

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning 07/01, 2007, and ending 06/30, 2008
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2007

Department of the Treasury
Internal Revenue Service

▶ See instructions on back.

Name of exempt organization

Employer identification number

WILCOX MEMORIAL HOSPITAL

99-0074365

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	78447671.
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer

Date

5/11/09

VICE PRESIDENT

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature		Date	5/14/09	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code	ERNST & YOUNG U.S. LLP			55 MERCHANT ST., SUITE 1900, C-120		HONOLULU HI 96813		EIN 34-6565596	
									Phone no. 808-531-2037	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature		Date		Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code						EIN	
							Phone no.	

Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: WILCOX MEMORIAL HOSPITAL. Number and street (or P.O. box if mail is not delivered to street address): 55 MERCHANT STREET, 24TH FLOOR. City or town, state or country, and ZIP + 4: HONOLULU, HI 96813

D Employer identification number: 99-0074365. E Telephone number: (808) 245-1112. F Accounting method: Cash, Accrual (checked), Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No (checked) X

G Website: WWW.WILCOXHEALTH.ORG

J Organization type (check only one) X 501(c) (3) (insert no.) 4947(a)(1) or 527

H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No (checked) X

I Group Exemption Number

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 78,980,017.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	NONE			
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	NONE			
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	24,801,081.	19,278,361.	5,522,720.	
27	Pension plan contributions not included on lines 25a, b, and c	1,078,865.		1,078,865.	
28	Employee benefits not included on lines 25a - 27	3,429,359.	2,879,308.	550,051.	
29	Payroll taxes	1,859,595.	1,440,746.	418,849.	
30	Professional fundraising fees				
31	Accounting fees	95,356.		95,356.	
32	Legal fees				
33	Supplies	11,618,725.	11,226,264.	392,461.	
34	Telephone	90,510.	3,452.	87,058.	
35	Postage and shipping	10,598.	8,430.	2,168.	
36	Occupancy	128,463.	128,451.	12.	
37	Equipment rental and maintenance	196,666.	158,826.	37,840.	
38	Printing and publications				
39	Travel	46,734.	16,928.	29,806.	
40	Conferences, conventions, and meetings				
41	Interest	1,619,110.	4,060.	1,615,050.	
42	Depreciation, depletion, etc. (attach schedule)	5,931,367.	5,540,119.	391,248.	
43	Other expenses not covered above (itemize):				
43a	a STMT 10	25,026,057.	11,044,054.	13,982,003.	
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	75,932,486.	51,728,999.	24,203,487.	

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	-480,424.	45 -798,303.
	46 Savings and temporary cash investments		46
	47a Accounts receivable	47a 23,258,221.	
	b Less: allowance for doubtful accounts	47b 14,552,641.	47c 8,033,923.
	48a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51a Other notes and loans receivable (attach schedule) STMT 14	51a NONE	
	b Less: allowance for doubtful accounts	51b	51c 50,000.
	52 Inventories for sale or use		52 1,829,908.
	53 Prepaid expenses and deferred charges		53 11,000.
	54a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54b 5,144,369.
	55a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation (attach schedule)	55b	
	56 Investments - other (attach schedule)		56
	57a Land, buildings, and equipment: basis	57a 98,933,010.	
b Less: accumulated depreciation (attach schedule)	57b 55,244,793.	57c 47,037,023.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 16)		58 11,407,622.	
59 Total assets (must equal line 74). Add lines 45 through 58		59 73,033,421.	
Liabilities	60 Accounts payable and accrued expenses		60 4,325,267.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule) STMT 17		64a 22,792,015.
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe <input type="checkbox"/> STMT 18)		65 3,973,495.
66 Total liabilities. Add lines 60 through 65		66 31,090,777.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67 35,349,239.
	68 Temporarily restricted		68 3,260,876.
	69 Permanently restricted		69 3,332,529.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		73 41,942,644.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74 73,033,421.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 11

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 27 75c X

d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 32, NONE, NONE, NONE, NONE.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X

b If "Yes," has it filed a tax return on Form 990-T for this year? 78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X

b If "Yes," enter the name of the organization SEE STATEMENT 4 and check whether it is X exempt or X nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a

b Did the organization file Form 1120-POL for this year? 81b N/A

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	X	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> NONE ; section 4912 <input type="checkbox"/> NONE ; section 4955 <input type="checkbox"/> NONE		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> NONE		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> NONE		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
90a	List the states with which a copy of this return is filed <input type="checkbox"/> N/A		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	490	
91a	The books are in care of <input type="checkbox"/> DONNA MASUDA-KAM Telephone no. <input type="checkbox"/> 808-535-7355 Located at <input type="checkbox"/> 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI ZIP +4 <input type="checkbox"/> 96813		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 34					46,550,980.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					28,893,578.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	987.	
96 Dividends and interest from securities			14	417,657.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	29,991.	
b not debt-financed property			16	-79,571.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	91,988.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a STMT 35				902,455.	879,111.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1,363,507.	76,323,669.
105 Total (add line 104, columns (B), (D), and (E))					77,687,176.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
				X	
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a SEE STATEMENT 36					
b					
c					
Totals				3,178,483.	

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
				X	
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a SEE STATEMENT 37					
b					
c					
Totals				7,062,467.	

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: *Alvin* Date: 5/14/09

Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG U.S. LLP, 55 MERCHANT ST., SUITE 1900, C-120 HONOLULU, HI 96813

Preparer's SSN or PTIN (See Gen. Inst. X): 34-656596

Phone no.: 808-531-2037

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 950. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? FORM 990, PART V

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year

NONE

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

NOT APPLICABLE

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21

d Add: Line 27a total and line 27b total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
32 Does the organization maintain the following:
a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?
33 Does the organization discriminate by race in any way with respect to:
a Students' rights or privileges?
b Admissions policies?
c Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracurricular activities?
34 a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended?
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 16% 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	41		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		950.
i Total lobbying expenditures (Add lines c through h.)			950.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 42**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:
(i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule.

Table with 3 columns: Question label, Yes, No. Rows include 51a(i), a(ii), b(i) through b(vi), and c.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

Yes No (X) (input boxes)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

SALE OF SECURITIES
PART I, LINE 8

SECURITIES	TOTAL PROCEEDS	TOTAL BASIS	TOTAL GAIN/LOSS
AMERICAN FDS EUROPACIFIC	6,670	0	6,670
VANGUARD INSTITUTIONAL INDEX	82,606	82,606	0
BARLOW PARTNERS OFFSHORE	57,594	36,908	20,686
GMO FOREIGN FUND III	46,013	19,663	26,350
GMO US CORE FUND III	88,856	83,718	5,138
KALMAR GROWTH W/VALUE	1,933	0	1,933
LONGLEAF PARTNERS	2,083	0	2,083
LONGLEAF PARTNERS SMALL CAP	885	0	885
EMERGING FREE COUNTRY FUND	28,616	16,814	11,802
PRIVATE ADVISORS	45,417	36,139	9,278
WELLINGTON TRUST SELECT CAP	10,910	5,510	5,400
WELLINGTON TRUST US RESEARCH	103,460	76,433	27,027
COLCHESTER GLOBAL BOND FUND	454	403	51
GMO MULTI-STRATEGY FUND	8,763	7,366	1,397
GMO BENCHMARK	44,204	33,982	10,222
TOTAL	528,464	399,542	128,922

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

SALE OF PROPERTY, PLANT AND EQUIPMENT
PART I, LINE 8B

ASSET: VARIOUS EQUIPMENT

PROCEEDS: \$3,000

COST: \$1,477,313

ACCUM DEPR: \$1,437,378

NET BOOK VALUE: \$39,934

LOSS: (36,934)

FORM 990 - GENERAL EXPLANATION ATTACHMENT

LAND, BUILDING AND EQUIPMENT

FORM 990, PART II LINE 42 - COLUMN A AND PART IV LINE 57

ASSET	BASIS	PY ACCUM. DEPR.	DEP	NET
LAND	1,112,104			1,112,104
LAND IMPROVEMENTS	1,896,613	1,124,983	70,906	700,725
BUILDINGS	65,093,936	29,218,438	2,656,910	33,218,588
LEASEHOLD IMPROV	417,000	417,000		0
FIXED EQUIPMENT	880,247	828,027	14,238	37,982
MAJ MOVEABLE EQUIP	24,092,112	15,662,674	2,587,230	5,842,208
FURNITURE/FIXTURES				0
AUTOMOTIVE				0
CONSTR IN PROGRESS	449,632			449,632
COMPUTER SOFTWARE	4,446,706	1,626,576	493,151	2,326,979
CAPITALIZED LEASES	544,660	435,728	108,932	0
TOTAL	98,933,010	49,313,426	5,931,367	43,688,217

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
 FORM 990, PART VI, LINE 80B

NAMES OF RELATED ORGANIZATIONS	EIN	EXEMPT	NON-EXEMPT
HAWAI'I PACIFIC HEALTH	99-0246363	X	
KAPIOLANI HEALTH FOUNDATION	99-0246364	X	
KAPIOLANI MEDICAL SPECIALISTS	99-0322406	X	
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	99-0177350	X	
KAPIOLANI MEDICAL CENTER AT PALI MOMI	99-0274038	X	
HAWAII PACIFIC HEALTH PARTNERS, INC. & SUBSIDIARIES*	99-0318588		X
*HICORD, INC.	99-0251496		X
PROVIDERS INSURANCE CORPORATION	71-0893000	X	
WILCOX MEMORIAL HOSPITAL	99-0074365	X	
WILCOX HOSPITAL FOUNDATION	99-0204242	X	
KAUAI MEDICAL CLINIC	99-0326099	X	
STRAUB CLINIC & HOSPITAL	91-2151670	X	
STRAUB FOUNDATION	99-0109350	X	
STRAUB PHARMACY, INC.	99-0145107		X
STRAUB PROFESSIONAL SERVICES, INC.	99-0265504		X

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====FORMER OFFICERS, DIRECTORS AND TRUSTEES
FORM 990, PART V-B: FORMER OFFICER, DIRECTORS, AND TRUSTEES

THE INDIVIDUALS LISTED BELOW AND DETAILED IN PART V-B ARE FORMER OFFICERS WHO WERE PAID THE FOLLOWING COMPENSATION AMOUNTS FROM HAWAII PACIFIC HEALTH, AN AFFILIATED EXEMPT ENTITY. HAWAII PACIFIC HEALTH'S FEDERAL IDENTIFICATION NUMBER IS 99-0246363.

NAME	COMPENSATION	CONTR TO EMP BENEFIT PLAN	EXPENSE ACCOUNT
ROGER DRUE	14,079	NONE	NONE
DEW-ANNE LANGCAON	199,964	1,410	NONE
LEE EVSLIN, MD	157,866	8,313	NONE
RICHARD ROBEL	86,988	NONE	NONE
JANA HALL	8,404	NONE	NONE
KENNETH PIERCE, D.O.	270,400	19,864	NONE

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
FORM 990, PART VIII

SERVING KAUAI SINCE 1938, WILCOX MEMORIAL HOSPITAL IS KAUAI'S LARGEST MEDICAL FACILITY AND HAS BEEN RECOGNIZED AS ONE OF THE NATION'S BEST SMALL HOSPITALS. AS PART OF HAWAII PACIFIC HEALTH, THE STATE'S LARGEST HEALTHCARE PROVIDER, WILCOX PROVIDES ACCESSIBLE PRIMARY CARE, AS WELL AS SPECIALTY CARE FOR ADULTS AND CHILDREN ON KAUAI.

THE HOSPITAL IS COMMITTED TO CARING FOR THE RESIDENTS OF KAUAI AND VISITORS TO THE ISLAND ON BOTH AN INPATIENT AND OUTPATIENT BASIS AND TO SERVING ITS COMMUNITY AS A PROVIDER OF CHARITY CARE, HEALTH EDUCATION AND PREVENTATIVE PROGRAMS. THE HOSPITAL'S REVENUE FROM PATIENT SERVICES AND IN RENTAL INCOME FROM THE KAUAI MEDICAL CLINIC (LINE 93) REFLECTS THESE COMMITMENTS AND INCLUDES PAYMENTS FROM THE STATE OF HAWAII FOR SERVICES RENDERED TO MEDICAID, QUEST AND OTHER LOW-INCOME PATIENTS, AS WELL AS PAYMENTS FROM THE FEDERAL GOVERNMENT, PRIVATE INSURERS AND PRIVATE INDIVIDUALS.

IN FISCAL 2008, WILCOX MEMORIAL HOSPITAL DEMONSTRATED ITS COMMITMENT TO ITS COMMUNITY MISSION BY EXTENDING CARE BEYOND ITS WALLS THROUGH HEALTH EDUCATION AND PREVENTION PROGRAMS AND SUPPORT GROUPS. THESE INITIATIVES INCLUDED SUPPORT FOR INSULIN-PUMP USERS AND CONSULTATION FOR RESIDENTS ON GOOD NUTRITION. REIMBURSEMENT REVENUES COVERED COSTS ASSOCIATED WITH THE DEVELOPMENT AND EXECUTION OF THESE PROGRAMS AND OTHERS IS REFLECTED (LINE NO. 103). THESE COSTS INCLUDED CATERING AND PRODUCTION OF MATERIALS FOR EMPLOYEES AND PATIENTS. THIS LINE NUMBER ALSO INCLUDES REIMBURSEMENT FOR INCURRED REPRODUCTION EXPENSES RELATED TO MEDICAL RECORDS REQUESTS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990, PART IV - BEGINNING BALANCE SHEET
=====

SOME OF THE BEGINNING BALANCE SHEET LINE ITEMS WERE MOVED TO DIFFERENT
LINES ON THE BALANCE SHEET TO BE CONSISTENT WITH CURRENT YEAR REPORTING.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
OTHER CHANGES IN TR NET ASSETS	34,398.
TEMPORARILY RESTRICTED NA RELEASED	462,260.
TOTAL	496,658.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	71,979.
OBLIGATED GROUP INTERCOMPANY	2,878,242.
EQUITY TRANSFER FROM AFFILIATES	427,060.
CHANGE IN INTEREST IN KHF AND WHF	54,078.
UNREALIZED LOSS- ALTERNATIVE INVESTMENTS	36,737.

TOTAL	3,468,096.
	=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
HEALTHCARE PROFESSIONALS NOT EMPLOYEES	2,341,848.	1,848,837.	493,011.
INVESTMENT COUNSELING AND FEES	75,344.		75,344.
CORPORATE ALLOCATION	4,268,400.		4,268,400.
INSURANCE & REAL ESTATE PROP	1,905,145.		1,905,145.
BAD DEBT EXPENSE	4,816,990.	4,816,990.	
BANKING & INVESTMENT FEES	88,173.		88,173.
DUES	93,385.	3,006.	90,379.
OTHER PURCHASED SERVICES	2,936,967.	2,747,567.	189,400.
REPAIRS & MAINTENANCE	2,125,340.	1,108,308.	1,017,032.
TAXES & LICENSES	99,082.	18,425.	80,657.
UTILITIES (EXCLUDING TELEPHONE)	2,513,310.	8,013.	2,505,297.
INTERNAL SERVICES PROVIDED	3,528,042.	258,877.	3,269,165.
PROGRAM SERVICES EXPENDITURES	234,031.	234,031.	
TOTALS	25,026,057.	11,044,054.	13,982,003.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE WILCOX MEMORIAL HOSPITAL'S PRIMARY EXEMPT FUNCTION IS TO PROVIDE HEALTHCARE FOR THE 55,000 RESIDENTS OF KAUAI, AS WELL AS FOR VISITORS TO THE ISLAND.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====PROGRAM SERVICE ACCOMPLISHMENT A

WILCOX MEMORIAL HOSPITAL IS A CHARITABLE, ACUTE CARE HOSPITAL LOCATED IN LIHUE, HAWAII, ON THE ISLAND OF KAUAI. SERVING KAUAI SINCE 1938, WILCOX MEMORIAL HOSPITAL IS THE ISLAND'S LARGEST MEDICAL FACILITY AND HAS BEEN RECOGNIZED AS ONE OF THE NATION'S BEST SMALL HOSPITALS. WILCOX MEMORIAL HOSPITAL AND KAUAI MEDICAL CLINIC ARE BOTH PART OF HAWAII PACIFIC HEALTH'S WILCOX HEALTH, WHICH IN THE PAST YEAR GENERATED MORE THAN \$158 MILLION IN TOTAL ECONOMIC IMPACT ON THE COUNTY OF KAUAI BECAUSE OF THE NUMBER OF EMPLOYEES, AS WELL AS THE GOODS THEY PURCHASE AND THE SERVICES GENERATED.

WILCOX MEMORIAL HOSPITAL MAKES TOP-QUALITY CARE AND THE LATEST MEDICAL TECHNOLOGY MORE ACCESSIBLE AND CONVENIENT FOR THE OVERALL HEALTH AND WELL BEING OF KAUAI RESIDENTS. THE WILCOX FAMILY IMAGING CENTER PROVIDES MRI, CT, NUCLEAR MEDICINE, ULTRASOUND, TELEMEDICINE, MAMMOGRAPHY, AND BONE DENSITOMETRY. CARDIO-PULMONARY SERVICES SUCH AS 3-D ECHO, STRESS TESTING AND RESPIRATORY THERAPY ARE OFFERED TO PATIENTS, AS WELL AS REHABILITATION FOR PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY. PATIENTS HAVE ACCESS TO HOSPITALISTS, WHO ARE ON STAFF AT ALL TIMES, AND TO SPECIALTY PROCEDURES SUCH AS ENDOSCOPY, CARDIOVERSION, BRONCHOSCOPY AND TRANSESOPHAGEAL ECHOCARDIOGRAM OR TEE.

THE HOSPITAL'S MEDICAL STAFF OF MORE THAN 100 PHYSICIANS STRIVES EVERY DAY TO PROVIDE AFFORDABLE AND ACCESSIBLE PRIMARY AND SPECIALTY CARE IN OBSTETRICS, GYNECOLOGY, PEDIATRICS, INTERNAL MEDICINE, ORTHOPEDICS, DERMATOLOGY, UROLOGY, SURGERY, GASTROENTEROLOGY, ONCOLOGY, PULMONOLOGY, NEPHROLOGY, INPATIENT DIALYSIS, CARDIOLOGY AND A RANGE OF OTHER SERVICES.

WILCOX MEMORIAL HOSPITAL HAS 71 ACUTE CARE BEDS, INCLUDING SEVEN INTENSIVE CARE BEDS, FIVE BIRTHING SUITES AND A 20-BED EMERGENCY DEPARTMENT. DURING FISCAL 2008, WILCOX MEMORIAL HOSPITAL ADMITTED 4,069 ACUTE-CARE PATIENTS, SAW 23,188 PATIENTS IN THE EMERGENCY ROOM, INCLUDING URGENT CARE VISITS, AND CONDUCTED 1,472 INPATIENT SURGERIES, AS WELL AS INCREASED OUTPATIENT SURGERIES TO 5,283.

WILCOX MEMORIAL HOSPITAL PLAYS AN ACTIVE ROLE IN KAUAI'S COMMUNITY. THE HOSPITAL IS COMMITTED TO COMMUNITY HEALTH

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====

EDUCATION AND PREVENTION PROGRAMS AND SUPPORT GROUPS. COMMUNITY EDUCATION PROGRAMS IN FISCAL 2008 INCLUDED: THE "VALENTINE'S IN PARADISE" FEBRUARY TELECONFERENCE TO DISCUSS HEART DISEASE PREVENTION; THE JUNE KIDS SUMMER FEST, SPONSORED BY THE BONE & JOINT CENTER AT KAUAI MEDICAL CLINIC TO RAISE AWARENESS OF THE IMPORTANCE OF PHYSICAL ACTIVITY; AND THE WOMEN'S HEALTH SYMPOSIUM IN NOVEMBER, WHICH ATTRACTED MORE THAN 200 ATTENDEES.

WILCOX SPONSORS OTHER ANNUAL COMMUNITY EVENTS INCLUDING THE ARTHRITIS WALK AND THE OLD KOLOA SUGAR MILL WALK/RUN. EMPLOYEES OF THE HOSPITAL ALSO JOINED WITH KAUAI MEDICAL CLINIC AND WILCOX HEALTH FOUNDATION COLLEAGUES IN SUPPORTING THE PARADE OF LIGHTS, THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE, TOYS FOR TOTS, THE ALOHA UNITED WAY WALK, THE HOTEL ASSOCIATION CHARITY WALK, THE MARCH OF DIMES WALKAMERICA AND BLUE JEANS FOR BABIES. THE EMPLOYEE FOOD DRIVE IN APRIL RESULTED IN 3,549 POUNDS OF FOOD FOR THE KAUAI FOOD BANK.

WILCOX MEMORIAL HOSPITAL TREATS ALL RESIDENTS OF KAUAI AND VISITORS TO THE ISLAND, REGARDLESS OF THEIR ABILITY TO PAY, SERVING AS THE COMMUNITY'S SAFETY NET PROVIDER OF HEALTHCARE. AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES ON WHICH PATIENTS QUALIFY FOR FREE CARE. IN FISCAL 2008, THE HOSPITAL PROVIDED MORE THAN \$1.6 MILLION WORTH OF CARE TO PATIENTS WHO WERE UNINSURED OR UNABLE TO PAY FOR THEIR CARE.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

=====

BORROWER: GARDEN ISLES HEALTHCARE LLC
ORIGINAL AMOUNT: 200,000.
INTEREST RATE: 5.000000
DATE OF NOTE: 05/16/2004
MATURITY DATE: 05/31/2008
REPAYMENT TERMS: 4 YEARS WITH ANNUAL PRIN AND INT PAYMENTS
SECURITY PROVIDED: PURCHASED ASSETS
PURPOSE OF LOAN: TO PURCHASE SPECIFIC ASSETS FROM LENDER

BEGINNING BALANCE DUE 50,000.
ENDING BALANCE DUE NONE

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE 50,000.

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES NONE

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
FUNDS HELD BY TRUSTEE - BONDS	634,018.	1,551,893.	FMV
DEBT SERVICE RESERVE FUNDS	1,928,103.	1,928,307.	FMV
INVESTMENTS - UNRESTRICTED	2,532,248.	2,735,906.	FMV
SHORT TERM INVESTMENTS	50,000.	50,000.	FMV
TOTALS	5,144,369.	6,266,106.	

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
BENEFICIAL INTEREST IN RESTRICTED NET ASSETS OF WILCOX HEALTH FOUNDATION	3,870,809.	3,816,731.
BENEFICIAL INTEREST IN PERPETUAL TRUST	2,733,028.	2,261,478.
OTHER RECEIVABLES	203,209.	227,237.
UNAMORTIZED BOND COSTS	285,888.	259,294.
DEPOSITS & OTHER ASSETS	64,552.	64,052.
ESCROW FUND HELD FOR BOND DEFEASANCE	4,146,108.	3,200,382.
DUE FROM HAWAII PACIFIC HEALTH, AN EXEMPT AFFILIATE	75,379.	NONE
DUE FROM PROVIDERS INSURANCE CORPORATION, AN EXEMPT AFFIL	NONE	128,424.
DUE FROM KAPIOLANI HEALTH FOUNDATION, AN EXEMPT AFFIL	22,115.	39,783.
DUE FROM WILCOX HEALTH FOUNDATION, AN EXEMPT AFFIL	6,534.	398,162.
DUE FROM GOVERNMENT AGENCY	NONE	252,017.
	-----	-----
TOTALS	11,407,622.	10,647,560.
	=====	=====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
REV BONDS SERIES 1998-		
DEPARTMENT OF BUDGET & FIN.		
STATE OF HAWAII - BUILDING		
REFINANCE & IMPROVEMENTS	22,792,015.	21,837,293.
UNEXPENDED PROCEEDS:	NONE	
THIRD PARTY PERCENTAGE:	4.98%	
TOTALS	<u>22,792,015.</u>	<u>21,837,293.</u>

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ACCRUED SALARIES & WAGES	2,530,716.	3,260,851.
ALLOWANCE DISCONTINUED OP.	188,531.	NONE
OTHER LONG TERM LIABILITIES	174,340.	47,524.
DUE TO GOVERNMENT AGENCY	618,726.	NONE
DUE TO PROVIDERS INSURANCE CORPORATION, AN EXEMPT AFFIL	461,182.	NONE
	-----	-----
TOTALS	3,973,495.	3,308,375.
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FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RECLASS RENTAL EXPENSES	92,870.
RECLASS LOSS ON DISPOSAL OF PROPERTY, PLANT & EQUIPMENT	36,934.
TEM. RESTRICTED NA RELEASED	234,031.

TOTAL	363,835.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

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DESCRIPTION	AMOUNT
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RECLASS RENTAL EXPENSES	92,870.
RECLASS LOSS ON DISPOSAL OF PROPERTY, PLANT & EQUIPMENT	36,934.

TOTAL	129,804.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

ROUNDING

1.

TOTAL

1.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PAUL DOUGLASS 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	CHAIRMAN 1.00	NONE	NONE	NONE
LYLE TABATA 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	VICE CHAIRMAN 1.00	NONE	NONE	NONE
SHIRLEY AKITA 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	DIRECTOR 1.00	NONE	NONE	NONE
TERENCE CAROLAN MD 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	DIRECTOR 1.00	NONE	NONE	NONE
RAMON DE LA PENNA 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	DIRECTOR 1.00	NONE	NONE	NONE
DOUGLAS DUVAUCHELLE MD 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	DIRECTOR 1.00	NONE	NONE	NONE
WAYNE RICHARDSON III	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	DIRECTOR 8.00	NONE	NONE	NONE
CHARLES A STED 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	SECRETARY 5.00	NONE	NONE	NONE
DAVID OKABE 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	EVP, CFO & TREASURER 3.00	NONE	NONE	NONE
GAIL LERCH 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	EXEC VICE PRESIDENT 1.00	NONE	NONE	NONE
VIRGINIA PRESSLER FISHER MD 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	EXEC VICE PRESIDENT 2.00	NONE	NONE	NONE
KENNETH B ROBBINS MD 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	EXEC VICE PRESIDENT & CMO 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KATHLEEN CLARK 55 MERCHANT STREET, HONOLULU, HI 96813	PRESIDENT & CEO 60.00	NONE	NONE	NONE
STEVEN ROBERTSON 55 MERCHANT STREET, HONOLULU, HI 96813	SR VICE PRESIDENT & CIO 8.00	NONE	NONE	NONE
EARL INOUE 55 MERCHANT STREET, HONOLULU, HI 96813	VICE PRESIDENT & CONTROLLER 12.00	NONE	NONE	NONE
TERRY LONG 55 MERCHANT STREET, HONOLULU, HI 96813	VICE PRESIDENT 16.00	NONE	NONE	NONE
HILTON RAETHEL 55 MERCHANT STREET, HONOLULU, HI 96813	VICE PRESIDENT 5.00	NONE	NONE	NONE
WARREN CHAIKO 55 MERCHANT STREET, HONOLULU, HI 96813	VICE PRESIDENT 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SUSAN MASUMOTO-NONAKA 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	VICE PRESIDENT 9.00	NONE	NONE	NONE
ARTHUR GLADSTONE RN 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	VICE PRESIDENT & CNE 1.00	NONE	NONE	NONE
KEOKI CLEMENTE 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	COMPLIANCE OFFICER 1.00	NONE	NONE	NONE
MELINDA ASHTON MD 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	MEDICAL DIRECTOR 1.00	NONE	NONE	NONE
DAVID FOX 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	PRIVACY & INFO OFFICER 1.00	NONE	NONE	NONE
JESSICA BRUGGEMANN 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	ASSISTANT CORPORATE SECRETARY 1.00	NONE	NONE	NONE
LYNNE JOHNSON-JOSEPH	COMPLIANCE OFFICER 50.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813				
JOHN CULLINEY MD 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	DIRECTOR 1.00	NONE	NONE	NONE
CHRISTOPHER JORDAN MD 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	DIRECTOR (EX OFFICIO) 1.00	NONE	NONE	NONE
ARNULFO DIAZ MD 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHARLES A STED HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	1,148,152.	176,157.	14,961.
CHARLES R CHING ESQ HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	350,046.	74,363.	NONE
DAVID OKABE HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	524,890.	83,702.	10,863.
GAIL LERCH HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	480,408.	96,223.	7,800.
VIRGINIA PRESSLER FISHER MD HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	369,069.	80,169.	2,834.

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KENNETH B ROBBINS MD HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	533,604.	113,144.	7,800.
KATHLEEN CLARK HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	200,530.	54,665.	NONE
STEVEN ROBERTSON HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	315,414.	85,173.	NONE
EARL INOUYE HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	212,425.	71,418.	NONE
TERRY LONG HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	188,207.	70,447.	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HILTON RAETHEL HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	197,299.	53,717.	1,323.
WARREN CHAIKO HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	226,611.	61,068.	4,800.
SUSAN MASUMOTO-NONAKA KAUAI MEDICAL CLINIC SUPPORTING ORGANIZATION	99-0326099	192,620.	65,588.	NONE
ARTHUR GLADSTONE RN HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	316,737.	63,126.	NONE
KEOKI CLEMENTE HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	91,477.	12,153.	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MELINDA ASHTON MD HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	218,724.	34,595.	NONE
DAVID FOX HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	92,405.	25,710.	NONE
JESSICA BRUGGEMANN HAWAII PACIFIC HEALTH SUPPORTING ORGANIZATION	99-0246363	75,032.	8,453.	NONE
LYNNE JOHNSON-JOSEPH KAUAI MEDICAL CLINIC SUPPORTING ORGANIZATION	99-0326099	78,757.	NONE	NONE
JOHN CULLINEY MD KAUAI MEDICAL CLINIC SUPPORTING ORGANIZATION	99-0326099	470,050.	41,109.	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHRISTOPHER JORDAN MD KAUAI MEDICAL CLINIC SUPPORTING ORGANIZATION	99-0326099	279,539.	37,490.	NONE
ARNULFO DIAZ MD KAUAI MEDICAL CLINIC SUPPORTING ORGANIZATION	99-0326099	136,170.	23,499.	NONE
GRAND TOTALS		6,698,166.	1,331,969.	50,381.

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROGER DRUE 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	NONE	NONE	NONE	NONE
SEE STATEMENT 5: FORMER OFFICERS, DIRECTORS AND TRUSTEES				
DEW-ANNE LANGCAON 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	NONE	NONE	NONE	NONE
SEE STATEMENT 5: FORMER OFFICERS, DIRECTORS AND TRUSTEES				
LEE EVSLIN MD 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	NONE	NONE	NONE	NONE
SEE STATEMENT 5: FORMER OFFICERS, DIRECTORS AND TRUSTEES				
RICHARD ROBEL 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	NONE	NONE	NONE	NONE
SEE STATEMENT 5: FORMER OFFICERS, DIRECTORS AND TRUSTEES				

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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JANA HALL 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	NONE	NONE	NONE	NONE
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SEE STATEMENT 5: FORMER OFFICERS, DIRECTORS AND TRUSTEES

KENNETH PIERCE DO 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	NONE	NONE	NONE	NONE
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SEE STATEMENT 5: FORMER OFFICERS, DIRECTORS AND TRUSTEES

GRAND TOTALS

NONE	NONE	NONE	NONE	NONE
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FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
NET PATIENT SERVICE REVENUE					45,620,276.
RENTAL INCOME FROM AFFILIATE					779,480.
RENTAL INCOME RELATED TO PROGRAM SERVICES					151,224.
TOTALS					46,550,980.

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
FOOD/VENDING			03	902,455.	581,022.
CATERING SPECIAL EVENTS					23,006.
EDUCATION					4,207.
MISC. REVENUE					39,864.
MEDICAL RECORDS					228,903.
PLANT OPERATIONS					2,109.
NUTRITION CONSULT.					
TOTALS				902,455.	879,111.

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT
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CONTROLLED ENTITY'S NAME: PROVIDERS INSURANCE CORPORATION
CONTROLLED ENTITY'S ADDRESS: 55 MERCHANT ST 24TH FLOOR
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 71-0893000
TRANSFER AMOUNT: 1,882,829.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
PROFESSIONAL LIABILITY PREMIUMS (UNDISCOUNTED)

CONTROLLED ENTITY'S NAME: HAWAII PACIFIC HEALTH
CONTROLLED ENTITY'S ADDRESS: 55 MERCHANT STREET 24TH FLOOR
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 99-0246363
TRANSFER AMOUNT: 934,128.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
FIXED ASSET TRANSFER

CONTROLLED ENTITY'S NAME: KAPIOLANI MEDICAL CTR WOMEN AND CHILDREN
CONTROLLED ENTITY'S ADDRESS: 55 MERCHANT STREET 24TH FLOOR
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 99-0177350
TRANSFER AMOUNT: 361,526.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
INTERNAL SUPPORT SERVICES PROVIDED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: WILCOX HEALTH FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 55 MERCHANT ST., 24TH FLOOR
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 99-0204242
TRANSFER AMOUNT: 903,930.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
DONATIONS

CONTROLLED ENTITY'S NAME: HAWAII PACIFIC HEALTH
CONTROLLED ENTITY'S ADDRESS: 55 MERCHANT STREET 24TH FLOOR
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 99-0246363
TRANSFER AMOUNT: 1,361,189.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
CAPITAL CONTRIBUTIONS

CONTROLLED ENTITY'S NAME: KAPIOLANI MEDICAL CENTER AT PALI MOMI
CONTROLLED ENTITY'S ADDRESS: 55 MERCHANT STREET 24TH FLOOR
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 99-0274038
TRANSFER AMOUNT: 70,957.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
INTERNAL SUPPORT SERVICES PROVIDED

CONTROLLED ENTITY'S NAME: HAWAII PACIFIC HEALTH
CONTROLLED ENTITY'S ADDRESS: 55 MERCHANT ST., 24TH FLOOR
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 99-0246363
TRANSFER AMOUNT: 3,130,916.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
INTERNAL SUPPORT SERVICES PROVIDED

CONTROLLED ENTITY'S NAME: KAUAI MEDICAL CLINIC
CONTROLLED ENTITY'S ADDRESS: 55 MERCHANT ST., 24TH FLOOR
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 99-0326099
TRANSFER AMOUNT: 1,539,911.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
INTERNAL SUPPORT SERVICES PROVIDED

CONTINUED

STATEMENT 37

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON
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CONTROLLED ENTITY'S NAME: STRAUB CLINIC & HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 55 MERCHANT ST., 24TH FLOOR
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 91-2151670
TRANSFER AMOUNT: 37,896.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
INTERNAL SUPPORT SERVICES PROVIDED

CONTROLLED ENTITY'S NAME: KAPIOLANI HEALTH FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 55 MERCHANT ST., 24TH FLOOR
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 99-0246364
TRANSFER AMOUNT: 17,668.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
DONATIONS

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
LINDA M ROZELLE 3-3420 KUHIO HIGHWAY LIHUE, HI 96766	DIR CLINICAL SVC 40.00	136,263.	24,588.	NONE
JOEL H EHRLICH 3-3420 KUHIO HIGHWAY LIHUE, HI 96766	PHARMACIST 40.00	131,078.	45,132.	NONE
RENE P COTTINGHAM 3-3420 KUHIO HIGHWAY LIHUE, HI 96766	MGR CLINICAL SVCS 40.00	131,061.	37,954.	NONE
JUDITH A MATOLA 3-3420 KUHIO HIGHWAY LIHUE, HI 96766	REGISTERED NURSE 40.00	128,508.	46,053.	NONE
LINDA S LEAVITT 3-3420 KUHIO HIGHWAY LIHUE, HI 96766	DIR CLINICAL SVC 40.00	127,850.	43,354.	NONE
TOTAL COMPENSATION		654,760.	197,081.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
ERNST AND YOUNG 55 MERCHANT STREET, STE. 1900 HONOLULU, HI 96813	AUDIT/TAX	82,757.
TOTAL COMPENSATION		82,757.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
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NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
HAWAII PACIFIC XRAY CORP 3375 KOAPAKA STREET, STE D140 HONOLULU, HI 96819	IMAGING EQUIPMENT	509,136.
GE MEDICAL SYSTEMS P.O. BOX 843553 DALLAS, TX 75284-3553	IMAGING EQUIPMENT	255,189.
CLINICAL LABORATORIES OF HI P.O. BOX 1300 HONOLULU, HI 96807-1300	CLINICAL LABORATORY	1,979,374.
UP TO DATE CLEANERS KAUAI 3145 KIKINA ROAD KOLOA, HI 96756	LAUNDRY SERVICES	639,467.
PHILIPS MEDICAL SYSTEMS PO BOX 406538 ATLANTA, GA 30384-6538	IMAGING EQUIP MAINT	487,422.
	TOTAL COMPENSATION	----- 3,870,588. =====

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

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LOBBYING FEES RELATED TO DUES PAID TO HEALTHCARE ASSOCIATION OF HAWAII.