	<u> </u>

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

Schedule R (Form 990) 2020

### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

KAUA'I MEDICAL CLINIC

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

KAUA'I MEDICAL CLINIC

Employer identification number
99-0326099

Part I Identification of Disregarded Entities. Complete if the	organization answered "Yes" or	n Form 990, Part I	V, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a)  Name, address, and EIN of related organization		(b) 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 tity?
							Yes	No
(1) STRAUB CLINIC & HOSPITAL	91-2151670							
55 MERCHANT STREET, 24TH FLOOR	HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	НРН	X	
(2) STRAUB FOUNDATION	99-0109350							
55 MERCHANT STREET, 26TH FLOOR	HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	НРН	Х	ĺ
(3) WILCOX HEALTH FOUNDATION	99-0204242							
3-3420 KUHIO HIGHWAY	LIHUE, HI 96766	FUNDRAISING	HI	501(C)(3)	7	НРН	X	ĺ
(4) WILCOX MEMORIAL HOSPITAL	99-0074365							
3-3420 KUHIO HIGHWAY	LIHUE, HI 96766	HOSPITAL	HI	501(C)(3)	3	НРН	X	ĺ
(5)								
(6)								
								ĺ
(7)								
		1						ĺ

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

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KAUA'I MEDICAL CLINIC 99-0326099

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

(a) Name, address, and EIN of related organization	(b) 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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
		,		,			Yes	No		Yes	No	
(1) ASC PACIFIC VENTURES, LLC												
SEE PART VII	AMBU. SURG. CTR.	AL	N/A	N/A								
_(2)	_											
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization		<b>(b)</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)		_							

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part 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 listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	🗠	1a		X
b	Gift, grant, or capital contribution to related organization(s)	🗠	1b		X
	Gift, grant, or capital contribution from related organization(s)	📙	1c		X
d	Loans or loan guarantees to or for related organization(s)	• • ⊢	1d		X
е	Loans or loan guarantees by related organization(s)	🗀	1e		X
f	Dividends from related organization(s)	· ·	1f		X
	Sale of assets to related organization(s)		1g		X
h	Purchase of assets from related organization(s)		1h		X
i	Exchange of assets with related organization(s)	–	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)		1j	_	X
k	Lease of facilities, equipment, or other assets from related organization(s)	–	1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)	• • ⊢	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)		lm		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		X
0	Sharing of paid employees with related organization(s)	· ·	10	Х	
				3.7	
-	Reimbursement paid to related organization(s) for expenses		1p	X	
q	Reimbursement paid by related organization(s) for expenses	• • 📙	1q	A	
				37	
r	Other transfer of cash or property to related organization(s)	• •  -	1r	X	
s 	Other transfer of cash or property from related organization(s)	*b***	1s		
				5.	
	(a) (b) (c) Name of related organization Transaction Amount involved Me	thod of	( <b>d)</b> deter	rminin	ıg
	type (a-s)	amount	t invol	lved	
(1)	KAPI'OLANI MED CTR FOR WOMEN & CHILDREN Q 103,599. FMV	7			
(')	THE CHAIL THE CITY OF THE CHILDREN	•			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	KAPI'OLANI MED CTR FOR WOMEN & CHILDREN	Q	103,599.	FMV
(2)	STRAUB CLINIC & HOSPITAL	S	332,684.	FMV
(3)	WILCOX MEMORIAL HOSPITAL	Q	634,711.	FMV
(4)	WILCOX MEMORIAL HOSPITAL	S	304,874.	FMV
(5)	WILCOX MEMORIAL HOSPITAL	Р	291,691.	FMV
(6)	KAPI'OLANI MEDICAL SPECIALISTS	Q	28,525,227.	FMV

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
	Gift, grant, or capital contribution to related organization(s)				1b	
	Gift, grant, or capital contribution from related organization(s)				1c	
	Loans or loan guarantees to or for related organization(s)				1d	
	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
	Lease of facilities, equipment, or other assets from related organization(s)				1k	
	Performance of services or membership or fundraising solicitations for related organization(s)				11	
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
0	Sharing of paid employees with related organization(s)				10	
					-	
	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
	Other transfer of cash or property to related organization(s)				1r	
<u>s</u>	Other transfer of cash or property from related organization(s)	his line, including cove	rod relationships and trans	action thro	1s	
	(a)	(b)	(c)		(d)	
	Name of related organization	Transaction	Amount involved		of determini	
		type (a-s)		amo	unt involved	
(1)	PROVIDERS INSURANCE CORPORATION	R	194,684.	FMV		
` '						
(2)						
. ,						
(3)						
(4)						
(5)						
(6)						
			Sci	nedule R (	Form 990)	2020

Yes No

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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	(a) (b) (c) s, and EIN of entity Primary activity Legal dom (state or for country		(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		(k) Percentage ownership	
			sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No		
(1)														
(2)														
(3)														
(4)	_													
(5)	_													
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														
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#### **Supplemental Information** Part VII

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

SCHEDULE R, PART III

RELATED ORGANITAZIONS TAXABLE AS A PARTNERSHIP:

ASC PACIFIC VENTURES, LLC

EIN: 27-0540034

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