

Hawai'i Pacific Health
Form 990
Return of Organization Exempt From Income Tax
For The Year Ended 6/30/22
Copy – Retain For Your Records

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Ernst & Young LLP



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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01, 2021, and ending 06/30, 2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: HAWAII PACIFIC HEALTH
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): 55 MERCHANT STREET, 24TH FLOOR
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: HONOLULU, HI 96813

D Employer identification number: 99-0246363

E Telephone number: (808) 535-7401

F Name and address of principal officer: RAYMOND P. VARA JR.
 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813

G Gross receipts \$: 328,281,027

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ HAWAIIIPACIFICHEALTH.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1986

M State of legal domicile: HI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: HAWAII PACIFIC HEALTH IS A NOT-FOR PROFIT HEALTH CARE SYSTEM, AND ONE OF THE STATE'S LARGEST HEALTH CARE PROVIDERS AND PRIVATE EMPLOYERS. HAWAII PACIFIC HEALTH'S MISSION IS TO CREATE A HEALTHIER HAWAII!		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1,416
	6	Total number of volunteers (estimate if necessary)	6	14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,725
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	736,773	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	11,104,658	12,661,917
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	183,848,861	198,373,641
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,175,780	13,131,001
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	198,129,299	224,166,559
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	640,995	804,531
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	122,742,159	132,212,569
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,861,335		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	70,244,262	78,302,504
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	193,627,416	211,319,604
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	4,501,883	12,846,955
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	966,967,056	938,715,671
22	Net assets or fund balances. Subtract line 21 from line 20	507,367,993	497,833,670	
			459,599,063	440,882,001

Part II Signature Block

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

Signature of officer: *CARRIE ANN TSUTSUI* Date: 5/16/23

CARRIE ANN TSUTSUI, VP & SYSTEM CONTROLLER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JOCELYNE C MILLER Preparer's signature: *Jocelyne C. Miller* Date: 5/12/23 Check if self-employed PTIN: P00634378

Firm's name: ▶ ERNST & YOUNG US LLP Date: 5/12/23 Firm's EIN: ▶ 34-6565596

Firm's address: ▶ 4365 EXECUTIVE DRIVE SUITE 1600, SAN DIEGO, CA 92121 Phone no.: (858) 535-7200

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
HAWAI'I PACIFIC HEALTH IS A NOT-FOR PROFIT HEALTH CARE SYSTEM, AND ONE OF THE STATE'S LARGEST HEALTH CARE PROVIDERS AND PRIVATE EMPLOYERS. HAWAI'I PACIFIC HEALTH'S MISSION IS TO CREATE A HEALTHIER HAWAI'I.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 107,266,136 including grants of \$ 804,531) (Revenue \$ 197,314,153)
SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 107,266,136

Part IV 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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	✓	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a	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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	✓	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,416		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	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			✓
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).				
a	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			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	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:				
a	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:				
a	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.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		✓	
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			✓
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section 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 committee, explain on Schedule O.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
8b			
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		<input checked="" type="checkbox"/>

Section 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?		<input checked="" type="checkbox"/>
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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<input checked="" type="checkbox"/>	
12c			
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15a			
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
15b			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [CA, HI](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
[CHENWEI LI, 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813, \(808\) 535-7434](#)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAYMOND P. VARA JR. BOARD OF DIRECTOR, PRESIDENT & CEO	50.3 11.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,290,034	0	2,498,142
(2) DAVID OKABE EVP, CFO & TREASURER	35.0 15.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	953,161	0	392,126
(3) CHARLES R. CHING EVP, GENERAL COUNSEL & SECRETARY	26.1 13.9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	959,131	0	268,655
(4) ARTHUR GLADSTONE EVP & CSO	35.0 20.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	906,835	0	317,125
(5) STEVEN ROBERTSON EVP & CIO	40.0 13.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	787,444	0	299,769
(6) MELINDA ASHTON, M.D. EVP & CQO	43.0 6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	788,781	0	260,505
(7) LESLIE CHUN, M.D. EVP	6.0 54.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	785,845	0	225,311
(8) JENNIE CHAHANOVICH EVP	1.5 55.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	681,179	0	231,860
(9) WARREN CHAIKO SVP	4.0 36.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	767,486	0	120,610
(10) GERARD LIVAUDAIS, M.D. EVP (PART YEAR)	49.8 0.2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	570,789	0	181,478
(11) MARTHA SMITH FORMER OFFICER	5.0 55.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	421,044	0	263,816
(12) DOUGLAS KWOCK, M.D. VP	2.0 38.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	507,996	0	119,013
(13) SUSAN MASUMOTO-NONAKA VP (PART YEAR)	7.9 32.1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	522,308	0	82,373
(14) GAIL LERCH FORMER OFFICER	38.5 12.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	486,260	0	98,582

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TRAVIS CLEGG COO - SCH	0.0 50.0					✓		430,591	0	121,582
(16) MAVIS NIKAI DO SYSTEM CNE (PART YEAR)	1.0 55.0			✓				469,672	0	70,178
(17) GIDGET RUSCETTA, R.N. COO - KMCWC	10.0 46.0					✓		424,645	0	100,141
(18) DAWN DUNBAR SVP	9.5 35.5			✓				403,265	0	118,270
(19) SUNSHINE TOPPING SVP	37.5 12.5			✓				379,753	0	113,698
(20) BARBARA CRAFT COO - PMMC	3.7 50.3					✓		347,977	0	106,655
(21) JAMES LIN, M.D. VP	45.1 2.5			✓				335,132	0	97,482
(22) MICHAEL ROBINSON VP	49.1 0.9			✓				337,891	0	85,823
(23) BRIGITTE MCKALE VP/CNE - PMMC	0.0 55.0					✓		330,206	0	90,387
(24) ANDY LEE, M.D. MEDICAL DIRECTOR - HHP	41.0 8.0					✓		357,370	0	46,675
(25) (SEE STATEMENT)										
1b Subtotal								15,244,795	0	6,310,256
c Total from continuation sheets to Part VII, Section A								4,145,262	731,937	984,790
d Total (add lines 1b and 1c)								19,390,057	731,937	7,295,046
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								295		

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	✓	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORP, PO BOX 88314, MILWAUKEE, WI 53288-0314	MEDICAL RECORD SYST.	4,802,531
PACXA, PO BOX 3347, HONOLULU, HI 96801	HW/SW MAINTENANCE	3,929,407
MICROSOFT SERVICES, ONE MICROSOFT WAY, REDMOND, WA 98052-6399	COMPUTER SERVICES	3,019,159
HEALTH CATALYST INC, 3165 MILLROCK DR., STE. 400, SALT LAKE CITY, UT 84121	PROFESSIONAL SERVICES	2,028,918
ANTHOLOGY MARKETING GRP, 1003 BISHOP ST., 9TH FLOOR, HONOLULU, HI 96813	MARKETING SERVICES	1,842,103
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	70	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations	37,460				
	1e	Government grants (contributions)	12,124,719				
	1f	All other contributions, gifts, grants, and similar amounts not included above	499,738				
	1g	Noncash contributions included in lines 1a-1f	\$				
	1h	Total. Add lines 1a-1f ▶	12,661,917				
	Program Service Revenue	2a	ADMIN/MGMT SERVICES Business Code 561000	193,085,969	192,216,321	869,648	
2b		HAWAII HEALTH PARTNERS Business Code 561000	3,663,454	3,473,614	189,840		
2c		GRANT AND CLINICAL TRIALS Business Code 900099	768,257	768,257			
2d		NET PATIENT REVENUE Business Code 624190	413,929	413,929			
2e		CLINICAL TRIALS Business Code 624190	442,032	442,032			
2f		All other program service revenue . . .	0	0	0	0	
2g		Total. Add lines 2a-2f ▶	198,373,641				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	3,851,259		(1,041,763)	4,893,022	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6c	Rental income or (loss)	0	0	
	6d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	113,394,210			
			(ii) Other				
			7b	Less: cost or other basis and sales expenses	104,114,468		
	7c	Gain or (loss)	9,279,742	0			
	7d	Net gain or (loss) ▶	9,279,742			9,279,742	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	8b	Less: direct expenses	8b				
	8c	Net income or (loss) from fundraising events . . . ▶					
9a	Gross income from gaming activities. See Part IV, line 19	9a					
9b	Less: direct expenses	9b					
9c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances	10a					
10b	Less: cost of goods sold	10b					
10c	Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	11a	Business Code					
	11b						
	11c						
	11d	All other revenue	0	0	0	0	
	11e	Total. Add lines 11a-11d ▶	0				
12	Total revenue. See instructions ▶	224,166,559	197,314,153	17,725	14,172,764		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	804,531	804,531		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	15,428,013	10,799,609	4,628,404	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	823,076		823,076	
7	Other salaries and wages	90,916,442	36,487,276	53,089,209	1,339,957
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,966,369	4,550,741	3,358,958	56,670
9	Other employee benefits	10,103,536	5,610,299	4,262,370	230,867
10	Payroll taxes	6,975,133	3,670,207	3,196,598	108,328
11	Fees for services (nonemployees):				
a	Management				
b	Legal	2,428,710		2,428,710	
c	Accounting	75,867		75,867	
d	Lobbying	58,075		58,075	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,215,297		1,215,297	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	13,659,764	4,812,750	8,845,292	1,722
12	Advertising and promotion	3,374,403		3,374,403	
13	Office expenses	167,474	113,917	52,973	584
14	Information technology	21,250,410	13,221,875	8,028,535	
15	Royalties				
16	Occupancy	3,994,986	2,250,136	1,744,850	
17	Travel	294,630	125,602	167,450	1,578
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	105,345	59,957	45,388	
20	Interest	1,588,327	1,581,184	7,143	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,304,448	9,184,233		120,215
23	Insurance	510,417		510,417	
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.)				
a	<u>PROGRAM SERVICE EXPENDITURES</u>	11,289,162	11,289,162		
b	<u>OTHER PURCHASES</u>	3,297,806	1,331,661	1,966,145	
c	<u>TAXES & LICENSES</u>	1,385,172	190,897	1,194,275	
d	<u>DUES PAID</u>	1,103,407	511,372	592,035	
e	All other expenses	3,198,804	670,727	2,526,663	1,414
25	Total functional expenses. Add lines 1 through 24e	211,319,604	107,266,136	102,192,133	1,861,335
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	248,491,961	2	228,404,010
	3 Pledges and grants receivable, net	2,019,523	3	2,248,775
	4 Accounts receivable, net	152,649	4	(1,885)
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	4,377,473	9	4,773,924
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 146,708,489		
	b Less: accumulated depreciation	10b 98,263,717	47,888,645	10c 48,444,772
	11 Investments—publicly traded securities	174,045,174	11	147,581,615
	12 Investments—other securities. See Part IV, line 11	307,444,193	12	299,500,064
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	182,547,438	15	207,764,396
16 Total assets. Add lines 1 through 15 (must equal line 33)	966,967,056	16	938,715,671	
Liabilities	17 Accounts payable and accrued expenses	41,677,674	17	42,026,460
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	427,585,625	20	418,100,623
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	38,104,694	25	37,706,587
	26 Total liabilities. Add lines 17 through 25	507,367,993	26	497,833,670
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	443,397,646	27	423,643,663
	28 Net assets with donor restrictions	16,201,417	28	17,238,338
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	459,599,063	32	440,882,001	
33 Total liabilities and net assets/fund balances	966,967,056	33	938,715,671	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	224,166,559
2	Total expenses (must equal Part IX, column (A), line 25)	2	211,319,604
3	Revenue less expenses. Subtract line 2 from line 1	3	12,846,955
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	459,599,063
5	Net unrealized gains (losses) on investments	5	(49,974,243)
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	18,410,226
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	440,882,001

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) WILLIAM BURKE ----- VP	22.0 ----- 32.0			✓				302,321	0	88,324
(26) SHILPA PATEL, M.D. ----- ASSOCIATE CQO	23.5 ----- 16.5			✓				209,616	107,179	45,382
(27) LORRIE-ANN LUKE ----- VP	32.5 ----- 9.0			✓				270,752	0	88,451
(28) DAVID STUMBAUGH ----- VP	5.0 ----- 35.0			✓				271,257	0	85,843
(29) CARRIE ANN TSUTSUI ----- VP, SYSTEM CONTROLLER	18.3 ----- 29.7			✓				278,287	0	78,811
(30) MONICA PRICE, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 40.2	✓						0	312,124	37,180
(31) KENNETH B. ROBBINS, M.D. ----- FORMER OFFICER	20.5 ----- 34.5						✓	236,663	0	100,651
(32) DAVID UNDERRINER ----- EVP	10.0 ----- 30.0			✓				317,137	0	6,410
(33) BEAU NAKAMOTO, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 40.0	✓						0	294,898	11,408
(34) REINA (FRANCE) GRAVES ----- PRIVACY OFFICER	21.6 ----- 18.4			✓				250,059	0	34,768
(35) BRANDT FARIAS ----- FORMER OFFICER	40.9 ----- 22.1						✓	204,094	0	80,106
(36) TROY BRANSTETTER ----- VP	10.0 ----- 48.0			✓				230,736	0	37,114
(37) AMY THOMAS, R.N. ----- SYSTEM CNE	40.0 ----- 0.0			✓				211,265	0	47,567
(38) KATIE SHIGEMITSU ----- COMPLIANCE OFFICER	15.5 ----- 24.5			✓				223,318	0	32,225
(39) DEAN TATEYAMA ----- VP	32.5 ----- 7.5			✓				201,171	0	40,804
(40) BRANDON WONG ----- VP	40.0 ----- 7.0			✓				185,663	0	55,129
(41) LOUISE FUKUMOTO ----- VP	8.0 ----- 32.0			✓				199,148	0	35,921
(42) ALAN ITO ----- INFORMATION SECURITY OFFICER (PART YEAR)	36.8 ----- 3.2			✓				201,298	0	32,431
(43) JESSICA LEWIS ----- ASSISTANT CORPORATE SECRETARY	17.0 ----- 23.0			✓				168,040	0	40,849
(44) PETER LEWIS ----- VP & CHIEF INFORMATION SECURITY OFFICER	36.8 ----- 3.2			✓				135,377	0	330

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) JOHN MCNAMARA ----- SVP & CMO	11.0 ----- 29.0			✓				47,283	0	1,584
(46) MARK MAGELSEN, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 40.0	✓						0	8,239	3,124
(47) CHRISTOPHER JORDAN, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 2.8	✓						0	9,497	378
(48) STEPHEN LIN, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 0.3	✓						1,777	0	0
(49) KEITH MATSUMOTO, M.D. ----- BOARD OF DIRECTOR, CHAIR	0.4 ----- 0.0	✓		✓				0	0	0
(50) RICHARD WACKER ----- BOARD OF DIRECTOR, VICE CHAIR	0.4 ----- 0.0	✓		✓				0	0	0
(51) ELISIA FLORES ----- BOARD OF DIRECTOR	0.4 ----- 0.0	✓						0	0	0
(52) ELLIOT MILLS ----- BOARD OF DIRECTOR	0.4 ----- 0.0	✓						0	0	0
(53) JAMES HINTON ----- BOARD OF DIRECTOR	0.4 ----- 0.0	✓						0	0	0
(54) KATHRYN INOUYE ----- BOARD OF DIRECTOR	0.4 ----- 0.0	✓						0	0	0
(55) MARK YAMAKAWA ----- BOARD OF DIRECTOR	0.4 ----- 0.3	✓						0	0	0
(56) MICHAEL GIBSON, ESQ. ----- BOARD OF DIRECTOR - PART YEAR	0.4 ----- 0.1	✓						0	0	0
(57) MICHAEL YAMANE ----- BOARD OF DIRECTOR	0.4 ----- 0.2	✓						0	0	0
(58) STEVEN AI ----- BOARD OF DIRECTOR	0.4 ----- 0.0	✓						0	0	0
(59) TRINETTE KAUI ----- BOARD OF DIRECTOR	0.4 ----- 0.2	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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

Name of the organization HAWAI'I PACIFIC HEALTH	Employer identification number 99-0246363
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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 12, 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 (Form 990).)
- 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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 5

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) KAUA'I MEDICAL CLINIC	99-0326099	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓			
(B) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	99-0177350	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓			
(C) WILCOX MEMORIAL HOSPITAL	99-0074365	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓			
(D) PALI MOMI MEDICAL CENTER	99-0274038	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓			
(E) STRAUB CLINIC & HOSPITAL	91-2151670	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓			
Total					0	0

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

Cat. No. 11285F

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% 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—2021. 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 VI 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—2020. 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 VI 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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	✓	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		✓
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		✓
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		✓
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		✓
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? <i>If "Yes," provide detail in Part VI.</i>	✓	
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		✓
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		✓
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))? <i>If "Yes," provide detail in Part VI.</i>		✓
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		✓
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		✓
10a 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)? <i>If "Yes," answer line 10b below.</i>		✓
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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).		

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?	✓	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	✓	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	✓	

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 instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	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 Part VI .	✓	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	✓	

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART I, LINE 12G(VI) - SUPPORTED ORGANIZATIONS	HAWAII PACIFIC HEALTH ('HPH') IS THE SOLE MEMBER OF THE SUPPORTED ORGANIZATIONS AND HAS THE RIGHT TO PARTICIPATE IN THE SUPPORTED ORGANIZATIONS' GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE SUPPORTED ORGANIZATIONS' GOVERNING BOARD.
SCHEDULE A, PART IV, SECTION A, LINE 6 - SUPPORT TO OTHER SUPPORTED ORGS	HAWAII PACIFIC HEALTH'S DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO 501(C)(3) ORGANIZATIONS ON BEHALF OF ITS SUPPORTED ORGANIZATIONS.
SCHEDULE A, PART IV, SECTION D, LINE 3 - SUPP. ORG. HAVE SIGNIFICANT VOICE IN INVESTMENT POLICIES	FIVE BOARD MEMBERS OF HAWAII PACIFIC HEALTH ('HPH') ALSO SERVE AS DIRECTORS FOR THE SUPPORTED ORGANIZATIONS. THEREFORE, HPH'S SUPPORTED ORGANIZATIONS HAD A SIGNIFICANT VOICE IN THE INVESTMENT POLICIES AND IN DIRECTING THE USE OF THE ORGANIZATION'S INCOME OR ASSETS AT ALL TIMES DURING THE YEAR.
SCHEDULE A, PART IV, SECTION E, LINE 3A - POWER TO APPOINT/ELECT MAJORITY OF OFFICER/DIRECTOR/TRUSTEE	HAWAII PACIFIC HEALTH ('HPH') IS THE SOLE MEMBER WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD FOR EACH OF ITS SUPPORTED ORGANIZATIONS.
SCHEDULE A, PART IV, SECTION E, LINE 3B - SUBSTANTIAL DIRECTION OVER POLICIES/PROGRAMS/ACTIVITIES	HAWAII PACIFIC HEALTH ('HPH') IS THE SOLE MEMBER OF THE SUPPORTED ORGANIZATIONS AND HAS THE RIGHT TO PARTICIPATE IN THE SUPPORTED ORGANIZATIONS' GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE SUPPORTED ORGANIZATIONS' GOVERNING BOARD.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization HAWAI'I PACIFIC HEALTH

Employer identification number 99-0246363

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [checked] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

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

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

General Rule

- [checked] 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

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization HAWAI'I PACIFIC HEALTH	Employer identification number 99-0246363
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 155,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 92,063	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWAI'I PACIFIC HEALTH	Employer identification number 99-0246363
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWAII PACIFIC HEALTH	Employer identification number 99-0246363
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization HAWAI'I PACIFIC HEALTH	Employer identification number 99-0246363
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization HAWAII PACIFIC HEALTH	Employer identification number 99-0246363
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		58,075
j Total. Add lines 1c through 1i			58,075
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>A REGISTERED LOBBYIST (CYNTHIA NAKAMURA) PROVIDES GENERAL ADVICE ON LEGISLATIVE ACTIVITIES INCLUDING INFORMATION AND INSIGHT ON LEGISLATIVE ACTIONS THAT MAY BE OF INTEREST TO HAWAII PACIFIC HEALTH ("HPH"). THE INDIVIDUAL ALSO PROVIDES GUIDANCE AND INSIGHT ON HOW TO NEGOTIATE THROUGH THE LEGISLATIVE PROCESS WHEN TRYING TO PASS LEGISLATION AS WELL AS INFORMATION AND INSIGHT ON THE GENERAL ACTIVITIES OF WHAT'S HAPPENING AT THE LEGISLATURE. THE INDIVIDUAL DOES SPEAK TO LEGISLATORS, SOMETIMES ON BEHALF OF LEGISLATION OR ISSUES IN WHICH HPH HAS AN INTEREST. THE INDIVIDUAL ALSO HAS AN INPUT ON HPH'S OVERALL LEGISLATIVE/COMMUNITY COMMUNICATION PLAN BUT DOES NOT SEND MAILINGS OUT TO LEGISLATORS OR THE PUBLIC ON HPH'S BEHALF.</p> <p>PUBLIC POLICY HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION. HAWAII PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS FOR VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSICIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS.</p>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: HAWAI'I PACIFIC HEALTH; Employer identification number: 99-0246363

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and donor/grantee notification questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple rows for questions about conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with rows for questions about reporting art and historical treasures, including revenue and asset amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,376,820	12,631,036	12,942,804	13,215,382	13,167,545
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	903,165	254,216	311,768	272,578	(47,837)
f Administrative expenses					
g End of year balance	11,473,655	12,376,820	12,631,036	12,942,804	13,215,382

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 100.00 %
- b** Permanent endowment ▶ 0.00 %
- c** Term endowment ▶ 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,981,997		14,981,997
b Buildings		3,067,147	1,745,448	1,321,699
c Leasehold improvements		9,819,665	8,715,305	1,104,360
d Equipment		111,150,689	87,802,964	23,347,725
e Other		7,688,991	0	7,688,991
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,444,772

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 value
(1) Financial derivatives		
(2) Closely held equity interests	61,425,410	END OF YEAR MARKET VALUE
(3) Other		
(A) LIMITED PARTNERSHIP	229,339,619	END OF YEAR MARKET VALUE
(B) HPH BOARD DESIGNATED	6,735,035	END OF YEAR MARKET VALUE
(C) INVESTMENT IN TRUVETA	2,000,000	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	299,500,064	

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST - FDN ASSET	79,299,406
(2) NOTE RECEIVABLE HPHPI	26,938,000
(3) DUE FROM HPHMG	20,173,632
(4) PREPAID PENSION	45,142,421
(5) OTHER RECEIVABLES	1,520,841
(6) RIGHT OF USE ASSETS OPERATING	8,426,297
(7) DEFERRED CHARGES - TK57	7,734,812
(8) DEFERRED CHARGES - RETIREMENT	3,962,667
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	207,764,396

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) LT LEASE LIABILITY - OPERATING	8,468,906
(3) OTHER LONG TERM LIABILITIES	10,559,886
(4) DUE TO KAPI'OLANI MED. SPECIALISTS	13,343,978
(5) CURRENT PORTION OF CAPITAL LEASE	1,889,900
(6) DUE TO HPHMG	869,773
(7) LT LEASE LIABILITY - FINANCE	695,777
(8) UH JABSOM SCHOLARSHIP PLEDGE	546,543
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	37,706,587

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 .

Schedule D

Other Assets - Complete if the organization answered "Yes" to

Part IX

Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book values
PROVIDER'S INSURANCE CORP.	7,747,751
INVESTMENT LIFE INSURANCE CSV	1,628,330
RIGHT OF USE ASSETS FINANCE	954,684
COST OF BOND ISSUANCE	1,348,090
DUE FROM KAUA'I MEDICAL CENTER	590,956
DUE FROM KAPI'OLANI HLTH. FDN.	331,658
DUE FROM HPHPI	216,764
DUE FROM STRAUB FOUNDATION	150,343
DUE FROM WILCOX FOUNDATION	123,319
DUE FROM HONOLULU SURGERY CTR.	115,292
DUE FROM PALI MOMI FDN.	102,997
DEFERRED CHARGES - LEASE/DEP	39,458
ARTWORK	24,569
DUE FROM KEAHONUOKALANI	12,040
DUE FROM HICORD, INC.	6,085
DUE FROM KAPI'OLANI MEDICAL CENTER	361,934
DUE FROM PALI MOMI MEDICAL CENTER	221,268
DUE FROM STRAUB MEDICAL CENTER	459,476
DUE FROM WILCOX MEMORIAL HOSPITAL	92,246
DUE FROM HONOLULU IMAGING CENTER LLC	39,060

Schedule D

Other Liabilities - Complete if the organization answered "Yes" to

Part X

Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
ST LEASE LIABILITY - FINANCE	403,651
LT FEDERAL EXCISE TAX	411,250
STALE DATED AP CHECKS	283,133
DEFERRED RENT LIABILITY	226,109
DUE TO KAUA'I MEDICAL CLINIC	7,681

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	HAWAI'I PACIFIC HEALTH'S ('HPH') COLLECTION OF ARTWORK INCLUDES PAINTINGS AND SIMILAR WORKS THAT ARE DISPLAYED IN PUBLIC WAITING AREAS TO FURTHER ITS MISSION OF CREATING A HEALTHIER HAWAI'I.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE COMPANY HAS NOT RECORDED ANY EXPENSE OR ACCRUED FOR ANY RELATED EXPENSE FOR ANY UNCERTAIN TAX POSITIONS. THE COMPANY'S 2017 THROUGH 2020 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR FEDERAL INCOME TAX PURPOSES, WHEREAS THE 2016 THROUGH 2020 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR STATE TAXING JURISDICTIONS IN WHICH THE COMPANY OPERATES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ 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

HAWAI'I PACIFIC HEALTH

Employer identification number

99-0246363

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		121,406,227
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		44,800,724
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			166,206,951
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			166,206,951

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶

3 Enter total number of other organizations or entities . . . ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN EUROPE (INCLUDING ICELAND AND GREENLAND)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

HAWAI'I PACIFIC HEALTH

Employer identification number

99-0246363

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREAT ALOHA RUN 418 KUWILI ST. STE. 102, HONOLULU, HI 96817	99-0314751	501 (C) (3)	180,000				GENERAL SUPPORT
(2) BIKESHARE HAWAI'I 914 ALA MOANA BLVD., HONOLULU, HI 96814	46-4561541	501 (C) (3)	90,000				GENERAL SUPPORT
(3) UNIVERSITY OF HAWAI'I 1334 LOWER CAMPUS ROAD, HONOLULU, HI 96822	99-6000354	GOVERNMENT	66,565				GENERAL SUPPORT
(4) AMERICAN HEART ASSN. 677 ALA NOANA BLVD., HONOLULU, HI 96813	13-5613797	501 (C) (3)	55,000				GENERAL SUPPORT
(5) HAWAI'I EXECUTIVE COLLABORATIVE 827 FORT ST. MALL, 2ND FL., HONOLULU, HI 96813	84-4041099	501 (C) (3)	50,000				GENERAL SUPPORT
(6) HEALTHCARE ASSOCIATION OF HAWAI'I 707 RICHARDS ST. PH2, HONOLULU, HI 96813	99-0105817	501 (C) (3)	35,000				GENERAL SUPPORT
(7) UH FOUNDATION 2444 DOLE ST., #105, HONOLULU, HI 96822	99-0085260	501 (C) (3)	31,667				GENERAL SUPPORT
(8) HAWAI'I COMMUNITY FOUNDATION 827 FORT STREET MALL, HONOLULU, HI 96813	99-0261283	501 (C) (3)	30,000				GENERAL SUPPORT
(9) DIAMOND HEAD THEATRE 520 MAKAPUU AVE., HONOLULU, HI 96813	99-0073495	501 (C) (3)	19,000				GENERAL SUPPORT
(10) HAWAI'I PUBLIC HEALTH INSTITUTE 850 RICHARDS ST., #201, HONOLULU, HI 96813	68-0637054	501 (C) (3)	18,000				GENERAL SUPPORT
(11) AMERICAN RED CROSS 4155 DIMOND HEAD ROAD, HONOLULU, HI 96816	53-0196605	501 (C) (3)	17,500				GENERAL SUPPORT
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 23
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Cat. No. 50055P

Schedule I (Form 990) 2021

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
(12) SHIDLER COLLEGE OF BUSINESS 2404 MAILE WAY, STE. A303F, HONOLULU, HI 96822	99-0339302	501 (C) (3)	15,000				GENERAL SUPPORT
(13) HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE., HONOLULU, HI 96826	99-0073490	501 (C) (3)	15,000				GENERAL SUPPORT
(14) AFTER SCHOOL ALL START 4747 KILAUEA AVE., HONOLULU, HI 96816	27-4604870	501 (C) (3)	15,000				GENERAL SUPPORT
(15) ARTHRITIS FOUNDATION 1355 PEACHTREE ST. NE, STE. 600, ATLANTA, GA 30309	58-1341679	501 (C) (3)	15,000				GENERAL SUPPORT
(16) HONOLULU MUSEUM OF ART 900 SOUTH BERETANIA ST., HONOLULU, HI 96814	99-0079713	501 (C) (3)	15,000				GENERAL SUPPORT
(17) MAKE A WISH HAWAII 223 SKING ST., STE. 100, HONOLULU, HI 96813	99-0220777	501 (C) (3)	15,000				GENERAL SUPPORT
(18) MARCH OF DIMES 1580 MAKLOA ST., #1200, HONOLULU, HI 96814	13-1846366	501 (C) (3)	14,500				GENERAL SUPPORT
(19) HOUSING HAWAII'S FUTURE 1008 LUNAAI PL., KAILUA, HI 96734	87-3388003	501 (C) (3)	12,500				GENERAL SUPPORT
(20) GIFT FOUNDATION OF HAWAII 1288 ALA MOANA BLVD., #201, HONOLULU, HI 96814	30-0266316	501 (C) (3)	10,000				GENERAL SUPPORT
(21) GIRL SCOUTS OF HAWAII 410 ATKINSON DR., STE. 2E1 BOX 3, HONOLULU, HI 96814	99-0073488	501 (C) (3)	10,000				GENERAL SUPPORT
(22) BOYS AND GIRLS CLUB OF HAWAII 1000 BISHOP ST., STE. 505, HONOLULU, HI 96813	99-6005407	501 (C) (3)	6,000				GENERAL SUPPORT
(23) WAIKIKI COMMUNITY CENTER 310 PAOAKALANI AVE., HONOLULU, HI 96815	99-0179392	501 (C) (3)	5,500				GENERAL SUPPORT

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE HAWAI'I PACIFIC HEALTH ('HPH') DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO 501(C)(3) ORGANIZATIONS ON AN ANNUAL BASIS. NO FURTHER MONITORING IS NECESSARY FOR DONATIONS MADE TO 501(C)(3) ORGANIZATIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HAWAI'I PACIFIC HEALTH

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

99-0246363

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RAYMOND P. VARA JR. BOARD OF DIRECTOR, PRESIDENT & CEO	(i) 1,088,746	579,773	621,515	2,470,732	27,410	4,788,176	615,303
	(ii)	0	0	0	0	0	0	0
2	DAVID OKABE EVP, CFO & TREASURER	(i) 546,669	170,726	235,766	376,357	15,769	1,345,287	226,880
	(ii)	0	0	0	0	0	0	0
3	CHARLES R. CHING EVP, GENERAL COUNSEL & SECRETARY	(i) 431,400	135,036	392,695	252,886	15,769	1,227,786	185,998
	(ii)	0	0	0	0	0	0	0
4	ARTHUR GLADSTONE EVP & CSO	(i) 503,226	189,772	213,837	292,071	25,054	1,223,960	199,456
	(ii)	0	0	0	0	0	0	0
5	STEVEN ROBERTSON EVP & CIO	(i) 444,593	169,121	173,730	284,000	15,769	1,087,213	177,390
	(ii)	0	0	0	0	0	0	0
6	MELINDA ASHTON, M.D. EVP & CQO	(i) 455,308	194,229	139,244	244,499	16,006	1,049,286	168,964
	(ii)	0	0	0	0	0	0	0
7	LESLIE CHUN, M.D. EVP	(i) 519,567	180,626	85,652	200,623	24,688	1,011,156	86,619
	(ii)	0	0	0	0	0	0	0
8	JENNIE CHAHANOVICH EVP	(i) 372,818	148,018	160,343	218,488	13,372	913,039	143,838
	(ii)	0	0	0	0	0	0	0
9	WARREN CHAIKO SVP	(i) 259,893	67,444	440,149	92,906	27,704	888,096	54,113
	(ii)	0	0	0	0	0	0	0
10	GERARD LIVAUDAIS, M.D. EVP (PART YEAR)	(i) 374,236	126,878	69,675	172,318	9,160	752,267	81,450
	(ii)	0	0	0	0	0	0	0
11	MARTHA SMITH FORMER OFFICER	(i) 146,322	124,419	150,303	258,378	5,438	684,860	207,350
	(ii)	0	0	0	0	0	0	0
12	DOUGLAS KWOCK, M.D. VP	(i) 392,692	75,632	39,672	94,688	24,325	627,009	49,637
	(ii)	0	0	0	0	0	0	0
13	SUSAN MASUMOTO-NONAKA VP (PART YEAR)	(i) 207,594	51,419	263,295	74,942	7,431	604,681	41,245
	(ii)	0	0	0	0	0	0	0
14	GAIL LERCH FORMER OFFICER	(i) 433,599	0	52,661	91,102	7,480	584,842	176,018
	(ii)	0	0	0	0	0	0	0
15	TRAVIS CLEGG COO - SCH	(i) 326,626	80,626	23,339	96,413	25,169	552,173	51,050
	(ii)	0	0	0	0	0	0	0
16	(SEE STATEMENT)	(i)						
	(ii)							

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
(16) MAVIS NIKAIIDO SYSTEM CNE (PART YEAR)	(i)	200,524	42,238	226,910	64,604	5,574	539,850	40,137
	(ii)	0	0	0	0	0	0	0
(17) GIDGET RUSCETTA, R.N. COO - KMCWC	(i)	323,251	62,656	38,738	85,572	14,569	524,786	53,567
	(ii)	0	0	0	0	0	0	0
(18) DAWN DUNBAR SVP	(i)	290,624	74,468	38,173	93,610	24,660	521,535	59,749
	(ii)	0	0	0	0	0	0	0
(19) SUNSHINE TOPPING SVP	(i)	280,785	68,850	30,118	89,038	24,660	493,451	0
	(ii)	0	0	0	0	0	0	0
(20) BARBARA CRAFT COO - PMMC	(i)	232,764	65,450	49,763	91,059	15,596	454,632	21,234
	(ii)	0	0	0	0	0	0	0
(21) JAMES LIN, M.D. VP	(i)	256,939	52,655	25,538	73,078	24,404	432,614	19,200
	(ii)	0	0	0	0	0	0	0
(22) MICHAEL ROBINSON VP	(i)	260,167	49,180	28,544	75,992	9,831	423,714	39,448
	(ii)	0	0	0	0	0	0	0
(23) BRIGITTE MCKALE VP/CNE - PMMC	(i)	252,259	49,316	28,631	76,118	14,269	420,593	31,541
	(ii)	0	0	0	0	0	0	0
(24) ANDY LEE, M.D. MEDICAL DIRECTOR - HHP	(i)	295,998	36,372	25,000	21,750	24,925	404,045	0
	(ii)	0	0	0	0	0	0	0
(25) WILLIAM BURKE VP	(i)	231,178	44,764	26,379	71,139	17,185	390,645	16,974
	(ii)	0	0	0	0	0	0	0
(26) SHILPA PATEL, M.D. ASSOCIATE CQO	(i)	129,013	991	79,612	16,936	9,350	235,902	0
	(ii)	21,271	0	85,908	6,006	13,090	126,275	0
(27) LORRIE-ANN LUKE VP	(i)	207,351	39,718	23,683	63,397	25,054	359,203	31,859
	(ii)	0	0	0	0	0	0	0
(28) DAVID STUMBAUGH VP	(i)	212,851	40,836	17,570	62,403	23,440	357,100	32,756
	(ii)	0	0	0	0	0	0	0
(29) CARRIE ANN TSUTSUI VP, SYSTEM CONTROLLER	(i)	214,570	41,321	22,396	65,763	13,048	357,098	18,347
	(ii)	0	0	0	0	0	0	0
(30) MONICA PRICE, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	238,335	8,670	65,119	11,600	25,580	349,304	0
(31) KENNETH B. ROBBINS, M.D. FORMER OFFICER	(i)	236,663	0	0	86,322	14,329	337,314	78,909
	(ii)	0	0	0	0	0	0	0
(32) DAVID UNDERRINER EVP	(i)	240,233	75,000	1,904	0	6,410	323,547	0
	(ii)	0	0	0	0	0	0	0
(33) BEAU NAKAMOTO, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	175,980	2,456	116,462	11,408	0	306,306	0
(34) REINA (FRANCE) GRAVES PRIVACY OFFICER	(i)	248,960	0	1,099	12,228	22,540	284,827	0
	(ii)	0	0	0	0	0	0	0

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
(35) BRANDT FARIAS FORMER OFFICER	(i)	121,482	61,243	21,369	74,371	5,735	284,200	49,137
	(ii)	0	0	0	0	0	0	0
(36) TROY BRANSTETTER VP	(i)	188,888	13,431	28,417	29,634	7,480	267,850	0
	(ii)	0	0	0	0	0	0	0
(37) AMY THOMAS, R.N. SYSTEM CNE	(i)	187,660	21,571	2,034	20,663	26,904	258,832	0
	(ii)	0	0	0	0	0	0	0
(38) KATIE SHIGEMITSU COMPLIANCE OFFICER	(i)	183,738	0	39,580	23,057	9,168	255,543	0
	(ii)	0	0	0	0	0	0	0
(39) DEAN TATEYAMA VP	(i)	181,497	18,285	1,389	21,464	19,340	241,975	0
	(ii)	0	0	0	0	0	0	0
(40) BRANDON WONG VP	(i)	169,022	15,905	736	32,689	22,440	240,792	0
	(ii)	0	0	0	0	0	0	0
(41) LOUISE FUKUMOTO VP	(i)	176,638	17,733	4,777	20,815	15,106	235,069	0
	(ii)	0	0	0	0	0	0	0
(42) ALAN ITO INFORMATION SECURITY OFFICER (PART YEAR)	(i)	144,850	18,144	38,304	17,782	14,649	233,729	0
	(ii)	0	0	0	0	0	0	0
(43) JESSICA LEWIS ASSISTANT CORPORATE SECRETARY	(i)	167,315	0	725	14,873	25,976	208,889	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE</p>	<p>HOUSING ALLOWANCES WERE PAID FOR ONE OFFICER OF THE ORGANIZATION. ALL AMOUNTS HAVE BEEN INCLUDED IN THE INDIVIDUALS FORM W-2 AS TAXABLE INCOME.</p>
<p>SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES</p>	<p>HEALTH/SOCIAL CLUB DUES WERE PAID FOR SIX OFFICERS OF THE ORGANIZATION. ALL AMOUNTS HAVE BEEN INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>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.</p> <p>AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION: RAYMOND P. VARA JR. - \$193,418 DAVID OKABE - \$72,983 GAIL LERCH - \$7,785 STEVEN ROBERTSON - \$49,068 LESLIE CHUN, M.D. - \$33,229 CHARLES R. CHING - \$44,945 ARTHUR GLADSTONE - \$50,298 MARTHA SMITH - \$58,273 MELINDA ASHTON, M.D. - \$41,256 JENNIE CHAHANOVICH - \$27,896 GERARD F. LIVAUDIS - \$26,186</p> <p>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.</p> <p>AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION: RAYMOND P. VARA JR. - \$479,773 DAVID OKABE - \$170,726 STEVEN ROBERTSON - \$139,121 CHARLES R. CHING - \$135,036 ARTHUR GLADSTONE - \$159,772 MELINDA ASHTON, M.D. - \$144,229 JENNIE CHAHANOVICH - \$123,018 LESLIE CHUN, M.D. - \$155,626 GERARD LIVAUDAIS, M.D. - \$126,564 DAWN DUNBAR - \$74,468 WARREN CHAIKO - \$67,444 DOUGLAS KWOCK, M.D. - \$75,632 SUSAN MASUMOTO NONAKA - \$51,419 MAVIS NIKAIKO - \$42,238 MICHAEL ROBINSON - \$49,180 DAVID STUMBAUGH - \$40,836 LORRIE-ANN LUKE - \$39,718 JAMES LIN, M.D. - \$49,164 CARRIE ANN TSUTSUI - \$41,321 WILLIAM BURKE - \$44,764 SUNSHINE TOPPING - \$68,850 TROY BRANSTETTER - \$13,431 BRANDON WONG - \$15,905 MARTHA SMITH - \$124,419 BRANDT FARIAS - \$61,243</p> <p>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 HAWAII PACIFIC HEALTH'S CHIEF EXECUTIVE OFFICER, RAYMOND P. VARA JR. THE PLAN DOES NOT REPLACE THE ANNUAL AND LONG-TERM INCENTIVE PLAN NOR THE SERP RESTORATION PLAN.</p> <p>AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION: RAYMOND P. VARA JR. - \$1,015,000</p>

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HAWAI'I PACIFIC HEALTH

Employer identification number

99-0246363

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	STATE OF HAWAI'I - DEPARTMENT OF BUDGET & FINANCE	99-0266961	419800JX6	10/03/2013	159,059,332	SEE PART VI		✓		✓		✓
B	STATE OF HAWAI'I - DEPARTMENT OF BUDGET & FINANCE	99-0266961	000000000	05/15/2019	48,079,910	TO REFUND SERIES 2013C BOND ISSUED 10/03/2013		✓		✓		✓
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	16,365,000		6,052,270					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	159,068,477		48,079,910					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	14,284,839		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	1,995,112		493,599					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	106,439,766		0					
11	Other spent proceeds	36,348,760		47,586,311					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2016		2019					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓		✓					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓		✓				
16	Has the final allocation of proceeds been made?	✓		✓					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓					

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

Cat. No. 50193E

Schedule K (Form 990) 2021

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	✓		✓					
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓		✓					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓					
c Are there any research agreements that may result in private business use of bond-financed property?	✓		✓					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓		✓					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0.16 %		0.43 %		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		%		%		%		%
6 Total of lines 4 and 5		0.16 %		0.43 %		%		%
7 Does the bond issue meet the private security or payment test?		✓		✓				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	✓		✓					
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		1.57 %		28.59 %		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		✓		✓				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓				
b Exception to rebate?		✓		✓				
c No rebate due?		✓		✓				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		✓		✓				

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
<p>SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE OF TAX EXEMPT BONDS</p>	<p>LINE A SERIES 2013-A IS NEW MONEY TO FUND THE KAPI'OLANI EXPANSION OF NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS AND OTHER CLINICAL SERVICES. SERIES 2013-B IS REFUNDING SERIES 1998 BONDS ISSUED ON 04/08/1998 AND SERIES 2004-A BONDS ISSUED ON 01/14/2004.</p> <p>LINE B TO REFUND SERIES 2013-C BOND ISSUED 10/03/2013.</p>
<p>SCHEDULE K, PART II, LINE 3 - DIFFERENCE BETWEEN ISSUE PRICE AND TOTAL PROCEEDS</p>	<p>THE DIFFERENCE IN ISSUE PRICE AND TOTAL PROCEEDS OF ISSUE IS DUE TO INVESTMENT EARNINGS.</p>

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the Organization
HAWAI'I PACIFIC HEALTH

Employer Identification Number
99-0246363

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>OUTPATIENT OPERATING ROOMS IN FISCAL YEAR 2022, HAWAI'I PACIFIC HEALTH SPENT A TOTAL OF \$69,730,044 IN DIRECT EXPENSES FOR OUTPATIENT OPERATING ROOMS AND SURGICAL PROCEDURES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. HAWAI'I PACIFIC HEALTH MEDICAL CENTERS PERFORMED A TOTAL OF 14,569 OUTPATIENT SURGERIES. KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN (KAPI'OLANI) IS THE ONLY HOSPITAL IN THE STATE PROVIDING DA VINCI ROBOT-AIDED PEDIATRIC SURGERY. THE ROBOT ALSO IS USED FOR GYNECOLOGICAL SURGICAL SERVICES. IN FISCAL YEAR 2022, KAPI'OLANI PERFORMED 4,368 PEDIATRIC AND ADULT OUTPATIENT SURGERIES. PALI MOMI MEDICAL CENTER'S (PALI MOMI) OPERATING ROOM FEATURES A FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE EQUIPPED WITH THE DA VINCI ROBOT-AIDED SURGICAL SYSTEM AND PERFORMED 3,718 OUTPATIENT SURGERIES. STRAUB CLINIC AND HOSPITAL (STRAUB) HAS INTEGRATED OUTPATIENT SURGERY AND PERFORMED 3,432 OUTPATIENT SURGERIES. WILCOX MEMORIAL HOSPITAL (WILCOX) HAS A STATE-OF-THE-ART SURGICAL CENTER AND PERFORMED 3,051 OUTPATIENT SURGERIES.</p> <p>OUTPATIENT EMERGENCY ROOMS IN FISCAL YEAR 2022, HAWAI'I PACIFIC HEALTH SPENT A TOTAL OF \$62,964,812 IN DIRECT EXPENSES FOR OUTPATIENT EMERGENCY ROOM (ER) SERVICES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. HAWAI'I PACIFIC HEALTH MEDICAL CENTERS, WHICH ARE OPEN 24/7, SERVED A TOTAL OF 113,402 PATIENTS FOR OUTPATIENT ER VISITS. KAPI'OLANI IS THE ONLY LEVEL III PEDIATRIC TRAUMA CENTER SERVING HAWAI'I AND THE PACIFIC REGION. IN FISCAL YEAR 2022, KAPI'OLANI'S ER HAD 36,341 OUTPATIENT ER VISITS. PALI MOMI IS THE ONLY LEVEL III TRAUMA CENTER SERVING CENTRAL AND WEST O'AHU. IN FISCAL YEAR 2022, PALI MOMI'S ER HAD 33,755 OUTPATIENT ER VISITS. WILCOX MEDICAL CENTER IS THE FIRST AMERICAN COLLEGE OF SURGEONS VERIFIED LEVEL III TRAUMA CENTER IN THE STATE OF HAWAI'I. IN FISCAL YEAR 2022, WILCOX'S ER HAD 19,030 OUTPATIENT ER VISITS ON KAUAI'. IN FISCAL YEAR 2022, STRAUB'S ER HAD 24,276 OUTPATIENT ER VISITS.</p> <p>WOMEN'S SERVICES: OBSTETRICS IN FISCAL YEAR 2022, HAWAI'I PACIFIC HEALTH SPENT A TOTAL OF \$46,024,292 IN DIRECT EXPENSES FOR WOMEN'S SERVICES FOR OBSTETRICS, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. HAWAI'I PACIFIC HEALTH MEDICAL CENTERS HAD A TOTAL OF 6,559 CASES TO SUPPORT WOMEN FOR THEIR CARE DURING PREGNANCY, LABOR, AND BIRTH TO HELP MAINTAIN HEALTHY PREGNANCIES AND DELIVERIES OF BABIES. KAPI'OLANI IS RECOGNIZED AS HAWAI'I'S ONLY FULL-SERVICE SPECIALTY HOSPITAL FOR WOMEN AND CHILDREN, AND ALSO PROVIDES CARE FOR WOMEN AND CHILDREN THROUGHOUT THE PACIFIC REGION. IT HAS THE ONLY OPEN INTENSIVE CARE UNITS IN HAWAI'I TO TREAT CRITICALLY-ILL CHILDREN AND INFANTS. IN FISCAL YEAR 2022, KAPI'OLANI PROVIDED SPECIALIZED CARE FOR 6,045 OBSTETRICS PATIENTS. IN FISCAL YEAR 2022, WILCOX PROVIDED OBSTETRIC SERVICES FOR 493 PATIENTS TO MEET THE HEALTH NEEDS ON KAUAI'. IN FISCAL YEAR 2022, PALI MOMI PROVIDED OBSTETRIC SERVICES FOR 12 PATIENTS AND STRAUB PROVIDED OBSTETRICS SERVICES FOR 9 PATIENTS.</p> <p>OTHER PROGRAM SERVICES HAWAI'I RESIDENTS AND VISITORS RELY ON HAWAI'I PACIFIC HEALTH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES. IT IS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS WITH FOUR MEDICAL CENTERS, MORE THAN 70 LOCATIONS, 1,500+ AFFILIATED PHYSICIANS AND MORE THAN 7,000 FULL- AND PART-TIME EMPLOYEES, AS WELL AS HUNDREDS OF COMMUNITY VOLUNTEERS. IN FISCAL YEAR 2022, THE MEDICAL CENTERS ADMITTED 29,681 PATIENTS. IN ADDITION, PALI MOMI CLINICS HAD 73,061 PATIENT CLINIC ENCOUNTERS, STRAUB CLINICS HAD 1,083,521 PATIENT CLINIC ENCOUNTERS, KAUAI' MEDICAL CLINIC HAD 312,256 PATIENT CLINIC ENCOUNTERS AND KAPI'OLANI MEDICAL SPECIALISTS HAD 202,527 PATIENT CLINIC ENCOUNTERS.</p> <p>AFFILIATES AND SUBSIDIARIES HAWAI'I HEALTH PARTNERS IS A PHYSICIAN-LED ACCOUNTABLE CARE ORGANIZATION WITH THE GOAL OF PROVIDING HIGH-QUALITY CARE, INCREASED EFFICIENCY AND OPTIMAL PATIENT HEALTH. KAPI'OLANI MEDICAL SPECIALISTS IS A SPECIALTY PHYSICIANS GROUP ORGANIZED TO SUPPORT KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN. KAUAI' MEDICAL CLINIC IS A SPECIALTY PHYSICIANS GROUP ORGANIZED TO SUPPORT WILCOX MEDICAL CENTER. THE FOUNDATIONS OF HAWAI'I PACIFIC HEALTH CONSIST OF KAPI'OLANI HEALTH FOUNDATION, PALI MOMI FOUNDATION, STRAUB FOUNDATION AND WILCOX HEALTH FOUNDATION. THESE CHARITABLE ENTITIES SUPPORT HEALTH RESEARCH, FACILITY ENHANCEMENTS, TECHNOLOGY INVESTMENTS, EDUCATIONAL PROGRAMS AND OTHER RESOURCES FOR THEIR RESPECTIVE MEDICAL CENTERS. HAWAI'I HEALTH PARTNERS, INC. IS A FOR-PROFIT SUBSIDIARY THAT SERVES AS THE JOINT VENTURE PARTNER WHEN HAWAI'I PACIFIC HEALTH WORKS WITH OTHER PROVIDERS. PROVIDERS INSURANCE CORPORATION IS A CAPTIVE INSURANCE COMPANY THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE FOR HAWAI'I PACIFIC HEALTH-AFFILIATED EMPLOYED PHYSICIANS.</p> <p>PATIENT CARE HAWAI'I PACIFIC HEALTH HAS STRATEGIC INITIATIVES IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, BONE & JOINT SERVICES, AND CANCER CARE. IT IS RECOGNIZED NATIONALLY FOR ITS EXCELLENCE IN HEALTH INFORMATION TECHNOLOGY, SPECIFICALLY THE USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY OF CARE AND PATIENT SAFETY. THE HAWAI'I PACIFIC HEALTH SYSTEM INCLUDES THE PACIFIC REGION'S ONLY FULL-SERVICE WOMEN'S AND CHILDREN'S MEDICAL CENTER AND ONLY DEDICATED BURN UNIT, STATE-OF-THE-</p>

Return Reference - Identifier	Explanation
	<p>ART IMAGING CENTER ON KAUA'I, WEST O'AHU'S ONLY CARDIAC CATHETERIZATION LABS AND CENTRAL AND WEST O'AHU'S ONLY COMPREHENSIVE CANCER CENTER, MINIMALLY INVASIVE BONE AND JOINT CENTERS, THE STATE'S FIRST WOMEN'S CENTER, SPECIALIZED BREAST AND WOMEN'S CANCER CENTERS, AND OTHER SERVICES CONSIDERED CRITICAL TO THE REMOTE HAWAIIAN ARCHIPELAGO.</p> <p>COMMUNITY ROLE/ACTIVITY AS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO IMPROVE THE HEALTH OF HAWAII RESIDENTS AND, THROUGH ITS MISSION, IS COMMITTED TO CREATING A HEALTHIER HAWAII. EACH YEAR, HAWAII PACIFIC HEALTH SPONSORS HEALTH EDUCATION, TEACHING AND RESEARCH, AND SUPPORTS LIKE-MINDED ORGANIZATIONS. IN FISCAL YEAR 2022, HAWAII PACIFIC HEALTH SERVED AS A STATEWIDE RESOURCE TO THE COMMUNITY IN RESPONSE TO EVER-CHANGING HEALTH NEEDS BASED ON THE PANDEMIC. COVID-19 INITIATIVES BY THE SYSTEM INCLUDED FREE COMMUNITY VACCINE CLINICS, MOBILE VACCINE OUTREACH EVENTS, DRIVE-THROUGH VACCINE AND BOOSTER SHOT EVENTS FOR CHILDREN AND FAMILIES, DEDICATED PEDIATRIC VACCINE AND BOOSTER CLINICS, AND TELEHEALTH OPTIONS. OTHER COMMUNITY RESOURCES THAT HAWAII PACIFIC HEALTH PROVIDED WERE PUBLIC HEALTH EDUCATION, AND A COHESIVE PUBLIC HEALTH RESPONSE IN COLLABORATING WITH THE DEPARTMENT OF HEALTH, DEPARTMENT OF EDUCATION, HONOLULU FIRE DEPARTMENT, HAWAII HEALTHCARE ASSOCIATION OF HAWAII AND OTHER HEALTH CARE PROVIDERS. HAWAII PACIFIC HEALTH ALSO CONTINUED TO SUPPORT VARIOUS COMMUNITY BENEFIT PROGRAMS, INCLUDING THE KAPI'OLANI SEX ABUSE TREATMENT CENTER, KAPI'OLANI CHILD ADVOCACY AND PROTECTION CENTER, HEART DISEASE PREVENTION, BREAST AND CERVICAL CANCER SCREENING FOR UNINSURED PERSONS, WOMEN AND INFANT HEALTH AND NUTRITION, REHABILITATION SERVICES, SUPPORT GROUPS, HEMOPHILIA PROGRAMS, AND OTHER EDUCATION AND SCREENINGS FOR HAWAII RESIDENTS ON HEALTH, WELLNESS AND DISEASE-PREVENTION STRATEGIES.</p> <p>IN FISCAL YEAR 2022, HAWAII PACIFIC HEALTH SPONSORED OR SUPPORTED NUMEROUS HEALTH EVENTS, INCLUDING "AMERICAN HEART ASSOCIATION HAWAII HEART WALK," "SUSAN G. KOMEN-MORE THAN PINK WALK," "ARTHRITIS FOUNDATION'S WALK TO CURE ARTHRITIS," - THAT WELCOMED PARTIPATION IN-PERSON AND VIRTUALLY THIS YEAR - AND MORE. HAWAII PACIFIC HEALTH ALSO SERVED AS THE PRESENTING SPONSOR FOR THE VIRTUAL GREAT ALOHA RUN. PROCEEDS FROM THE EVENT BENEFIT MORE THAN 150 NONPROFIT ORGANIZATIONS IN HAWAII.</p> <p>HAWAII PACIFIC HEALTH ALSO PARTICIPATED IN SYMPOSIA AND MEETINGS FOR HEALTH CARE PROFESSIONALS, HIRED STUDENTS AS SUMMER INTERNS, FACILITATED CLINICAL TRAINING PROGRAMS FOR PUBLIC HIGH SCHOOL STUDENTS TO EARN NATIONAL CERTIFICATION IN MEDICAL FIELDS AND SPONSORED WORKSHOPS FOR VOLUNTEERS TO TRAIN HEALTH CARE PROVIDERS. HAWAII PACIFIC HEALTH HAS ALLIANCES WITH THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE AND HAWAII PACIFIC UNIVERSITY. HAWAII PACIFIC HEALTH INVESTS EACH YEAR IN TEACHING AND RESEARCH AS A PEDIATRIC AND OB-GYN TRAINING FACILITY FOR THE UNIVERSITY OF HAWAII. HAWAII PACIFIC HEALTH IS ALSO ACTIVELY INVOLVED IN CLINICAL TRIALS AND RESEARCH THROUGH ITS VARIOUS FACILITIES IN PEDIATRICS, ONCOLOGY, OPHTHALMOLOGY AND CARDIOLOGY.</p> <p>PUBLIC POLICY HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION. HAWAII PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS FOR VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSICIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS.</p>
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	OTHER HAWAII PACIFIC HEALTH MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS A SAFETY NET PROVIDER OF HEALTH CARE FOR THE COMMUNITY. AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES BY WHICH IT IS DETERMINED IF PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. HAWAII PACIFIC HEALTH CONTRIBUTES MORE THAN \$1 BILLION TO THE STATE ECONOMY EACH YEAR, SUPPORTING ITS MORE THAN 7, 000 EMPLOYEES, THEIR FAMILIES, AND MANY BUSINESSES THROUGH PURCHASES MADE BY ITS MEDICAL CENTERS AND CLINICS.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	PETER LEWIS AND JESSICA LEWIS - FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	VARIOUS SCHEDULES OF THE FORM 990 ARE PREPARED 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 FILING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM. ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE FORMS 990 ARE THEN PROVIDED TO THE GOVERNANCE AND NOMINATING COMMITTEE OF THE HEALTH CARE SYSTEM'S BOARD OF DIRECTORS FOR THEIR REVIEW. THE GOVERNANCE AND NOMINATING COMMITTEE OF THE PARENT ENTITY'S (HAWAII PACIFIC HEALTH "HPH") BOARD PROVIDES OVERSIGHT FOR THE FORM 990 REPORTING AND REVIEWS THE FORM 990 FOR EACH ENTITY PRIOR TO FILING. IN ADDITION, THE FORM 990 FOR EACH ENTITY IS MADE AVAILABLE TO THE BOARD MEMBERS OF EACH SUBSIDIARY UNIT OF HPH AND THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER PORTAL FOR REVIEW PRIOR TO THE FILING OF THE FORM 990. THE FORMS 990 WILL BE POSTED TO HPH'S WEBSITE FOR PUBLIC ACCESS AFTER THE FILING OF THE RETURNS WITH THE IRS.

Return Reference - Identifier	Explanation																		
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>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:</p> <ol style="list-style-type: none"> 1) RECEIVED A COPY OF THE COI POLICY; 2) HAS READ AND UNDERSTANDS THE POLICY; 3) AGREES TO COMPLY WITH THE POLICY; 4) HAS DISCLOSED ANY CONFLICTS OR POTENTIAL CONFLICTS OR ECONOMIC INTERESTS AS REQUIRED; AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. <p>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.</p> <p>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.</p>																		
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>COMPENSATION FOR HPH EXECUTIVES IS SET BY THE INDEPENDENT BOARD MEMBERS OF THE HAWAII PACIFIC BOARD'S COMPENSATION COMMITTEE. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE'S 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 A FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT. COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED.</p> <p>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 MOST RECENTLY COMPLETED ON MARCH 09, 2022 TO REVIEW PHYSICIAN COMPENSATION AND ON JULY 26, 2022 TO REVIEW EXECUTIVE COMPENSATION.</p>																		
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	DISCLOSURE OF GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND STANDARDS OF CONDUCT ARE AVAILABLE ON THE HAWAII PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWAII PACIFIC HEALTH WEBSITE.																		
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Description</th> <th style="text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>OBLIGATED GROUP INTERCOMPANY TRANSFERS</td> <td style="text-align: right;">99,241,474</td> </tr> <tr> <td>PENSION AND POST RETIREMENT ADJUSTMENTS</td> <td style="text-align: right;">14,981,543</td> </tr> <tr> <td>NON CONTROLLING INTEREST</td> <td style="text-align: right;">12,675,714</td> </tr> <tr> <td>EQUITY OF UNCONSOLIDATED SUBS</td> <td style="text-align: right;">2,012,200</td> </tr> <tr> <td>CHANGE IN SWAP</td> <td style="text-align: right;">859,096</td> </tr> <tr> <td>OTHER CHANGES IN NET ASSETS</td> <td style="text-align: right;">- 353,448</td> </tr> <tr> <td>CHANGE IN INTEREST IN KHf AND WHf</td> <td style="text-align: right;">- 12,500,555</td> </tr> <tr> <td>EQUITY TRANSFERS WITH AFFILIATES</td> <td style="text-align: right;">- 98,505,798</td> </tr> </tbody> </table>	(a) Description	(b) Amount	OBLIGATED GROUP INTERCOMPANY TRANSFERS	99,241,474	PENSION AND POST RETIREMENT ADJUSTMENTS	14,981,543	NON CONTROLLING INTEREST	12,675,714	EQUITY OF UNCONSOLIDATED SUBS	2,012,200	CHANGE IN SWAP	859,096	OTHER CHANGES IN NET ASSETS	- 353,448	CHANGE IN INTEREST IN KHf AND WHf	- 12,500,555	EQUITY TRANSFERS WITH AFFILIATES	- 98,505,798
(a) Description	(b) Amount																		
OBLIGATED GROUP INTERCOMPANY TRANSFERS	99,241,474																		
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EQUITY TRANSFERS WITH AFFILIATES	- 98,505,798																		
SCHEDULE F, PART IV - FOREIGN INVESTMENTS	THE INVESTMENT COMMITTEE OF HAWAII PACIFIC HEALTH HAS CHOSEN TO DIVERSIFY ITS INVESTMENT PORTFOLIO, INCLUDING CERTAIN ALTERNATIVE INVESTMENTS THAT ARE ESTABLISHED AS PARTNERSHIPS. THESE PARTNERSHIPS ARE NOT-OPERATING ENTITIES. HAWAII PACIFIC HEALTH'S DIRECT INVESTMENT IS MADE IN PARTNERSHIPS, AND THESE ENTITIES MAY MAKE UNDERLYING INVESTMENTS IN OTHER CERTAIN FOREIGN PARTNERSHIPS AND/OR CORPORATIONS.																		

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAI'I PACIFIC HEALTH

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number
99-0246363

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HAWAI'I HEALTH PARTNERS (35-2480297) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HEALTHCARE	HI	4,206,311	5,580,672	HPH
(2) ASC PACIFIC VENTURES, LLC (27-0540034) 55 MERCHANT STREET, 27TH FLOOR, HONOLULU, HI 96813	AMBU. SURG. CTR.	DE	0	1,277,357	HPHPI
(3) KEAHONUOKALANI, LLC (38-3789483) 55 MERCHANT STREET, 27TH FLOOR, HONOLULU, HI 96813	ENERGY	HI	198,101	1,741,636	HPHPI
(4) HONOLULU IMAGING CENTER, LLC (87-1602945) 55 MERCHANT STREET, 27TH FLOOR, HONOLULU, HI 96813	DIAG IMAGING CTR	DE	4,397,411	14,801,798	HPHPI
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KAPI'OLANI MED CTR FOR WOMEN & CHILDREN (99-0177350) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(2) STRAUB CLINIC & HOSPITAL (91-2151670) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(3) PALI MOMI FOUNDATION (38-3840327) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(4) STRAUB FOUNDATION (99-0109350) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(5) PALI MOMI MEDICAL CENTER (99-0274038) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(6) WILCOX HEALTH FOUNDATION (99-0204242) 3-3420 KUHIO HIGHWAY, LIHUE, HI 96766	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(7) (SEE STATEMENT)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)	✓	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	B	168,189	FMV
(1) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	O	14,398,108	FMV
(2) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	P	195,819,864	FMV
(3) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Q	2,572,565	FMV
(4) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	R	8,004,820	FMV
(5) (SEE STATEMENT)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II**Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(7) WILCOX MEMORIAL HOSPITAL (99-0074365) 3-3420 KUHIO HIGHWAY, LIHUE, HI 96766	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(8) KAUA'I MEDICAL CLINIC (99-0326099) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(9) PROVIDERS INSURANCE COMPANY (71-0893000) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INSURANCE	HI	501(C)(3)	12 TYPE II	HPH	✓	
(10) KAPI'OLANI HEALTH FOUNDATION (99-0246364) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(11) KAPI'OLANI MEDICAL SPECIALISTS (99-0322406) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HEALTHCARE	HI	501(C)(3)	3	HPH	✓	

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) INVISION, LLC (20-8565615) 1010 SOUTH KING STREET, HONOLULU, HI 96813	MRI CENTER	HI	N/A	N/A								
(2) HONOLULU SURGERY CENTER, LP (62-1506645) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	AMB SURG CENTER	TN	N/A	N/A								
(3) SPECIALTY SURGICAL SUITES, LLC (46-1674512) 1401 S. BERETANIA ST. STE 750, HONOLULU, HI 96814	AMB SURG CENTER	HI	N/A	N/A								

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HAWAII PACIFIC HEALTH PARTNERS, INC. (99-0318588) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOLDING COMPANY	HI	N/A	C CORPORATION	1,256,882	87,026,783	100.00	✓	
(2) STRAUB PHARMACY, INC. (99-0145107) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INACTIVE	HI	SCH	C CORPORATION	0	0	0.00	✓	
(3) HICORD, INC. (99-0251496) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INVESTMENT	HI	HPHPI	C CORPORATION	0	0	0.00	✓	

Part V

Transactions with Related Organizations (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	S	295,950,552	FMV
(7) PROVIDER'S INSURANCE CORPORATION	C	1,042,757	FMV
(8) PROVIDER'S INSURANCE CORPORATION	O	403,172	FMV
(9) PROVIDER'S INSURANCE CORPORATION	P	11,546,254	FMV
(10) PROVIDER'S INSURANCE CORPORATION	Q	50,982	FMV
(11) KAPI'OLANI HEALTH FOUNDATION	O	575,795	FMV
(12) KAPI'OLANI HEALTH FOUNDATION	P	1,659,673	FMV
(13) KAPI'OLANI HEALTH FOUNDATION	R	215,185	FMV
(14) KAPI'OLANI MEDICAL SPECIALISTS	B	98,115,834	FMV
(15) KAPI'OLANI MEDICAL SPECIALISTS	O	256,921,506	FMV
(16) KAPI'OLANI MEDICAL SPECIALISTS	P	56,595,796	FMV
(17) KAPI'OLANI MEDICAL SPECIALISTS	Q	593,319	FMV
(18) KAPI'OLANI MEDICAL SPECIALISTS	R	1,053,441	FMV
(19) KAPI'OLANI MEDICAL SPECIALISTS	S	2,696,395	FMV
(20) PALI MOMI MEDICAL CENTER	O	12,838,288	FMV
(21) PALI MOMI MEDICAL CENTER	P	163,567,235	FMV
(22) PALI MOMI MEDICAL CENTER	Q	2,320,841	FMV
(23) PALI MOMI MEDICAL CENTER	R	1,328,646	FMV
(24) PALI MOMI MEDICAL CENTER	S	185,015,728	FMV
(25) STRAUB CLINIC & HOSPITAL	B	131,006	FMV
(26) STRAUB CLINIC & HOSPITAL	O	19,150,483	FMV
(27) STRAUB CLINIC & HOSPITAL	P	306,299,610	FMV
(28) STRAUB CLINIC & HOSPITAL	Q	9,993,895	FMV
(29) STRAUB CLINIC & HOSPITAL	R	3,972,579	FMV
(30) STRAUB CLINIC & HOSPITAL	S	321,148,494	FMV
(31) STRAUB FOUNDATION	C	136,100	FMV
(32) STRAUB FOUNDATION	O	589,502	FMV
(33) STRAUB FOUNDATION	P	558,740	FMV
(34) WILCOX MEMORIAL HOSPITAL	O	9,218,379	FMV
(35) WILCOX MEMORIAL HOSPITAL	P	86,120,524	FMV
(36) WILCOX MEMORIAL HOSPITAL	Q	1,748,765	FMV
(37) WILCOX MEMORIAL HOSPITAL	R	910,935	FMV
(38) WILCOX MEMORIAL HOSPITAL	S	101,406,275	FMV
(39) WILCOX HEALTH FOUNDATION	B	1,123,700	FMV
(40) WILCOX HEALTH FOUNDATION	O	517,948	FMV
(41) WILCOX HEALTH FOUNDATION	P	230,439	FMV
(42) KAUA'I MEDICAL CLINIC	O	79,546	FMV
(43) KAUA'I MEDICAL CLINIC	P	8,548,894	FMV
(44) KAUA'I MEDICAL CLINIC	Q	146,579	FMV
(45) KAUA'I MEDICAL CLINIC	S	3,508,505	FMV

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(46) HAWAI'I PACIFIC PARTNERS, INC.	O	308,638	FMV
(47) HAWAI'I PACIFIC PARTNERS, INC.	P	166,509	FMV
(48) PALI MOMI FOUNDATION	O	494,713	FMV
(49) PALI MOMI FOUNDATION	P	466,580	FMV
(50) HONOLULU SURGERY CENTER	P	605,533	FMV

Report of Employer-Owned Life Insurance Contracts

OMB No. 1545-2089

▶ **Attach to the policyholder's tax return - See instructions.**
 ▶ **Go to www.irs.gov/Form8925 for the latest information.**

Attachment
 Sequence No. **160**

Name(s) as shown on return HAWAI'I PACIFIC HEALTH	Identifying number 99-0246363
Name of policyholder, if different from above	Identifying number, if different from above

Type of business
HEALTHCARE

1 Enter the number of employees the policyholder had at the end of the tax year	1	40
2 Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See <i>Section 1035 exchanges</i> on page 2 for an exception	2	4
3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2	3	1711000
4a Does the policyholder have a valid consent for each employee included on line 2? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent	4b	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 8925 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form8925.

General Instructions

Purpose of Form

Use Form 8925 to report the number of employees covered by employer-owned life insurance contracts issued after August 17, 2006, and the total amount of employer-owned life insurance in force on those employees at the end of the tax year. Policyholders must also indicate whether a valid consent has been received from each covered employee, and the number of covered employees for which a valid consent has not been received.

For more information, see sections 101(j) and 6039I, and Notice 2009-48, 2009-24 I.R.B. 1085, available at www.irs.gov/irb/2009-24_IRB/ar11.html.

Definitions

Employer-owned life insurance contract. For purposes of Form 8925, an insurance contract is an employer-owned life insurance contract if it is owned by a policyholder as defined below, and covers the life of the policyholder's employee(s) on the date the life insurance contract is issued. If you have master contracts, see section 101(j)(3) for additional information.

Policyholder. For purposes of Form 8925 and these instructions, a policyholder is an "applicable policyholder" as defined in section 101(j)(3)(B). Generally, a policyholder is the person who owns the employer-owned life insurance contract, and who is (a) engaged in a trade or business that employs the person insured under the employer-owned life insurance contract and (b) the direct or indirect beneficiary of the employer-owned life insurance contract.

Related person. A related person is considered a policyholder if that person is (a) related to the policyholder (defined earlier) under sections 267(b) or 707(b) (1), or (b) engaged in a trade or business under common control with the policyholder. See sections 52(a) and (b).

Employee. Employee includes an officer, director, or highly compensated employee under section 414(q).

Insured. An individual must be a U.S. citizen or resident to be considered insured under an employer-owned life insurance contract. Both individuals covered by a contract covering the joint lives of two individuals are considered insured.

Notice and consent requirements. To qualify as an employer-owned life insurance contract, the policyholder must meet the notice and consent requirements listed below before the issuance of the contract.

1. Provide written notification to the employee stating the policyholder intends to insure the employee's life and the maximum face amount for which the employee could be insured at the time the contract was issued.

The written notification must include a disclosure of the face amount of life insurance, either in dollars or as a multiple of salary, that the policyholder reasonably expects to purchase with regard to the employee during the course of the employee's tenure. Additional notice and consent are required if the aggregate face amount of the employer-owned life insurance contracts with regard to an employee exceeds the amount of which the employee was given notice and to which the employee consented. See Q&A-9 and Q&A-12 in Notice 2009-48.

2. Provide written notification to the employee that the policyholder will be a beneficiary of any proceeds payable upon the death of the employee.

3. Received written consent from the employee. See *Valid consent* under the instructions for line 4a.

Electronic notification and consent.

The written notification and consent requirement can be met electronically only if the system for electronic notification and consent meets requirements 1 through 3, above. See Q&A-11 in Notice 2009-48 for more information.

Issue date of contract. Generally, the issue date of a life insurance contract is the date on the policy assigned by the insurance company on or after the date of application. For purposes of meeting the notice and consent requirements, the issue date of the employer-owned life insurance contract is the later of (1) the date of application of coverage, (2) the effective date of coverage, or (3) the formal issuance of the contract. See Q&A-4 in Notice 2009-48 for more information.

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