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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning January 1 , 2012, and ending December 31 , 2012	B Check if applicable: <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Address change</td><td>C Name of organization KVMH Auxiliary</td><td>D Employer identification number 90-0316932</td></tr> <tr><td><input type="checkbox"/> Name change</td><td>Number and street (or P.O. box, if mail is not delivered to street address) PO Box 337</td><td>Room/suite</td></tr> <tr><td><input type="checkbox"/> Initial return</td><td>City or town, state or country, and ZIP + 4 Waimea, HI 96796</td><td>E Telephone number 808-338-9488</td></tr> <tr><td><input type="checkbox"/> Terminated</td><td></td><td>F Group Exemption Number ►</td></tr> <tr><td><input type="checkbox"/> Amended return</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Application pending</td><td></td><td></td></tr> </table> G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	<input type="checkbox"/> Address change	C Name of organization KVMH Auxiliary	D Employer identification number 90-0316932	<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) PO Box 337	Room/suite	<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 Waimea, HI 96796	E Telephone number 808-338-9488	<input type="checkbox"/> Terminated		F Group Exemption Number ►	<input type="checkbox"/> Amended return			<input type="checkbox"/> Application pending		
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<input type="checkbox"/> Terminated		F Group Exemption Number ►																	
<input type="checkbox"/> Amended return																			
<input type="checkbox"/> Application pending																			
I Website: ►																			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																			
K Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).																			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 74,546																			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue		\$
1	Contributions, gifts, grants, and similar amounts received	1 7,775
2	Program service revenue including government fees and contracts	2 0
3	Membership dues and assessments	3 150
4	Investment income	4 7
5a	Gross amount from sale of assets other than inventory	5a 0
b	Less: cost or other basis and sales expenses	5b 0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
6	Gaming and fundraising events	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0
b	Gross income from fundraising events (not including \$ 1,968 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 16,185
c	Less: direct expenses from gaming and fundraising events	6c 9,840
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 6,345
7a	Gross sales of inventory, less returns and allowances	7a 48,352
b	Less: cost of goods sold	7b 35,526
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 12,826
8	Other revenue (describe in Schedule O)	8 2,077
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 29,180
RECEIVED		
MAY 13 2013		IRS-OSC
OGDEN, UT		
Expenses		
10	Grants and similar amounts paid (list in Schedule O)	10 0
11	Benefits paid to or for members	11 0
12	Salaries, other compensation, and employee benefits	12 0
13	Professional fees and other payments to independent contractors	13 0
14	Occupancy, rent, utilities, and maintenance	14 0
15	Printing, publications, postage, and shipping	15 0
16	Other expenses (describe in Schedule O)	16 28,600
17	Total expenses. Add lines 10 through 16 ►	17 28,600
RECEIVED		
MAY 13 2013		IRS-OSC
OGDEN, UT		
Net Assets		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 580
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 48,972
20	Other changes in net assets or fund balances (explain in Schedule O)	20 0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 49,552

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Cat. No. 10642I

Form 990-EZ (2012)

SCANNED MAY 31 2013

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	48,972	22 51,392
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	48,972	25 51,392
26	Total liabilities (describe in Schedule O)	0	26 1,840
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,972	27 49,552

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **To support & purchase equipment for WKMC-KVMH/WKC**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Small equipment purchases ranging from \$ 261 - \$ 4,319 each to benefit entire patient & staff population. 13 departments benefited from these purchases. The 4 purchases pending from last year were included. Approximately 300 staff. Patient population est. 30,000. Total equipment purchases \$ 22032 (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	22,032
29	KVMH Hospital Activities - Hospital Week Celebration Approximately 300 staff. (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	350
30	Scholarships - \$ 1000 for Westside Kauai student pursuing a medical career and \$ 1000 for Westside Kauai student pursuing a career in nursing. 2 students benefited from these scholarships. (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	2,000
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	24,382

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Brycen Hiraoaka PO Box 638; Waimea, HI 96796	President 1 hr/week	0	0	0
Steve Kline PO Box 1193; Waimea, HI 96796	Vice President 1/2 hr/week	0	0	0
Pat Pablo PO Box 822; Waimea, HI 96796	Co-Secretary 1 hr/week	0	0	0
Shirley Matsuo PO Box 591; Kalaheo, HI 96756	Co-Secretary 1 hr/week	0	0	0
Cheryl Tennenberg PO Box 533; Koloa, HI 96756	Treasurer 3 hr/week	0	0	0
Rhoda Golden PO Box 531; Kekaha, HI 96752	Director 3 1/2 hr/qtr	0	0	0
Dave Herl 8842 Kekaha Rd; Kekaha, HI 96752	Director 3 1/2 hr/qtr	0	0	0
Stephen Cull PO Box 743; Waimea, HI 96796	Director 3 1/2 hr/qtr	0	0	0
Josephine Chapman 347 Alana Place; Kalaheo, HI 96741	Director 3 1/2 hr/qtr	0	0	0
Mary Ann McMillen PO Box 88; Kekaha, HI 96752	Director 3 1/2 hr/qtr	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0; section 4912 ► 0; section 4955 ► 0 40a

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ► Hawaii Telephone no. ► 808-742-1139

42a The organization's books are in care of ► Cheryl Tenberg ZIP + 4 ► 96756

Located at ► PO Box 533 (3756 Waiohoniou Rd); Koloa, HI

b 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)? If "Yes," enter the name of the foreign country: ► 42b

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b	<input checked="" type="checkbox"/>	
35c	<input checked="" type="checkbox"/>	
36	<input checked="" type="checkbox"/>	
37a	<input type="checkbox"/>	0
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
39a	<input type="checkbox"/>	
39b	<input type="checkbox"/>	
40a	<input type="checkbox"/>	
40b	<input checked="" type="checkbox"/>	
40c	<input type="checkbox"/> 0	
40d	<input type="checkbox"/> 0	
40e	<input checked="" type="checkbox"/>	
42b	<input checked="" type="checkbox"/>	
42c	<input checked="" type="checkbox"/>	
43	<input type="checkbox"/>	
44a	<input checked="" type="checkbox"/>	
44b	<input checked="" type="checkbox"/>	
44c	<input checked="" type="checkbox"/>	
44d	<input checked="" type="checkbox"/>	
45a	<input checked="" type="checkbox"/>	
45b	<input checked="" type="checkbox"/>	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

1 Total number of other employees paid over \$100,000 . . . ► 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . ► 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<i>Cheryl Tennenberg</i>	5/7/13
	Signature of officer	Date
Cheryl Tennenberg, Treasurer		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

KVMH Auxiliary

Employer identification number

90-0316932

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,331	4,965	4,384	8,241	7,925	29,826
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	7,800	7,800	7,800	7,800	7,800	39,000
4 Total. Add lines 1 through 3	12,131	12,765	12,164	16,041	15,725	68,826
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)						0
6 Public support. Subtract line 5 from line 4.						68,826

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	12,131	12,765	12,164	16,041	15,725	68,826
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8	4	5	6	7	30
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						68,856
12 Gross receipts from related activities, etc. (see instructions)					12	74,546
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33½% support test—2012. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
c Add lines 7a and 7b . . .						
8 Public support (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6 . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . .	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15 . . .	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 . . .	18	%
19a 33½% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . ► <input type="checkbox"/>		
b 33½% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see Instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Supplemental Information to Form 990 or 990-EZ

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete 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.

Name of the organization

KVMH Auxiliary

Employer identification number

90-0316932

Part I

Line 8 Other Revenue: This amount includes commissions from vending machines (4) and \$ 2,039

and from OUR365 Newborn Photos

and also from excess dinner fees from members

\$ 38

Total Line 8 \$ 2,077

Line 16 Other Expenses: Includes Small Equipment purchases for the hospital as listed on line 28. \$ 22,032

Monetary support for Hospital Activities listed on line 29.

\$ 350

Cash donations to other Non-profit Organizations:

\$ 400

To Waimea Higashi Hongwanji for assistance at our Fundraising Event (\$300)

To KVMH Charitable Foundation for their annual Golf Tournament Fundraiser (\$100)

Expenses related to Auxiliary

\$ 422

(office supplies, postage, meeting expenses)

State of Hawaii General Excise Taxes Paid

\$ 2,260

State of Hawaii Annual Commerce Fee

\$ 3

Credit Card Fees paid

\$ 974

Scholarships offered (2 x \$1,000 ea)

\$ 2,000

Bank Charges, Including check charges

\$ 159

Total Line 16 \$ 28,600

Part II

Line 25 Total Liabilities: Includes Credit Card Balances (Mastercard \$240 & Costco Amex \$1,600)

Total Line 25 \$ 1,840

Part III West Kauai Medical Center includes Kauai Veterans Memorial Hospital (KVMH) & West Kauai Clinics (WKC). KVMH is a Critical

Access Hospital. Both KVMH and WKC are part of the Hawaii Health Systems Corporation which is a public benefit corporation

through the State of Hawaii.