Form 990-T	E>	empt Organization	Bus	siness Income der section 6033(	Tax Retur	n	OMB No 1545-0047
	For cale	ndar year 2019 or other tax year begin				019	୭ଲ <b>1</b> 0
Department of the Treasury		► Go to www.irs.gov/Form990	T for ir	nstructions and the latest	information:	( )	Open to Public Inspection for
Internal Revenue Service	Do	not enter SSN numbers on this form a					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check be	ox if nar	me changed and see instruction	s) •		yees trust, see instructions )
B Exempt under section	۔ ۔ ا	WAIKIKI HEALTH					
X 501( C)(3)	Print	Number, street, and room or suite no I	faPO	box, see instructions			159253
408(e) 220(e	Type	277 01112 2112211					ated business activity code structions )
408A530(a		277 OHUA AVENUE  City or town, state or province, country	, and 7	IP or foreign postal code			
529(a) C Book value of all assets	1	HONOLULU, HI 96815	y, anu Z	tir or lovelyti postal code			
at end of year	F Gro	up exemption number (See instructi	ons ) I	<u> </u>			
5,749,016.		ck organization type X 501			) trust	401(a)	trust Other trust
		inization's unrelated trades or busine		<del> </del>	<del></del>		(or first) unrelated
trade or business he	-				<del></del>		e than one, describe the
first in the blank sp	ace at the	end of the previous sentence, cor	nplete	Parts I and II, complete a S	chedule M for eac	ch addition	nal
trade or business, th	en compl	ete Parts III-V					
I During the tax year	was the	corporation a subsidiary in an affili	ated gr	roup or a parent-subsidiary o	controlled group?		▶ Yes X No
		identifying number of the parent co	rporation				0.400
		CTAVIUS GONZAGA			e number ▶ 80		
		or Business Income	г	(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts or							
b Less returns and allow		c Balance ▶					
•		ule A, line 7)			•		<del>  /</del>
=		2 from line 1c	4a				
		Part II, line 17) (attach Form 4797)	4b				<u> </u>
•		rusts	4c			/	
•		r an S corporation (attach statement)	5				
6 Rent income (Sc	nedule C)		6				
7 Unrelated debt-f	nanced in	come (Schedule E)	7				
8 Interest, annuities, ro	alties, and re	ents from a controlled organization (Schedule F)	8				
9 Investment income of	a section 50	1(c)(7), (9), or (17) organization (Schedule G)					ļ
		ncome (Schedule I)	10				
		dule J)	11				<del></del>
	_	tions, attach schedule)	12	0.			-
Part li Deduction	nes 3 thr	ough 12	uctio		leductions \ ([	Deduction	ons must be directly
		ne unrelated business incom		<i>-</i>	(10000000000000000000000000000000000000	300000	
				<del>/ </del>		. 14	
15 Salaries and was	es T	CE					
16 Repairs and mai	ntenance	directors, and trustees (Schedule K)	./			16	
17 Bad debts	. LEB					<u>17</u>	
18 Interest (attach	ebedule)					18	
<ul><li>19 Taxes and licens</li><li>20 Depreciation (at</li></ul>	<b>GV</b>	9//				19	
20 Depreciation (at	acia Ponto	A\$62)		20			
•		on Schedule A and elsewhere on re				21b	-
22 Depletion		~ /					
		compensation plans				1	-
		Schodula I)					_
		Schedule I)				- 1	
		chedule)					
		s 14 through 27					
		le income before net operating					
		g loss arising in tax years beginning				1	
31 Unrelated busine		e income Subtract line 30 from line	29 .	<u> </u>	<u> </u>	31	Form 990-T (2019)

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Par	Total Unrelated Business Taxable Income/		
32	Total of unrelated business taxable income computed from all unrelated trades or buernesses (see		
	instructions)	<b>\$2</b>	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	0
6	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<del></del>	1,000
9	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	1 1	
, ,	enter the smaller of zero or line 37	89	0
Dar	Tax Computation	1	-
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
10 Z	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	1 40	
· I		41	
_	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041),		
2	Proxy tax. See instructions		
3	Alternative minimum tax (trusts only)		
4	Tax on Noncompliant Facility Income See instructions		
5	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
	Tax and Payments		
6a4	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1118)	-	
b	Other credits (see instructions)	-	
С	General business credit Attach Form 3800 (see instructions)	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
е	Total credits Add lines 46a through 46d	46e	
7	Subtract line 46e from line 45		
8	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
9	Total tax Add lines 47 and 48 (see instructions)	49	0
0	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a	Payments A 2018 overpayment credited to 2019	]	
b	2019 estimated tax payments	[	
С	Tax deposited with Form 8868	]	
d	Foreign organizations Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ <b>51g</b>	] ,	
2	Total payments Add lines 51a through 51g	\$2	4,181
3	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
4	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
5	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	4,181
6	Enter the amount of line 55 you want    Credited to 2020 estimated tax    Refunded	<b>5</b> 6	4,181
Par	Statements Regarding Certain Activities and Other Information (see instructions	s)	
7 4	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	1	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	=	
	here <b>&gt;</b>	,	x
8	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trust?	Х
•	If "Yes," see instructions for other forms the organization may have to file	g., 1.001	<del></del>
a	Enter the amount of tax-exempt interest received or accrued during the tax year  \$ \[ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
9	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge	and belief, it
	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Siar	' I	y the IRS discuss	
		h the preparer of	
	=   V WAME   1-15-202   C & WITH	h the preparer st	
	Signature of efficer  Date  Title  Property signature  Dete	e instructions)? X Y	es No
ler	Signature of efficer Date Title with (see Print/Type preparer's name Preparer's signature (1001) Out (15/2021	e instructions)?X Y	es No
lero Paid	Signification of pricer  Date  Print/Type preparer's name  KRYSTAL K CREACH  Date  Preparer's signature  Check self-e	e instructions)?X Your PTIN P012	es No 48198
Paid Prep	Signature of efficer Date Titte with (see Self-e KRYSTAL K CREACH Firm's name BKD, LLP Firm's	e instructions)? X You print with the print prin	48198 0260
-	Signature of efficer Date Titte with (see Self-e KRYSTAL K CREACH Firm's name BKD, LLP Firm's	e instructions)? X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	48198 0260

2. Rent received or accrued

Total

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1

2

\_3

(see instructions) 1 Description of property

(1) (2) (3) (4)

(1) (2) (3) (4)

Total

Inventory at beginning of year.

Purchases . . . . . . . . . .

Cost of labor . . . . . . . . .

5 Total Add lines 1 through 4b . 5

(attach schedule) . . . . . . 4a b Other costs (attach schedule) . 4b

(a) From personal property (if the percentage of rent

for personal property is more than 10% but not

more than 50%)

(c) Total income. Add totals of columns 2(a) and 2(b) Enter

4a Additional section 263A costs

				99-	0159253	ı	Page 3
ry v	aluation	<u> </u>					
6	Inventory	at end of yea	ar	6			
7	Cost of	goods so	ld. Subtract line				
	6 from lir	ne 5 Enter	here and in Part				
	I, line 2			7_			
8	Do the	rules of	section 263A (wi	th re	espect to	Yes	No
	property		or acquired for				
	to the orga	anization? .	<u> </u>		<u></u>	<u></u>	<u> </u>
al I	Property	Leased V	Vith Real Propert	ty)			
			T				
			ļ				
pers	onal property conal property d on profit or	exceeds	3(a) Deductions dire in columns 2(a				ome
						_	
		-					
			(b) Total deduction Enter here and on part I, line 6, colum	page 1			
ns)				(-)			-
	ne from or	3 0	Deductions directly conf debt-finance			le to	
deb c	t-financed			P - P			

here and on page 1, Part I, line	6, column (A)		Part I, line 6, colt	imin (B) 🕨
Schedule E - Unrelated D	Debt-Financed Income (se	ee instructions)		
4.0		2 Gross income from or		onnected with or allocable to ced property
1 Description of de	ebt-financed property	allocable to debt-financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		- %		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deduc				
				Form 990-T (2010

(b) From real and personal property (if the

percentage of rent for personal property exceeds

50% or if the rent is based on profit or income)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 1 Name of controlled 2 Employer 5 Part of column 4 that is 6 Deductions directly 3 Net unrelated income 4 Total of specified included in the controlling connected with income identification number organization payments made (loss) (see instructions) organization's gross income ın çolumn 5 (1) (2) (3) Nonexempt Controlled Organizations 11 Deductions directly 10 Part of column 9 that is 9 Total of specified 8 Net unrelated income connected with income in column 10 included in the controlling 7 Taxable Income (loss) (see instructions) payments made organization's gross income (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Enter here and on page 1, Part I, line 8, column (A) Part I, line 8, column (B) Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3 Deductions 5 Total deductions 4 Set-asides (attach schedule) directly connected (attach schedule) and set-asides (col 3 plus col 4) 2 Amount of income 1 Description of income (1) (2)(3) (4) Enter here and on page 1. Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (B) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) from unrelated trade 3 Expenses 7 Excess exempt expenses 2 Gross directly connected with 5 Gross income 6 Expenses attributable to unrelated or business (column 2 minus column 3) from activity that is not unrelated (column 6 minus column 5, but not business income 1 Description of exploited activity production of If a gain, compute cols 5 through 7 column 5 from trade or unrelated more than business business income column 4) (1) (2) (3) (4)Enter here and on Enter here and Enter here and on on page 1, Part II, line 25 page 1, Part I, line 10, col (B) page 1, Part I line 10, col (A) Schedule J- Advertising Income (see instructions) Income From Periodicals Reported on a Consolidated Basis 7 Excess readership 4 Advertising costs (column 6 gain or (loss) (col 2 Gross 5 Circulation 6 Readership 3 Direct minus column 5, but advertising 2 minus col 3) If 1 Name of periodical costs advertising costs income not more than income a gain, compute cols 5 through 7 column 4) (1) (2) (3) (4)

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Totals (carry to Part II, line (5))

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	<u>-</u>
2)		%	<del>-</del>
3)		%	
4)		%	
otal. Enter here and on page 1, Part	ll, line 14		

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