Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public. 1000 for instructions and the latest info

OMB No. 1545-0047 2 Open to Public

Inrei		venue Serv				anom			Inspection
<u>A I</u>	For t	he 2020	calendar year, or tax year beginning 07/01, 20	020, an	d ending				5/30, 20 21
R ·	"hack "	f applicable:	C Name of organization				D Employer ide		
	_		WILCOX HEALTH FOUNDATION				99-020	4242	2
		dress ange	Doing business as						······
	Na	me change	Number and street (or P.O. box if mail is not delivered to street address)	Ro	om/suite		E Telephone nu		
	Init	ial return	3-3420 KUHIO HIGHWAY				(808) 24	5-1	.157
		al return/ minated	City or town, state or province, country, and ZIP or foreign postal code						
		iended urn	LIHUE, HI 96766				G Gross receipt	s \$	1,455,094.
	Ap	plication nding	F Name and address of principal officer: JENNIE CHANANOVICH	4			H(a) is this a gro subordinates		m for Yes X No
			3-3420 KUHIO HIGHWAY, LIHUE, HI 96766				H(b) Are all subor		ncluded? Yes No
I	Tax-	exempt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		lf "No," a	ittach a	list. See instructions
J	Web	site: 🕨	HTTPS://GIVING.HAWAIIPACIFICHEALTH.ORG				H(c) Group exem	ption n	umber 🕨
ĸ	Forn	n of organ	nization: X Corporation Trust Association Other ►		L Year of	formati	on: 1981 M	State	of legal domicile: HI
-	art		immary						
	1		y describe the organization's mission or most significant activities: \underline{THE}	MISS	SION OF	E WII	LCOX HEAL	лн	FOUNDATION
ø			TO CREATE A HEALTHIER HAWAI'I.						
anc									
Activities & Governance	2	Check	k this box if the organization discontinued its operations or dis	nosed o	of more that	n 25%	of its net asset	s	
Š	3		per of voting members of the governing body (Part VI, line 1a)	•				3	8.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		per of independent voting members of the governing body (Lat VI, me ta)					4	7.
ies	5		number of individuals employed in calendar year 2020 (Part V, line 2a).					5	0.
<u>i vit</u>	6		number of volunteers (estimate if necessary)					6	13.
Act	7		unrelated business revenue from Part VIII, column (C), line 12					7a	0.
	1							7b	0.
		DINELU	nrelated business taxable income from Form 990-T, Part I, line 11	•••	<u></u>		Prior Year	110	Current Year
		0	Share and monte (Part) (III Bar da)				3,910,61	18	734,072.
ne	8		ibutions and grants (Part VIII, line 1h)				3, 910, 0	0.	134,072.
Revenue	9		am service revenue (Part VIII, line 2g)				9,63		524,669.
Ř			tment income (Part VIII, column (A), lines 3, 4, and 7d).		[		9,0.	29.	
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				3,920,24		1,258,741.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1						
	13		ts and similar amounts paid (Part IX, column (A), lines 1-3)				303,6		633,481.
	14		fits paid to or for members (Part IX, column (A), line 4)					0.	0.
ŝ	15		ies, other compensation, employee benefits (Part IX, column (A), lines 5-					0.	0.
Expenses	16	a Profe	ssional fundraising fees (Part IX, column (A), line 11e)					0.	0.
- S			fundraising expenses (Part IX, column (D), line 25)  493, 0				014 5	_	000 540
	17	Other	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				914,5		830,543.
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				1,218,2		1,464,024.
	19	Reve	nue less expenses. Subtract line 18 from line 12				2,702,0		-205,283.
Net Assets or	č.					Begin	ning of Current		End of Year
set	<u></u> 20	Total	assets (Part X, line 16)				6,822,1		6,915,379.
t A	21	Total	liabilities (Part X, line 26)				272,8		322,028.
Ž	22	Net a	ssets or fund balances. Subtract line 21 from line 20				6,549,3	33.	6,593,351.
	art l	l Si	gnature Block						
			of perjury, I declare that I have examined this return, including accompanying so I complete. Declaration of preparer (other than officer) is based on all information o					of my	knowledge and belief, it is
<u> </u>	10, 00	Tect, and	recomplete, Declaration of preparer (other than oncer) is based on an information o	/ which	ртератег паз	Sally Ki	Ť		
			CAMM AN M				- G7	11/2	1
Si			Signature of officer				Date		
He	еге		CARRIE ANN TSUTSUI ASSI	ISTAN	T TREA	SURE	R		
			Type or print name and title						· · · · · · · · · · · · · · · · · · ·
_		Print	/Type preparer's name Preparer's signature		Date		Check	lif	PTIN
Pai			ELYNE C MILLER Joulyne C. Mill	en	5/5/22	•	self-emplo	·	P00634378
	e On	Eirm	'sname ▶ERNST & YOUNG U.S. LLP				Firm's EIN 🕨	34-0	6565596

858-535-7200 Firm's address >4365 EXECUTIVE DR., STE. 1600 SAN DIEGO, CA 92121 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . X Yes Form 990 (2020) For Paperwork Reduction Act Notice, see the separate instructions.

No

WILCOX	HEALTH	FOUNDATION

For	Form 990 (2020)	Page <b>2</b>
Pa	Part III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	1 Briefly describe the organization's mission: THE MISSION OF WILCOX HEALTH FOUNDATION IS TO CREATE A HEALTHIER	
	HAWAI'I.	
2	2 Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	
3		
3		Yes X No
	If "Yes," describe these changes on Schedule O.	
4		measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	the total expenses, and revenue, if any, for each program service reported.	
4a	4a (Code:         ) (Expenses \$ 643,759. including grants of \$ 624,788. ) (Revenue \$)	0.)
	SEE SCHEDULE O.	,
<u>4</u> h	4b (Code:       ) (Expenses \$ including grants of \$ ) (Revenue \$	)
40		)
40	4c (Code:       ) (Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>
40	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
	Ad Other program convises (Describe on Scholule O.)	
4d	4d Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	<b>4e</b> Total program service expenses ► 643,759.	000
	DE1020 1.000	form <b>990</b> (2020)
	52T0F5 1018 60023819	PAGE 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		<u> </u>
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<b>-</b>		
0				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			x
-	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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	Х	
с	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	Х	
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			<u> </u>
ŭ	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	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120				<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If		Х	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	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			37
	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			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	1

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Part	Checklist of Required Schedules (continued)		Vaa	Na
	Did the encoderation report many then $\Phi \Gamma = 0.00$ of many an other excitations to be for demonstric individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	x	
21 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
2 <b>4</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	210		<u> </u>
•		24c		
d		24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	, , , , , , , , , , , , , , , , , , , ,	28a		X X
		28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<u> </u>
50	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	01		<u> </u>
	complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a		35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b	X	L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note: All Form 990 filers are required to complete Schedule O	20	х	
Part	<ul> <li>19? Note: All Form 990 filers are required to complete Schedule O.</li> <li>V Statements Regarding Other IRS Filings and Tax Compliance</li> </ul>	38	A	L
Fart	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	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 <b>1b</b> 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
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		<u> </u>
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720. Schedule O.	16		X

Form **990** (2020)

Form 9	990 (2020) WILCOX HEALTH FOUNDATION 99-020	4242	F	- age <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
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? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u></u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	126	х	
	rise to conflicts?	12b	Λ	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100	х	
	describe in Schedule O how this was done	12c 13	X	
13	Did the organization have a written whistleblower policy?	14	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		x
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization	130		
40.5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		х
	with a taxable entity during the year?	104		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		L
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\text{HI}}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-		tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		1011 0	51(0)
	X     Own website     Another's website     X     Upon request     Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	·pet r	olicy
13	and financial statements available to the public during the tax year.		υσιμ	, oney,
20		ls 🕨		
	State the name, address, and telephone number of the person who possesses the organization's books and record CHENWEI LI 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 808-535-7434			
10.4		Form	990	(2020)

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) RAYMOND P. VARA JR.	.20										
BOARD OF DIRECTOR	61.90	Х						0.	2,201,810.	2,584,503.	
(2)DAVID OKABE	.10										
TREASURER	49.90			Х				0.	946,332.	377,896.	
(3) CHARLES R. CHING	.10										
SECRETARY	39.90			Х				0.	770,901.	282,179.	
(4) JENNIE CHAHANOVICH	3.00										
PRESIDENT	53.50			Х				0.	660,280.	228,096.	
(5) DAWN DUNBAR	5.00										
VICE PRESIDENT	40.00			Х				0.	393,438.	104,947.	
(6) EARL INOUYE	.10										
FORMER OFFICER	47.90						Х	0.	285,145.	69,530.	
(7) CARRIE ANN TSUTSUI	.10										
ASSISTANT TREASURER	47.90			Х				0.	230,878.	53,413.	
(8) JESSICA LEWIS	.50										
ASSISTANT SECRETARY	39.50			Х				0.	170,876.	40,404.	
(9) RICHARD ALBRECHT	.20										
BOARD OF DIRECTOR	0.	Х						0.	0.	0.	
(10) PAULA CHIHARA	.20										
BOARD OF DIRECTOR, CHAIR	0.	Х		Х				0.	0.	0.	
(11) MICHAEL DAHILIG	.20										
BOARD OF DIRECTOR	0.	Х						0.	0.	0.	
(12) MICHELLE EMURA	.20										
BOARD OF DIRECTOR	0.	Х						0.	0.	0.	
(13) RICHARD M. GOODALE, M.D.	.20										
BOARD OF DIRECTOR	0.	Х						0.	0.	0.	
(14) IAN JUNG	.20										
BOARD OF DIRECTOR	0.	Х						0.	0.	0.	

#### WILCOX HEALTH FOUNDATION

Form 990 (2020) Part VII Section A. Officers, Directors, Tru	ustees. Ke	v Em	olar	vee	es. a	and H	lia	hest Compensat	ed Emplo	vees (co	ontinue		age <b>8</b>
(A) Name and title	(B) Average hours per week (list any hours for	(do r box,	not ch unles	C Posi ieck s pe	<b>c)</b> iition more erson	e than or is both a or/truste	ne an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from ed	Es arr	(F) stimated nount of other pensatio	 on
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anizatior d related anization	<b>ו</b>
.5) TRINETTE KAUI	.20												
BOARD OF DIRECTOR, VICE CHAIR	.40	X		X				0		0.			(
		_											
		-											
		-											
		-											
		_											
		-											
		_											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				· ·			0.00.00.00.00.00.00.00.00.00.00.00.00.0	5,659	0.		740,9 740,9	0
<ul> <li>2 Total number of individuals (including but not reportable compensation from the organizatio</li> </ul>	limited to t		liste				o re	ceived more than					
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes X	No
4 For any individual listed on line 1a, is the organization and related organizations graduidual	eater than	\$15	50,00	)0?	lf	"Yes,	,"	complete Schedu	le J for	the such	4	X	
<ul> <li><i>individual</i></li> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Ye</li> </ul>	accrue co	mpen	satio	on f	from	n any	un	related organizati	on or indivi		4		X
Section B. Independent Contractors					-				<u></u>				
<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>(B)</b> Description of se	ervices	C	<b>(C)</b> ompens	sation	
													_
2 Total number of independent contractors (ii more than \$100,000 in compensation from th				iteo	d to 0		e li	isted above) who	received				

(

## Form 990 (2020)

## WILCOX HEALTH FOUNDATION

Pa	rt VII					
		Check if Schedule O contains a response or note to a	ny line in this Part \			<u> </u>
			(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns1aMembership dues1bFundraising events1c	-			
s, Gifts milar /	d e	Related organizations   1d     Government grants (contributions)   1e				
outions her Sii	f	All other contributions, gifts, grants, and similar amounts not included above • 1f 734,072.	-			
Contrik and Ot	g	Noncash contributions included in lines 1a-1f. 1g \$ 35,358.				
0.0	h	Total. Add lines 1a-1f	734,072.			
8	20					
Program Service Revenue	2a b					
Se nu	c					
ram eve	d					
60 80	е					
4	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and other similar amounts).	522,500.			522,500.
	4	Income from investment of tax-exempt bond proceeds	0.			
	5	Royalties	0.			
	6.0	Gross rents 6a	-			
	6a b	Less: rental expenses 6b	-			
	c	Rental income or (loss) 6c	-			
	d	Net rental income or (loss)	0.			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory <b>7a</b> 198,522.				
an	b	Less: cost or other basis				
/enue		and sales expenses . 7b 196,353.	-			
	С	Gain or (loss) 7c 2,169.				
Other Re	d	Net gain or (loss)	2,169.			2,169.
Ę	8a	Gross income from fundraising				
		events (not including \$				
		of contributions reported on line 1c). See Part IV, line 18				
	ь	Less: direct expenses	-			
	c	Net income or (loss) from fundraising events	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a 0.				
	b c	Less: direct expenses	0.			
	10a	Gross sales of inventory, less returns and allowances <b>10a</b> 0.				
	b	Less: cost of goods sold				
	C	Net income or (loss) from sales of inventory Business Code	0.			
snc						
nue	11a					+
ella >vei	b					
Miscellaneous Revenue	c d	All other revenue				
≥	е	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions	1,258,741.			524,669.

JSA 0E1051 1.000 52TOF5 1018

#### WILCOX HEALTH FOUNDATION

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must	· · · · · ·		•	
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(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	633,481.	633,481.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
<b>3</b> 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 disgualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions	0.			
	0.			
9 Other employee benefits	0.			
IO Payroll taxes	0.			
1 Fees for services (nonemployees):	0.			
a Management	0.			
b Legal			11 000	
c Accounting	11,707.		11,707.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	2,878.		2,878.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.) $\stackrel{ m ATCH}{ m L}$	638,569.		252,892.	385,67
2 Advertising and promotion	41.			41
13 Office expenses	9,466.		4,687.	4,779
4 Information technology	20,166.			20,160
I5 Royalties	0.			
I6 Occupancy	16,624.			16,624
17 Travel	991.			99:
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	330.			33
20 Interest	0.			
21 Payments to affiliates	0.			
	0.			
22 Depreciation, depletion, and amortization	6,070.		6,070.	
23 Insurance	0,070.		0,070.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	40.055		40.055	
a CORPORATE ALLOCATION	48,955.		48,955.	
bPRINTING & DESIGN SVCS.	45,877.	10.050		45,875
cKMS CAPITAL PURCHASE	10,278.	10,278.		
dGRANT WRITING	9,360.			9,36
e All other expenses	9,231.			9,23
25 Total functional expenses. Add lines 1 through 24e	1,464,024.	643,759.	327,189.	493,076
<b>26 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)	0.1			

0.

following SOP 98-2 (ASC 958-720)

WILCOX HEALTH FOUNDATION

	WILCOX HEALTH FOUNDATION		99-	0204242
rm 990 (2				Page <b>1</b>
Part X	Balance Sheet			r
	Check if Schedule O contains a response or note to any line in this Pa	art X		L
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	0.	1	0
	Savings and temporary cash investments.	3,029,713.	2	2,371,196
	Pledges and grants receivable, net	193,788.	3	236,754
	Accounts receivable, net.	0.	4	0
	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	C
	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	C
	Notes and loans receivable, net	0.		C
	Inventories for sale or use	0.	8	(
9	Prepaid expenses and deferred charges	0.	9	(
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation 10b	0.	10c	(
	Investments - publicly traded securities	1,169,212.	11	1,434,305
	Investments - other securities. See Part IV, line 11	1,648,051.	12	2,097,776
	Investments - program-related. See Part IV, line 11	756,428.		763,734
	Intangible assets	0.		(
	Other assets. See Part IV, line 11	24,972.		11,614
	Total assets. Add lines 1 through 15 (must equal line 33)	6,822,164.		6,915,379
	Accounts payable and accrued expenses	101.	17	37,384
	Grants payable	0.		(
	Deferred revenue.	0.	19	(
	Tax-exempt bond liabilities	0.		(
	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.		(
	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	(
i 23	Secured mortgages and notes payable to unrelated third parties	0.		(
	Unsecured notes and loans payable to unrelated third parties	0.		(
	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	272,730.	25	284,644
	Total liabilities. Add lines 17 through 25	272,831.	26	322,028
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	-1,199,205.	27	-1,915,448
28	Net assets with donor restrictions.	7,748,538.	28	8,508,799
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.		-	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	6,549,333.	32	6,593,351
33	Total liabilities and net assets/fund balances	6,822,164.	33	6,915,379

WILCOX	HEALTH	FOUNDATION

Form 9	90 (2020)			Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		258,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		464,	
3	Revenue less expenses. Subtract line 2 from line 1	3		205,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		549,	
5	Net unrealized gains (losses) on investments	5		353,	
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	_	104,	353.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>32,</u> column (B))	10	б,	593,	351.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	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 audi	ted on	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent accounta	•		Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ne		
	Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo th	ne		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•			

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

		nt of the Treasury evenue Service	ļ	Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of tł	ne organization						Employer identifi	cation number
WII	COZ	X HEALTH FO						99-02042	
	rt I				organizations must				S
	orga		•		t is: (For lines 1 throug		-	,	
1	Щ				tion of churches desc				
2					. (Attach Schedule E				
3				-	rganization described i				
4			-		conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(III). Enter the
F		hospital's nam	-					rated by a gaugerous	untal unit described in
5		-	-	Complete Part II.)	a college of universit	y owned	a or ope	fated by a governme	ental unit described in
6					rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X								om the general public
		-		(1)(A)(vi). (Compl			0		5 1
8					<b>b)(1)(A)(vi).</b> (Complete	Part II.)			
9		-			ed in section 170(b)(1	-	operated	l in conjunction with a	land-grant college
		-		-	griculture (see instruct		-	-	
		university:							
10		receipts from support from	activities rela gross investm	ited to its exempt f nent income and u	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco	ceptions	s; and (2) no more than s section 511 tax) from	n 331/3 % of its
11		-	-	-	usively to test for publi	-			
12		-	-	-	-	-			carry out the purposes
				· · ·					See section 509(a)(3).
	_			-				-	nes 12e, 12f, and 12g.
а				-	, supervised, or contr				
			-		regularly appoint or e		ajority of	the directors or truste	es of the
			-	-	te Part IV, Sections A				
b					ed or controlled in co				
			-		organization vested in	the same	e persor	is that control of man	lage the supported
~		-		-	, Sections A and C. ng organization opera	tod in or	onnoctio	n with and functional	lly intograted with
С			-		ns). You must comple				ny megrateu with,
d			-		porting organization of				ted organization(s)
u			-		nization generally mus	-			
			•	• •	omplete Part IV, Sect	•			
е					a written determinatio				I. Type III
-					ionally integrated sup				., .,
f	En								
g	Pro	ovide the follow	ving information	on about the suppo	orted organization(s).				
_	(i) N	ame of supported of	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									
1018	a I								

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

#### Schedule A (Form 990 or 990-EZ) 2020

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	395,715.	734,585.	1,171,355.	3,910,618.	734,072.	6,946,345.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	395,715.	734,585.	1,171,355.	3,910,618.	734,072.	6,946,345.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						3,342,105.
6	Public support. Subtract line 5 from line 4						3,604,240.
	tion B. Total Support		<u>г</u>				
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	395,715.	734,585.	1,171,355.	3,910,618.	734,072.	6,946,345.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	149,387.	200,616.	130,176.	30,395.	522,500.	1,033,074.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						7,979,419.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2020 (li					14	45.17%
15	Public support percentage from 2019					15	56.49 <b>%</b>
16a	331/3% support test - 2020. If the org	-					
	box and <b>stop here.</b> The organization q			-			
b	331/3% support test - 2019. If the org						
	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization					-	-
	Part VI how the organization meets organization			_	-		
h	10%-facts-and-circumstances test - 2						
N	15 is 10% or more, and if the organiz		-				
	in Part VI how the organization meets					-	-
	organization						
18	Private foundation. If the organization						
	instructions						<u></u> ► ∟_

Schedule A (Form 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	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 other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support			1			
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	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						
С	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.)						504(.)(0)
14	<b>First 5 years.</b> If the Form 990 is fo	0					
<u> </u>	organization, check this box and stop here						
<u>3ec</u> 15	tion C. Computation of Public Sup Public support percentage for 2020 (line 8	•		(f))		15	%
16	Public support percentage from 2020 (line of Public support percentage from 2019 Sche	.,	-			16	%
						10	/0
	tion D. Computation of Investmen Investment income percentage for 2020 (li			13 column (f))		17	%
17 18	Investment income percentage for 2020 (II					18	%%
18 10 a							
198	<b>331/3% support tests - 2020.</b> If the of 17 is not more than 331/3% check this	-					
L.	17 is not more than $331/3\%$ , check thi 331/3% support tasts - 2019. If the org		-				
a	331/3% support tests - 2019. If the org line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
JSA				., 100, 01 100,			990 or 990-EZ) 2020
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0E1221 1.000 52T0F5 1018

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

## 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.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			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	

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

## Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

## Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's</i>			
	supported organizations played in this regard.	3		

## Section 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 instruction	ns).	
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 (see instruction supported a governmental entity (see instruction support of a governmental entity (see instruction support of a governmental entity).	ctions,	).
	Activities Test Answer lines 2s and 2h holew	Yes	No

4	Activities Test. Answer lines za and zb below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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	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? If "Yes" or "No," provide details in <b>Part VI.</b>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	

2

99-0204242

Schedule A (Form 990 or 990-EZ) 2020			Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organ           1         Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi	g trust on	Nov. 20, 1970 ( <i>expla</i>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		_
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedu	le A (Form 990 or 990-EZ) 2020				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (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	zations	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 <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(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 - <i>explain in <b>Part VI</b>)</i> . See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2020 distributable amount			_	
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$			_	
a	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
	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, <i>explain in <b>Part VI</b></i> . See instructions.				
				_	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
				_	
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
 	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## Name of the organization

WILCOX HEALTH FOUNDATION

# Schedule of Contributors

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

Employer identification number

99-0204242

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

1

N/A

		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
۹		Schedule	⊔ B (Form 990, 990-EZ, or 990-PF) ∣
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Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Person Payroll

(d)

Type of contribution

Х

(c)

**Total contributions** 

50,000.

Part I

(2020)

60023819

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ \$ Schedule	Person Payroll Noncash (Complete Part II for noncash contributions.) B (Form 990, 990-EZ, or 990-PF) (

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization	WILCOX	HEALTH	FOUNDATION	

Employer identification number 99-0204242

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				Page 4	
Name of organization	WILCOX	HEALTH	FOUNDATION	Employer identification number	
				99-0204242	

				99-0204242				
Part III	Exclusively religious, charitable, etc.							
				Complete columns (a) through (e) and				
	the following line entry. For organizati							
	contributions of <b>\$1,000 or less</b> for th Use duplicate copies of Part III if addit			see instructions.) ► \$				
(a) No. from	· · ·	•						
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee				
				•				
(a) No.		1		1				
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Part I								
		(e) Transf	er of aift					
	<b>T</b>							
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Part I		(0) 000	or give					
		() <b>-</b>	· · · ·					
		(e) Transf						
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee				
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee				

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

SCHEE	DULE D
(Form	990)

b

# **Supplemental Financial Statements**

(Form 990)		► Complete if	the organization answered	"Yes" on Form 990			2020
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d,	, 11e, 11f, 12a, or	12b.		
	artment of the Treasury nal Revenue Service	Go to www.irs.gov	Attach to Form 990. Form990 for instructions at /Form990 for instructions at /Form990 for instructions at the form 990 for instructions at the form 990 for instructions at the form 990 for instruction for the form 990 for the form 990 for instruction for the form 990 for 1990 for 199	nd the latest inforn	nation.		Open to Public Inspection
	e of the organization					ployer identificat	
WII	LCOX HEALTH FC	DUNDATION				99-020424	12
Pa	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other Si	milar Funds or	Acc	ounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Pa	art IV, line 6.			
			(a) Donor advised	l funds		(b) Funds and	other accounts
1	Total number at e	nd of year					
2		of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4	Aggregate value a	at end of year					
5	Did the organizati	ion inform all donors and donor	advisors in writing that	the assets held	in do	nor advised	
	-	inization's property, subject to the	-	-			Yes No
6		on inform all grantees, donors, a					
		e purposes and not for the bene					
		nissible private benefit?					Yes No
Pa		tion Easements.	"Voo" on Form 000 Do	vrt IV/ line 7			
1		e if the organization answered servation easements held by the					
•		n of land for public use (for example			ofab	vistorically im	portant land area
		of natural habitat		Preservation			
		n of open space			01 4 0		
2		through 2d if the organization h	eld a qualified conservation	on contribution in	the f	orm of a cons	servation
-		ast day of the tax year.					End of the Tax Year
а		onservation easements			2a		
b		tricted by conservation easement			2b		
с	-	vation easements on a certified			2c		
d		rvation easements included in (					
		isted in the National Register			2d		
3	Number of conse	rvation easements modified, tra	nsferred, released, exting	juished, or termi	inated	d by the orga	anization during the
	tax year 🕨						
4		where property subject to conse					
5	-	ation have a written policy re				-	
		orcement of the conservation ea					└── Yes └── No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violatior	ns, and enforcing	conse	ervation easem	ents during the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations	, and enforcing c	onser	vation easem	ents during the year
	▶\$						
8		vation easement reported on line					
	and section 170(h)	)(4)(B)(ii)?					
9		be how the organization reports					
		d include, if applicable, the text of counting for conservation easeme		inization's financi	ial sta	itements that o	describes the
Pa		tions Maintaining Collections		sures or Othe	r Sim	ilar Assots	
I C	Complete	e if the organization answered	"Yes" on Form 990 Pa	art IV line 8	0	mai Assets.	
1a						tomont and b	alanca shaat warks
Ia		n elected, as permitted under F treasures, or other similar asse Part XIII the text of the footnote					
b	art, historical treas	n elected, as permitted under F sures, or other similar assets he ing amounts relating to these ite	ld for public exhibition, e				
	•	ded on Form 990, Part VIII, line 1				▶\$.	
		d in Form 990, Part X					
2	If the organization	n received or held works of a	rt, historical treasures, o	r other similar	assets	s for financia	l gain, provide the
		s required to be reported under F					
а	Revenue included	on Form 990, Part VIII, line 1.				▶\$.	

Assets included in Form 990, Part X.....

▶ \$

Schedule D (Form 990) 2020

OMB No. 1545-0047

WILCOX HEALTH FOUNDATION

Schee	dule D (Form 990) 2020							Page <b>2</b>
Ра	rt III Organizations Maintaini	-						,
3	Using the organization's acquisition collection items (check all that appl		other records,	check any o	of the follow	ving that make sig	nificant us	e of its
а	Public exhibition	,	d	_oan or exch	ange progra	m		
b	Scholarly research			Other	5-1-5-			
c	Preservation for future gener	ations						
4	Provide a description of the organ		and explain	how they fu	rther the or	ganization's exemp	t purpose	in Part
	XIII.							
5	During the year, did the organization	n solicit or receive d	Ionations of a	t, historical t	reasures, or	other similar		
	assets to be sold to raise funds rath	er than to be mainta	ained as part o	f the organiz	ation's colled	ction?	Yes	No
Ра	rt IV Escrow and Custodial A	rrangements.						
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	s" on Form §	990, Part IV	, line 9, or r	eported an amou	nt on Forr	n
1a	Is the organization an agent, trust	tee, custodian or of	ther intermed	iary for cont	ributions or	other assets not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the follow	ing table:				
						Amount		
С	Beginning balance							
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
	Did the organization include an am						Yes	No
	If "Yes," explain the arrangement in	1 Part XIII. Check he	ere if the expla	nation has be	en provided	on Part XIII		
Pa	rt V Endowment Funds.	tion on worod "Ve	o" on Form (		line 10			
	Complete if the organiza				, III e TU. vo years back		(-) =	
	-	(a) Current year	(b) Prior yea			(d) Three years back	(e) Four ye	
1a	Beginning of year balance	1,486,862.	1,476,	, <u>, , , , , , , , , , , , , , , , , , </u>	457,497.	1,366,899.	1,20	53,626.
b	Contributions							
С	Net investment earnings, gains,	101 112	10	204	02 415	122 060	1	
	and losses	401,443.	49,	294.	83,415.	133,060. 30,399.		46,982. 27,665.
d	Grants or scholarships					30,399.	4	1,005
е	Other expenditures for facilities	40,124.	25	183.	60,326.	7,655.		5,939
	and programs	5,618.		304.	4,031.		1	0,105
f	Administrative expenses	1,842,563.	1,486,8		476,555.			<u>.,105</u> . 56,899.
g	End of year balance						1,50	
2	Provide the estimated percentage Board designated or quasi-endowm		end balance (li %	ne 1g, columi	n (a)) held as	:		
a b	Permanent endowment  37.2							
c	Term endowment $\blacktriangleright$ 62.7400							
Ū	The percentages on lines 2a, 2b, a		100%					
3a	Are there endowment funds not in			hat are he	ld and admir	nistered for the		
• •	organization by:		ie erganizatio				Ye	es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	d as required o	on Schedule F	R?		3b	
4	Describe in Part XIII the intended u	ises of the organizat	tion's endowm	ent funds.			<u> </u>	
Ра	rt VI Land, Buildings, and Equ	ipment.			/ line 44 m (	2	ant M. Para	40
	Complete if the organiza Description of property	(a) Cost or		Ocst or other b			art A, IIne d) Book value	
		(invest		(other)		eciation	., Dook value	
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment.							
<u>e</u>	Other							
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X,	column (B), li	ne 10c.)			

Schedule D (Form 990) 2020

#### Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value (c) Method of valuation: Cost or end-of-year market v		
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) LIMITED PARTNERSHIPS	2,097,776.	FMV	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,097,776.		

#### Part VIII Investments - Program Related.

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

(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LIMITED PARTNERSHIPS	399,313.	FMV
(2) EQUITY SECURITIES	236,379.	FMV
(3) CHARITABLE REMAINDER TRUST	77,132.	FMV
(4) DEBT SECURITIES	36,642.	FMV
(5) CASH AND SHORT-TERM INVESTMENT	14,268.	FMV
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	763,734.	

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

## 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	
(2)	DUE TO HAWAI'I PACIFIC HEALTH	119,993.
(3)	CHARIT GIFT ANNUITY & UNITRUST LIAB	77,131.
(4)	DUE TO KAPI'OLANI MED CTR WOMEN & C	45,682.
(5)	DUE TO HAWAI'I PACIFIC HEALTH RSRCH	16,205.
(6)	DUE TO PALI MOMI FOUNDATION	12,559.
(7)	DUE TO KAPI'OLANI HEALTH FOUNDATION	6,581.
(8)	DUE TO WILCOX MEMORIAL HOSPITAL	6,493.
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	284,644.

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 284

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

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WILCOX	HEALTH	FOUNDATION
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Schedu	le D (Form 990) 2020		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur 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		
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
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:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	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 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	
Part	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;		Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforu	mation.	

SEE PAGE 5

Schedule D (Form 990) 2020

FORM 990, SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS AUDITED FINANCIAL STATEMENT FOOTNOTE THE COMPANY HAS NOT RECORDED ANY EXPENSE OR ACCRUED FOR ANY RELATED EXPENSE FOR ANY UNCERTAIN TAX POSITIONS. THE COMPANY'S 2017 THROUGH 2020 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR FEDERAL INCOME TAX PURPOSES, WHEREAS THE 2016 THROUGH 2020 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR STATE TAXING JURISDICTIONS IN WHICH THE COMPANY OPERATES.

(Form 990) Ge	overnme oplete if the o	nts, and Ir rganization ans ► A	Assistance to Adividuals in wered "Yes" on F ttach to Form 990 /Form990 for the I	n the Unite form 990, Part IV	d States , line 21 or 22.		OMB No. 1545-0047
Name of the organization						Employer identific	ation number
WILCOX HEALTH FOUNDATION						99-0204	242
Part I General Information on Grants an	nd Assistanc	e					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> <li>Part II Grants and Other Assistance to I</li> </ol>	nts or assistance adures for more	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient		-					
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WILCOX MEMORIAL HOSPITAL							
3-3420 KUHIO WAY LIHUE, HI 96766	99-0074635	501(C)(3)	604,144.	29,062.	FMV	MEDICAL SUPPLIES	GENERAL SUPPORT
(2)	_						
_(3)							
(4)	_						
(5)	_						
(6)	_						
(7)	_						
(8)	_						
(9)	_						
(10)	_						
(11)	_						
(12)	_						
<ol> <li>Enter total number of section 501(c)(3) and</li> <li>Enter total number of other organizations list</li> </ol>	0	0					1.

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

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
i					
i					
,					
art IV Supplemental Information. Provide	e the information re	quired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

information.

FORM 990, SCHEDULE I, PART I, LINE 2

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

TEMPORARILY RESTRICTED FUNDS RELEASED (& GRANTED) TO THE AFFILIATED

ORGANIZATION ARE RELEASED AFTER THE SPECIFIC PURPOSE OF THE FUND HAS BEEN

MET. ONCE THE AFFILIATED ORGANIZATION COMMUNICATES THE EXPENSE AND

SATISFIES THE SUBSTANTIATION OF THE EXPENSE FOR THE PURPOSE THAT THE

FUNDS WERE CONTRIBUTED FOR, THE FOUNDATION RELEASES THE RESTRICTION AND

RECORDS THE GRANT TO THE AFFILIATED ORGANIZATION. NO FURTHER MONITORING

OF THE FUNDS AFTER DISTRIBUTION IS NECESSARY.

SCH	EDULE J	Compen	sation Information		OMB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	20	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23.		20	)
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		Open to Inspo		
	of the organization			Employer identification			
WIL	COX HEALTH	FOUNDATION		99-020424	2		
Part	Question	s Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers		ו		
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of perso				
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, cher)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to	<b>)</b>		
•	explain				1b		
2	-		<ul> <li>to reimbursing or allowing expenses</li> </ul> D/Executive Director, regarding the items	•			
					2		
2				***	-		
3	organization's	CEO/Executive Director. Check all that	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ds used by a			
		isation committee	Written employment contract				
	· · ·	dent compensation consultant	Compensation survey or study				
		00 of other organizations	Approval by the board or compensa	tion committee			
4	During the ye		Part VII, Section A, line 1a, with respect to				
а			ayment?		4a		х
b			tal nonqualified retirement plan?		4b	Х	
с	-		sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.			
	•		rganizations must complete lines 5-9.				
5	•	listed on Form 990, Part VII, Secti contingent on the revenues of:	ion A, line 1a, did the organization pa	ly or accrue any	/		
а					5a		X
b	-	-			5b		X
-		e 5a or 5b, describe in Part III.					
6		listed on Form 990, Part VII, Secti n contingent on the net earnings of:	ion A, line 1a, did the organization pa	ly or accrue any	/		
а		· · ·			6a		x
a b					6b		X
	-	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov	ide anv nonfixed	4		
			escribe in Part III		7		X
8	Were any am	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract that	at was subject			
		-	Regulations section 53.4958-4(a)(3)? If		•		
					8		X
9			low the rebuttable presumption proced		ו <b>9</b>		
	Regulations section 53.4958-6(c)?						

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

#### Page 2

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(C) Retirement and (D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RAYMOND P. VARA JR.	(i)	0.	0.	0.	0.	0.	0.	0.
1BOARD OF DIRECTOR	(ii)	1,110,173.	372,487.	719,150.	2,558,309.	26,194.	4,786,313.	593,274.
DAVID OKABE	(i)	0.	0.	0.	0.	0.	0.	0.
2TREASURER	(ii)	553,990.	132,543.	259,799.	362,800.	15,096.	1,324,228.	224,487.
CHARLES R. CHING	(i)	0.	0.	0.	0.	0.	0.	0
3SECRETARY	(ii)	436,925.	104,835.	229,141.	262,171.	20,008.	1,053,080.	164,297.
JENNIE CHAHANOVICH	(i)	0.	0.	0.	0.	0.	0.	0.
4PRESIDENT	(ii)	381,818.	99,404.	179,058.	215,398.	12,698.	888,376.	133,412.
DAWN DUNBAR	(i)	0.	0.	0.	0.	0.	0.	0.
5VICE PRESIDENT	(ii)	299,741.	57,822.	35,875.	81,124.	23,823.	498,385.	65,358.
EARL INOUYE	(i)	0.	0.	0.	0.	0.	0.	0.
6FORMER OFFICER	(ii)	201,366.	40,705.	43,074.	67,586.	1,944.	354,675.	46,925.
CARRIE ANN TSUTSUI	(i)	0.	0.	0.	0.	0.	0.	0.
7ASSISTANT TREASURER	(ii)	195,857.	17,756.	17,265.	41,055.	12,358.	284,291.	0.
JESSICA LEWIS	(i)	0.	0.	0.	0.	0.	0.	0.
8ASSISTANT SECRETARY	(ii)	170,876.	0.	0.	15,118.	25,286.	211,280.	0.
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

#### Part III Supplemental Information

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

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

CHARLES R. CHING - \$84,461

JENNIE CHAHANOVICH - \$ 47,714

Schedule J (Form 990) 2020

#### Part III Supplemental Information

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

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

CHARLES R. CHING - \$104,835

JENNIE CHAHANOVICH - \$99,404

EARL INOUYE - \$40,705

DAWN DUNBAR - \$57,822

CARRIE ANN TSUTSUI - \$17,756

RETENTION INCENTIVE PLAN

THE RETENTION INCENTIVE PLAN WAS DESIGNED TO ENCOURAGE CONTINUED INTEREST

IN THE SUCCESS OF THE ORGANIZATION AND PROVIDE COMPETITIVE RETIREMENT

BENEFITS. THE SOLE PLAN PARTICIPANT IS HAWAI'I PACIFIC HEALTH'S CHIEF

EXECUTIVE OFFICER, RAYMOND P. VARA JR. THE PLAN DOES NOT REPLACE THE

Schedule J (Form 990) 2020

### Part III Supplemental Information

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

ANNUAL AND LONG-TERM INCENTIVE PLAN NOR THE SERP RESTORATION PLAN.

AMOUNTS PAID OUT DURING THE YEAR BY A RELATED ORGANIZATION:

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

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered	"Yes"	on For	rm 990,	Part IV,	lines	29 or	30.
Attach to Form 990.							

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

2020 Open to Public Inspection

Name of the organization

### WILCOX HEALTH FOUNDATION

Employer identification number 99-0204242

Par	t Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	( Method of noncash contr			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		475.	FMV			
5	Clothing and household							
	goods			932.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			C 005				
9	Securities - Publicly traded		2.	6,295.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		1.	670.	FMV			
20	Drugs and medical supplies				-			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( ATCH 1 )		13.	26,985.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29			
					г	Y	/es	No
30a	During the year, did the organizat				- 1			
	28, that it must hold for at least the	-						37
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a					24		Х
	contributions?					31		
32a	Does the organization hire or use	-	-			222		Х
L	contributions?	• • • • • •			•••••	32a		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	If "Yes," describe in Part II. If the organization didn't report an	amount in a	column (c) for a type of pro	party for which column (a)	) is checked			
33	describe in Part II.		oranni (c) for a type of pro	perty for which column (a	is checkeu,			

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN B

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

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

ATTACHMENT 1

### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
COVID-19 SUPPLIES	Х	5.	22,890.	FMV
GIFT BAGS & GIFT CARDS	Х	б.	1,125.	FMV
PHOTOS & CDS	Х	2.	2,970.	FMV
TOTALS	_	13.	26,985.	

# 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.



FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

THE MISSION OF WILCOX HEALTH FOUNDATION (THE FOUNDATION) IS TO CREATE A HEALTHIER HAWAI'I.

WILCOX MEDICAL CENTER (WILCOX) IS A NOT-FOR-PROFIT MEDICAL CENTER DEDICATED TO THE HEALTH AND WELL-BEING OF KAUA'I RESIDENTS. WILCOX, LOCATED IN LIHUE, IS THE LARGEST MEDICAL FACILITY ON KAUA'I, PROVIDING THE KAUA'I COMMUNITY WITH ACCESSIBLE, QUALITY HEALTH CARE. WILCOX IS PART OF HAWAI'I PACIFIC HEALTH, ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS.

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

CAPITAL IMPROVEMENTS

EMERGENCY AND TRAUMA PROGRAMS

THE WILCOX EMERGENCY DEPARTMENT REQUIRES ONGOING SUPPORT AS TRAUMA CASES HAVE INCREASED. MAJOR GIFT AND DIRECT MAIL DONATIONS CONTINUE TO SUPPORT THE UPGRADE OF THE EMERGENCY DEPARTMENT. DONORS RECEIVE PROJECT UPDATES THROUGH EMAIL NEWSLETTERS, SOCIAL MEDIA, AND ANNUAL REPORT PUBLICATION, INSPIRE. THE CONTRIBUTIONS SUPPORT CREATING TRAUMA RESUSCITATION SUITES AS WELL AS RENOVATING SPECIALTY SPACES FOR BEHAVIORAL HEALTH, INFECTIOUS CONTROL, PEDIATRIC ROOMS AND OB-GYN CARE. SINCE WILCOX HAS LIMITED ACCESS TO BEHAVIORAL HEALTH SERVICES FOR ACUTE EMERGENCY PATIENTS, DONATIONS WILL SUPPORT KAUAI'S FIRST EMERGENCY MEDICINE TELE-MEDICINE PROGRAM FOR BEHAVIORAL HEALTH.

### EMERGENCY GENERATOR SYSTEM

FUNDING FROM THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), THROUGH THE HAWAII EMERGENCY MANAGEMENT AGENCY (HIEMA), SUPPORTED EXPANDING THE CAPACITY OF WILCOX'S EMERGENCY GENERATOR SYSTEM. WILCOX HEALTH FOUNDATION WAS A VITAL PARTNER IN SECURING THE FEMA GRANT AND ENSURING HIEMA AND ALL PARTIES HAD THE NECESSARY INFORMATION TO PROCEED WITH THE PROJECT. WILCOX HEALTH FOUNDATION HIGHLIGHTED THE PARTNERSHIP VIA SOCIAL MEDIA, EMAIL, AND OTHER PUBLICATIONS TO PROVIDE UPDATES, DETAILS AND PROGRESS ON THE PROJECT AND HOW THE THREE NEW GENERATORS WILL HAVE THE CAPACITY TO POWER CRITICAL MEDICAL OPERATIONS THROUGHOUT WILCOX DURING DISASTERS TO MITIGATE THE IMPACT OF POWER OUTAGES ON HEALTH CARE.

### EDUCATION AND RESEARCH

#### SIMULATION LAB

THE WILCOX SIMULATION LAB INCLUDES HIGH-TECH MANIKINS THAT THE MEDICAL STAFF USE TO PRACTICE PROCEDURES THAT THEY RARELY SEE. THE LAB OFFERS A REALISTIC AND RISK-FREE ENVIRONMENT. A STATE-OF-THE-ART TRAINING SYSTEM ALLOWS NURSE EDUCATORS TO CREATE SCENARIOS WHERE THE MANAKINS EXHIBIT VARIOUS CONDITIONS AND CARE RESPONSES.

COMMUNITY HEALTH AND UNCOMPENSATED CARE PATIENT ASSISTANCE FUND: MALAMA FUND THE PURPOSE OF THE PATIENT ASSISTANCE FUND IS TO ASSIST MEDICAL CENTER PATIENTS AND/OR THEIR SUPPORT SYSTEM RECEIVING SERVICES, INCLUDING EMERGENCY ROOM AND OUTPATIENT SERVICES AT THIS FACILITY. THE MANAGEMENT AND DISBURSEMENT OF THE PATIENT ASSISTANCE FUND, OR MALAMA FUND, IS LEFT TO THE DISCRETION OF THIS FACILITY TO MEET SPECIFIC PATIENT CARE NEEDS. THE FUNDS MAY BE USED FOR PATIENTS AND/OR THEIR SUPPORT SYSTEM THAT HAVE FINANCIAL BARRIERS AND NEED CONTINUED MEDICAL OR PSYCHOSOCIAL SUPPORT OR TO FACILITATE DISCHARGE.

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 BOARD.

FORM 990, PART VI, SECTION A, LINE 7A DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER AND HAS THE POWER TO APPOINT OR REMOVE MEMBERS OF THE GOVERNING BODY. HAWAI'I PACIFIC HEALTH, AS MEMBER, ALSO HAS THE POWER TO ELECT ONE OR MORE EX-OFFICIO VOTING MEMBERS OF THE GOVERNING BODY.

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

DESCRIPTION OF CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS EXCLUSIVE POWER TO TAKE AND DIRECT

THE FOLLOWING ACTIONS OF THE CORPORATION:

(I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: VICE-PRESIDENT(S), TREASURER, SECRETARY, ASSISTANT TREASURERS AND SECRETARIES, AND ANY OTHER OFFICER, EXCEPT THE PRESIDENT, CHAIR AND VICE-CHAIR OF THE BOARD;

(II) AFTER CONSULTATION WITH THE BOARD, REMOVE VICE-PRESIDENT(S), TREASURER, SECRETARY, ASSISTANT TREASURERS AND SECRETARIES, AND ANY OTHER OFFICER, EXCEPT THE PRESIDENT, CHAIR AND VICE-CHAIR;

(III) REMOVE A DIRECTOR FROM THE BOARD;

(IV) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER;

(V) AMEND THESE BYLAWS;

(VI) CAUSE THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING

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

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

(I) ELECT ANY DIRECTOR TO THE BOARD;

(II) AMEND THE ARTICLES;

(III) MERGE THE CORPORATION WITH ANY ENTITY;

(IV) DISSOLVE THE CORPORATION;

(V) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION

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Name of the organization	Employer identification number
WILCOX HEALTH FOUNDATION	99-0204242

WHICH REQUIRE ANNUAL PAYMENTS BY OR ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE; (VI) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000) EXCEPT FOR THOSE ASSETS ACQUIRED BY GIFTS, GRANT, OR DONATION;

(VII) ACQUIRE SHARES IN ANOTHER CORPORATION;

(VIII) SELL, LEASE, EXCHANGE, ENCUMBER OR DISPOSE OF TWENTY-FIVE PERCENT (25%) OR MORE OF THE PROPERTY AND ASSETS HELD BY THE CORPORATION TO ANY ENTITY THAT IS NOT AN AFFILIATE;

(IX) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER;(X) 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

(XI) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.

REVIEW OF FORM 990 BY THE ORGANIZATION'S GOVERNING BODY

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

VARIOUS SCHEDULES OF THE FORM 990 ARE PREPARED PRIMARILY BY STAFF WITHIN THE ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL, ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED INTERNALLY BASED ON INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF THE REPORTING ENTITY. THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS AND APPROVES THE DISCLOSURE NARRATIVES WHICH DESCRIBES THE MISSION/PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION. SENIOR MANAGEMENT OF THE HEALTH CARE SYSTEM REVIEWS THE FORM 990 OF EACH FILLING ORGANIZATION WITHIN THE Page 2

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 WEB SITE 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;

4) HAS DISCLOSED ANY CONFLICTS OR POTENTIAL CONFLICTS OR ECONOMIC INTERESTS AS REQUIRED; AND

5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS

.ISA

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.

FORM 990, PART VI, SECTION B, LINES 15A & 15B PROCESS OF DETERMINING COMPENSATION THE PRESIDENT, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE NOT COMPENSATED BY THE FILING ORGANIZATION, BUT RATHER BY THE TAX-EXEMPT PARENT, HAWAI'I PACIFIC HEALTH ("HPH"). FOLLOWING IS THE PROCESS THAT THE PARENT ORGANIZATION UNDERTAKES TO APPROVE THE PRESIDENT, OFFICERS AND KEY

Schedule O (Form 990 or 990-EZ) 2020	
Name of the organization	Employer identification number
WILCOX HEALTH FOUNDATION	99-0204242

EMPLOYEES' COMPENSATION. COMPENSATION FOR HPH EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE HAWAI'I PACIFIC HEALTH ("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 LAST COMPLETED ON MARCH 09, 2021 TO REVIEW PHYSICIAN COMPENSATION AND ON JULY 28, 2021 TO REVIEW EXECUTIVE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19 DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL

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Schedule O (Form 990 or 990-EZ) 2020		Page <b>2</b>
Name of the organization	Employer identification number	
WILCOX HEALTH FOUNDATION	99-0204242	

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 OR FUND BALANCES

EQUITY TRANSFER FROM HPH	\$(106,587)			
INTERCOMPANY TRANSFERS BETWEEN FOUNDATIONS	\$	11,619		
FAS 117 RECLASS	\$	(9,383)		
ROUNDING	\$	(2)		
TOTAL	\$(	104,353)		

# FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
INTERNAL SVC. PROVIDED EXPENSE	571,542.	0.	185,865.	385,677.
MANAGER/DIRECTOR BONUS	67,027.	0.	67,027.	0.
TOTALS	638,569.	0.	252,892.	385,677.

ATTACHMENT 1

OMB No. 1545-0047

Open to Public

Inspection

ZU

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Employer identification number

99-0204242

#### SCHEDULE R (Form 990)

# **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.

Department of the Treasury Internal Revenue Service Name of the organization

WILCOX HEALTH FOUNDATION

# Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, 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	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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			(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HAWAI'I PACIFIC HEALTH 99-024636	3						
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	ADMIN SVCS.	HI	501(C)(3)	12C, III-FI	N/A		Х
(2) KAPI'OLANI HEALTH FOUNDATION 99-024636	4						
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	X	
(3) KAPI'OLANI MED CTR FOR WOMEN & CHILDREN 99-017735	0						
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	Х	
(4) KAPI'OLANI MEDICAL SPECIALISTS 99-032240	6						
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HEALTHCARE	HI	501(C)(3)	3	HPH	Х	
(5) KAUA'I MEDICAL CLINIC 99-032609	9						
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	Х	
(6) PALI MOMI FOUNDATION 38-384032	7						
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	Х	1
(7) PALI MOMI MEDICAL CENTER 99-027403	8						
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	Х	1

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

Schedule R (Form 990) 2020

OMB No. 1545-0047

Open to Public

Inspection

ZU

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Employer identification number

99-0204242

#### SCHEDULE R (Form 990)

# **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.

Department of the Treasury Internal Revenue Service Name of the organization

WILCOX HEALTH FOUNDATION

# Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

# 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) (c) Primary activity Legal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	•	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1) PROVIDERS INSURANCE COMPANY	71-0893000							
55 MERCHANT STREET, 24TH FLOOR HO	NOLULU, HI 96813	INSURANCE	HI	501(C)(3)	12B, II	НРН	X	
(2) STRAUB CLINIC & HOSPITAL	91-2151670							
55 MERCHANT STREET, 24TH FLOOR HO	NOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	НРН	X	
(3) STRAUB FOUNDATION	99-0109350							
55 MERCHANT STREET, 26TH FLOOR HO	NOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	НРН	X	
(4) WILCOX MEMORIAL HOSPITAL	99-0074365							
3-3420 KUHIO HIGHWAY LI	HUE, HI 96766	HOSPITAL	HI	501(C)(3)	3	НРН	X	
(5)		-						
(6)		-						
(7)		-						
								<u> </u>

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

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> 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)												
	1											
(7)												
	1											

# 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)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	
(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) CHARITABLE REMAINDER TRUSTS (2)		CHARITABLE TR	HI	WHF	TRUST				
(5)									
(6)									
(7)		-							

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WILCOX	HEALTH	FOUNDATION
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Part V	Transactions With Related Organizations. Complete if the organ	ization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.								
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No				
	uring the tax year, did the organization engage in any of the following transact											
	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled en					1a		Х				
	ift, grant, or capital contribution to related organization(s)					1b 1c	Х	X				
	<ul> <li>c Gift, grant, or capital contribution from related organization(s)</li> <li>d Loans or loan guarantees to or for related organization(s)</li> </ul>											
					· · · · · ⊢	1d		X X				
e Lo	bans or loan guarantees by related organization(s)				•••••	1e		A				
	ividends from related organization(s)				••••  -	1f 1g		X X				
	Sale of assets to related organization(s)											
	Purchase of assets from related organization(s)											
	xchange of assets with related organization(s)				+	1i		X X				
j Le	ease of facilities, equipment, or other assets to related organization(s)				•••••	1j						
k Le	ease of facilities, equipment, or other assets from related organization(s)					1k		Х				
	erformance of services or membership or fundraising solicitations for related o					11		X X				
	m Performance of services or membership or fundraising solicitations by related organization(s).											
n Sl	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o SI	haring of paid employees with related organization(s)				· · · · ·	10	Х					
n R	eimbursement paid to related organization(s) for expenses.					1p	х					
-	eimbursement paid by related organization(s) for expenses				F	1q	Х					
r O	ther transfer of cash or property to related organization(s)					1r	Х					
<b>s</b> 0	ther transfer of cash or property from related organization(s)	<u> </u>				1s	Х					
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information of	on who must complete t	this line, including cove	ered relationships and trans	action thres		S.					
	(a) Name of related organization		(b) Transaction	<b>(c)</b> Amount involved	Method of amoun			ıg				
			type (a-s)		anoun		iveu					
<b>(1)</b> H	AWAI'I PACIFIC HEALTH		0	491,715.	FMV							
<b>(2)</b> W	ILCOX MEMORIAL HOSPITAL		В	446,634.	FMV							
<b>(3)</b> K	API'OLANI HEALTH FOUNDATION		Q	82,594.	FMV							
(4)												
(4)												
(5)												
(6)												
JSA				Scl	hedule R (Fo	orm 9	990) 2	2020				
0E1309 1.0 5	000 2TOF5 1018	60023819			PAGI	E 5	5					

99-0204242

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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) ne, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded	l organizations? I		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
	-												
	-												
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	_												
			(state or foreign country)	(state or toreign country)     income (related, excluded from tax under sections 512 - 514)	Image: state or toreign country     income (related, solided) from tax under sections 512 - 514)     income (related, solided) from tax under sections 512 - 514)       Image: section sectio	(state or toreign country)         income (related, unrelated, exclude, sections 512 - 514)         income (related, organizations?)	(state or foreign country)         income inrelated, excluded from tax under sections 512 - 514)         section softicity (maintainer)         total income sections (maintainer)	Istate or foreign country     Income (related, excluded organizations)     Section organizations)     Income (related, organizations)       Image:	(state or foreign county)       (state or foreign county)       (includied, excluded)       (static)       (static)	Income         Income<	$\left  \begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$

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### Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART III

RELATED ORG. TAXABLE AS PARTNERSHIP:

ASC PACIFIC VENTURES, LLC

EIN: 27-0540034

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