

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning 07/01, 2008, and ending 06/30, 2009

# 2008

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

KAPI' OLANI MEDICAL CTR WOMEN CHILDREN

Employer identification number

99-0177350

### 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	<u>246599094.</u>
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	

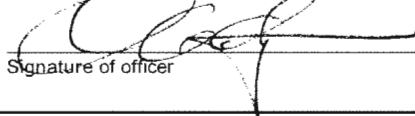
### Part II Declaration of Officer

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 2008 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

5/11/10  
Date

▶ VP/SYSTEM CONTROLLER  
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 IRS e-file Providers for Business Returns. 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.

<b>ERO's Use Only</b>	ERO's signature ▶ <u>Kelli H. Auerbach</u>	Date <u>5/13/10</u>	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 ▶ <u>ERNST &amp; YOUNG U. S. LLP</u>				EIN <u>34-6565596</u>
	<u>TWO NORTH CENTRAL AVENUE, STE 2300</u>				Phone no. <u>602/322-3000</u>
<u>PHOENIX AZ 85004</u>					

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.

<b>Paid Preparer's Use Only</b>	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**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning** 07/01, 2008, and ending 06/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> KAPI' OLANI MEDICAL CTR WOMEN CHILDREN		<b>D Employer identification number</b> 99-0177350
		Doing Business As		<b>E Telephone number</b> (808) 983-6000
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 MERCHANT STREET, 24TH FLOOR		<b>G Gross receipts \$</b> 260,949,861.
		City or town, state or country, and ZIP + 4 HONOLULU, HI 96813		
<b>F Name and address of principal officer:</b> RAYMOND P. VARA, JR. 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813				<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> WWW.KAPIOLANI.ORG/WOMEN-AND-CHILDREN		<b>H(c) Group exemption number</b> ▶
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1976	<b>M State of legal domicile:</b> HI

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: KAPI' OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS A NONPROFIT HOSPITAL WHOSE MISSION IS TO IMPROVE AND ADVOCATE FOR THE HEALTH AND WELL-BEING OF WOMEN AND CHILDREN OF HAWAI' I AND THE PACIFIC REGION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	1,600
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	559
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	2,864.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-166.	
<b>Revenue</b>	<b>8</b> Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,209,956.	2,389,038.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	215,360,365.	243,777,137.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,768,002.	-910,941.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,296,648.	1,343,860.
		229,634,971.	246,599,094.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,600.	12,286.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	93,661,203.	101,462,397.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	104,618,556.	111,784,804.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	198,296,359.	213,259,487.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	31,338,612.	33,339,607.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	171,691,228.	168,207,446.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	28,410,646.	29,450,960.
	143,280,582.	138,756,486.	

**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 \_\_\_\_\_ Date \_\_\_\_\_

▶ Type or print name and title \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <i>Kelli H. Aubaldt</i>	Date ▶ 3/14/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG U. S. LLP TWO NORTH CENTRAL AVENUE, STE 2300 PHOENIX, AZ 85004	EIN ▶ 34-656596	Phone no. ▶ 602/322-3000	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS A NONPROFIT HOSPITAL WHOSE MISSION IS TO IMPROVE AND ADVOCATE FOR THE HEALTH AND WELL-BEING OF WOMEN AND CHILDREN OF HAWAI'I AND THE PACIFIC REGION.

**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 44,038,460. including grants of \$ ) (Revenue \$ 39,534,868. )  
SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 34,951,151. including grants of \$ ) (Revenue \$ 52,984,736. )  
SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 18,677,505. including grants of \$ ) (Revenue \$ 19,544,633. )  
SEE SCHEDULE O

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 82,076,877. including grants of \$ 12,286. ) (Revenue \$ 132,815,786. )

**4e** Total program service expenses ► \$ 179,743,993. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> 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 checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where 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 checked="" type="checkbox"/>
<b>7</b> 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 checked="" type="checkbox"/>
<b>8</b> 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"/>
<b>9</b> Did the organization report an amount in Part X, line 21; 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 checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<input checked="" type="checkbox"/>	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	<input checked="" type="checkbox"/>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	<input checked="" type="checkbox"/>	
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .	<input checked="" type="checkbox"/>	
<b>24a</b> 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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	X	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b>	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> . . . . .		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	X	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b>	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> . . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings, employee counts, and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-11 covering governing body details, family relationships, management control, organizational changes, assets, members, and documentation.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows 12a-16b covering conflict of interest, whistleblower, document retention, compensation, and joint venture policies.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows 17-20 covering state disclosure, public inspection, governing documents, and organizational contact info.





**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	2,379,756.				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . .	<b>1f</b>	9,282.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			2,389,038.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b> NET PATIENT SERVICES		900099	236,869,107.	236,869,107.		
	<b>b</b> OTHER PROGRAM SERVICE REVENUE		900099	4,341,486.	4,341,486.		
	<b>c</b> RENTAL INCOME		900099	2,498,949.	2,498,949.		
	<b>d</b> PREMIUM REVENUE		900099	67,595.	67,595.		
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			243,777,137.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			2,360,841.			2,360,841.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶			NONE			
	<b>5</b> Royalties . . . . . ▶			NONE			
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . . ▶				NONE		
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .			10,820,835.			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			14,073,659.	18,958.		
	<b>c</b> Gain or (loss) . . . . .			-3,252,824.	-18,958.		
	<b>d</b> Net gain or (loss) . . . . . ▶				-3,271,782.		-3,271,782.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>				36,002.		
	<b>b</b> Less: direct expenses . . . . . <b>b</b>				26,594.		
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				9,408.		9,408.
<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>							
<b>b</b> Less: direct expenses . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶				NONE			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>				399,234.			
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>				231,556.			
<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶				167,678.		167,678.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> PARKING		812930		1,025,706.	1,025,706.		
<b>b</b> CAFETERIA		900099		23,990.	23,990.		
<b>c</b> REIMBURSEMENTS		900099		53,190.	53,190.		
<b>d</b> All other revenue . . . . .		900099		63,888.		2,864.	61,024.
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				1,166,774.			
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶				246,599,094.	244,880,023.	2,864.	-672,831.

**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) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	12,286.	12,286.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	242,833.	177,083.	65,750.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	83,817,412.	79,516,611.	4,300,801.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	2,487,705.	2,304,059.	183,646.	
9 Other employee benefits . . . . .	8,719,093.	8,289,429.	429,664.	
10 Payroll taxes . . . . .	6,195,354.	5,884,838.	310,516.	
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	NONE			
c Accounting . . . . .	499,791.		499,791.	
d Lobbying . . . . .	34,459.		34,459.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees . . . . .	393,293.		393,293.	
g Other . . . . .	40,296,742.	35,940,254.	4,356,488.	
12 Advertising and promotion . . . . .	13,049.	11,279.	1,770.	
13 Office expenses . . . . .	22,454,280.	22,071,228.	383,052.	
14 Information technology . . . . .	2,755,453.	372,672.	2,382,781.	
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	2,055,633.	1,916,885.	138,748.	
17 Travel . . . . .	82,599.	75,198.	7,401.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	29,278.	25,002.	4,276.	
20 Interest . . . . .	4,865,936.	4,865,936.		
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	12,045,836.	11,533,060.	512,776.	
23 Insurance . . . . .	3,243,920.	3,007,918.	236,002.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CORP_ALLOCATION -----	13,108,040.		13,108,040.	
b BAD_DEBT -----	5,697,248.	5,697,248.		
c UTILITIES-OTHER -----	2,868,753.	2,868,753.		
d OTHER_PURCHASES -----	1,125,702.	501,246.	624,456.	
e PROGRAM_SERVICE_EXPENDITURES	11,088.	11,088.		
f All other expenses -----	203,704.	17,495.	186,209.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	213,259,487.	185,099,568.	28,159,919.	
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	-3,262,625.	<b>1</b>	-961,226.
	<b>2</b> Savings and temporary cash investments . . . . .	5,365,613.	<b>2</b>	4,895,767.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	27,142,423.	<b>4</b>	33,545,112.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sales or use . . . . .	2,450,158.	<b>8</b>	2,675,222.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,282,827.	<b>9</b>	231,790.
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 224,717,130.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	<b>10b</b> 158,163,331.	66,945,342.	<b>10c</b> 66,553,799.
	<b>11</b> Investments - publicly traded securities . . . . .	30,907,005.	<b>11</b>	27,965,172.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	29,742,221.	<b>12</b>	22,704,449.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	3,232,916.	<b>13</b>	1,618,558.
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,885,348.	<b>15</b>	8,978,803.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	171,691,228.	<b>16</b>	168,207,446.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	21,828,565.	<b>17</b>	22,976,572.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	6,582,081.	<b>25</b>	6,474,388.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	28,410,646.	<b>26</b>	29,450,960.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	135,163,203.	<b>27</b>	129,825,107.
	<b>28</b> Temporarily restricted net assets . . . . .	4,410,371.	<b>28</b>	3,885,275.
	<b>29</b> Permanently restricted net assets . . . . .	3,707,008.	<b>29</b>	5,046,104.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	143,280,582.	<b>33</b>	138,756,486.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	171,691,228.	<b>34</b>	168,207,446.

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b>	If "Yes" to lines 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? . . . . .		
<b>2c</b>			
<b>3a</b>	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? . . . . .		X
<b>3a</b>			
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		
<b>3b</b>			



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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. 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.
16b 33 1/3% support test - 2007. 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.
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. 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.
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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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 . . . . .



**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2008**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(cy)(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," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

Name of organization <u>KAPI' OLANI MEDICAL CTR WOMEN CHILDREN</u>	Employer identification number <u>99-0177350</u>
---	---

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_

3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .														
<b>i</b>	Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .														
<b>j</b>	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 instructions for lines 2a through 2f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b>	Lobbying non-taxable amount				
<b>b</b>	Lobbying ceiling amount (150% line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots non-taxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV	X		34,459.
<b>j</b> Total lines 1c through 1i			34,459.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

OTHER LOBBYING ACTIVITIES

FORM 990, SCH C - PART II - B 1I

LOBBYING FEES WERE INCLUDED IN THE DUES PAID TO HEALTHCARE ASSOCIATION OF

HAWAI' I AND NACHRI MEMBERSHIP DUES.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

KAPI' OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Year, rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3 Using the organization's accession and other records, check any of the following that are a 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 programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to 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 . . . . .	69,049,023.				
b Contributions . . . . .	3,027,713.				
c Investment earnings or losses . . . . .	-16,112,020.				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	11,087.				
f Administrative expenses . . . . .					
g End of year balance . . . . .	55,953,629.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 96.0000 %
  - b Permanent endowment ▶ 4.0000 %
  - c Term endowment ▶ \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations . . . . .   | X   |    |
| (ii) related organizations . . . . .  | X   |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | X   |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		289,265.		289,265.
b Buildings . . . . .		103,914,190.	66,815,369.	37,098,821.
c Leasehold improvements . . . . .		3,608,718.	3,432,592.	176,126.
d Equipment . . . . .		112,001,306.	84,443,651.	27,557,655.
e Other . . . . .		4,903,651.	3,471,719.	1,431,932.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				66,553,799.

**Part VII Investments - Other Securities.** 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
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other <u>KMCWC BOARD DESIGNATED</u> -----	22,704,449.	FMV
-----		
-----		
-----		
-----		
-----		
-----		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	22,704,449.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶	1,618,558.	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFILIATES	539,294.
DUE FROM THIRD PARTY PAYORS	40,458.
BENEFICIAL INTEREST	5,989,780.
OTHER RECEIVABLES	1,328,639.
OTHER NON-CURRENT ASSETS	914,515.
DECORATIVE ARTWORK	166,117.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	8,978,803.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
OTHER L/T LIAB-POST RETIREMENT HLTH	233,958.	
DUE TO KAPI'OLANI MED SPECIALISTS	408,853.	
DUE TO HAWAI'I PACIFIC HEALTH PTR	2,194.	
ALLOC OF OBLIG GRP TAX EXEMPT BONDS	5,829,383.	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	6,474,388.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.



**Part XIV** Supplemental Information (continued)

ENDOWMENT FUNDS INTENDED USES

FORM 990, SCHEDULE D-PART V-4

ENDOWMENT FUNDS ARE INTENDED TO BE USED TO PROVIDE MEDICAL AND OTHER CARE TO PATIENTS WHO ARE UNABLE TO PAY SUCH CARE AND FOR OTHER EXPENSES RELATED TO THE EXEMPT PURPOSE OF THE HOSPITAL.

FOOTNOTE EXPLANATION FOR FIN 48

FORM 990, SCHEDULE D, PART VI-X

EFFECTIVE 7/1/2007, KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN ADOPTED PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48, ACCOUNTING FOR INCOME TAXES (FIN 48). FIN 48 ADDRESSES THE ACCOUNTING UNCERTAINTY IN INCOME TAXES RECOGNIZED FOR AN ENTERPRISE'S FINANCIAL STATEMENT AND PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. AS A RESULT OF THE IMPLEMENTATION OF FIN 48, KAPIO'LANI MEDICAL CENTER FOR WOMEN & CHILDREN DETERMINED THAT THE PROVISIONS OF FIN 48 DID NOT HAVE A MATERIAL EFFECT ON ITS FINANCIAL STATEMENTS AT JUNE 30, 2009.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		GOLF TOURNAMENT (event type)	 (event type)	NONE (total number)		
Revenue	1	Gross receipts	36,002.		36,002.	
	2	Less: Charitable contributions				
	3	Gross revenue minus line 2)	36,002.		36,002.	
Direct Expenses	4	Cash prizes . . . . .	375.		375.	
	5	Non-cash prizes . . . . .	2,820.		2,820.	
	6	Rent/facility costs . . . . .	16,502.		16,502.	
	7	Other direct expenses . . . . .	6,897.		6,897.	
	8	Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 26,594. )
	9	Net income summary. Combine lines 3 and 8 in column (d) . . . . .				9,408.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Non-cash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ▶ -----

Address ▶ -----

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . **15a**

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . **17a**

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		

**SCHEDULE H**

(Form 990)

**Hospitals**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

▶ To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

KAPI' OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

**Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)**

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a . . . . .		
<b>b</b> If "Yes," is it a written policy? . . . . .		
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
<b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: . . . . . <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .		
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .		
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .		
<b>c</b> If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
<b>6a</b> Does the organization prepare an annual community benefit report? . . . . .		
<b>b</b> If "Yes," does the organization make it available to the public? . . . . .		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Charity Care and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Charity Care and Means-Tested Government Programs</b>						
<b>a</b> Charity care at cost (from Worksheets 1 and 2) . . . . .						
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Charity Care and Means-Tested Government Programs . . . . .						
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
<b>f</b> Health professions education (from Worksheet 5) . . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)						
<b>j</b> Total Other Benefits . . . . .						
<b>k</b> Total (line 7d and 7j) . . . . .						

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

Schedule H (Form 990) 2008

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities. (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III Bad Debt, Medicare, & Collection Practices** (Optional for 2008)

**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .
- 2 Enter the amount of the organization's bad debt expense (at cost) . . . . .
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

	Yes	No
1		
2		
3		
4		
5		
6		
7		
8		
9a		
9b		

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- 7 Enter line 5 less line 6 - surplus or (shortfall) . . . . .
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- 9a Does the organization have a written debt collection policy? . . . . .
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. . . . .

**Part IV Management Companies and Joint Ventures** (Optional for 2008)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					







**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

SCHEDULE I, PART 1, LINE 2

THE ORGANIZATION AWARDS QUALIFIED STUDENTS SCHOLARSHIPS FROM THE RICHARD DAVI SCHOLARSHIP FUND. AN AWARD LETTER IS MAILED TO THE RECIPIENT TO INFORM THEM OF THIS HONOR, AND TO INSTRUCT THE RECIPIENT THAT A CHECK IN THE AMOUNT OF THE SCHOLARSHIP AWARDED WILL BE MADE OUT TO THE SCHOOL. ADDITIONALLY, INSTRUCTION IS GIVEN THAT THE STUDENT SHOULD SUBMIT RECEIPTS FOR TUITION, BOOKS, LABS, ETC. UP TO THE TOTAL AMOUNT OF THE SCHOLARSHIP. A CONTACT TELEPHONE NUMBER FOR THE SCHOLARSHIP COMMITTEE IS PROVIDED FOR QUESTIONS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

KAPI' OLANI MEDICAL CTR WOMEN CHILDREN

Employer identification number

99-0177350

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input 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 type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is 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 . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X

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

Schedule J (Form 990) 2008



**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 3  
 QUESTIONS REGARDING COMPENSATION  
 THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT  
 PARENT, HPH, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION.  
 SEE SCHEDULE O FOR 990 PART VI, LINE 15A FOR THE PROCESS USED BY HPH TO  
 DETERMINE COMPENSATION.  
 SCHEDULE J, PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN  
 WARREN CHAIKO \$18,712  
 CHARLES R. CHING \$40,512  
 PAULA DIAS \$21,395  
 ARTHUR GLADSTONE \$26,000  
 EARL INOUE \$29,872  
 GAIL LERCH \$53,872  
 TERRY LONG \$21,650  
 SUSAN MASUMOTO-NONAKA \$15,393  
 WILLOW MORTON \$10,604  
 DAVID OKABE \$61,866

**Part III Supplemental Information**

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

VIRGINIA PRESSLER-FISHER, M.D. \$34,084

HILTON RAETHEL \$25,760

STEVEN ROBERTSON \$37,886

MARTHA SMITH \$44,603

CHARLES A. STED \$171,539

RAYMOND P. VARA, JR. \$113,706

RODNEY BOYCHUK, M.D. \$16,138

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS TO PERSON LISTED ON PART VII, SECTION A, LINE 1A

NON-FIXED PAYMENTS ARE MADE TO EMPLOYEES BASED ON SYSTEM GOALS THAT ARE

NOT BASED ON A PERCENTAGE OF NET EARNINGS.

**SCHEDULE J-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

**Part I Continuation of Officers, Directors, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

► Attach to Form 990 to list additional information regarding compensation.

Employer identification number

99-0177350

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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				
CHARLES A. STED	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	698,977.	203,227.	192,366.	274,431.	770.	1,369,771.	528,826.
RAYMOND P. VARA JR.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	559,000.	130,955.	7,800.	201,705.	13,852.	913,312.	278,900.
DAVID OKABE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	383,410.	89,902.	22,998.	114,884.	12,527.	623,721.	207,098.
GAIL LERCH	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	288,188.	70,803.	53,294.	113,100.	11,940.	537,325.	195,894.
CHARLES R. CHING	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	281,213.	66,981.	21,112.	82,372.	11,158.	462,836.	156,921.
ARTHUR GLADSTONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	256,594.	42,345.	36,865.	36,925.	18,679.	391,408.	147,259.
MARTHA SMITH	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	300,353.	54,565.	34,491.	71,028.	18,084.	478,521.	184,990.
STEVEN ROBERTSON	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	271,581.	64,488.	NONE	79,020.	25,383.	440,472.	132,500.
WARREN CHAIKO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	191,997.	27,688.	21,609.	29,637.	14,622.	285,553.	115,709.
EARL INOUYE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	211,985.	29,339.	21,836.	55,497.	748.	319,405.	105,690.
TERRY LONG	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	191,475.	27,702.	NONE	47,654.	5,708.	272,539.	95,550.
WILLOW MORTON	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	169,431.	23,289.	19,601.	38,753.	16,932.	268,006.	87,450.
SUSAN MASUMOTO-NONAKA	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	180,035.	24,697.	NONE	25,300.	22,475.	252,507.	90,825.
VIRGINIA PRESSLER-FISHER,	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	299,871.	69,357.	9,478.	78,063.	25,156.	481,925.	157,108.
HILTON RAETHEL	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	188,279.	25,708.	1,380.	35,957.	659.	251,983.	93,190.
PRUDENCE KUSANO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	150,472.	NONE	NONE	7,218.	7,482.	165,172.	64,766.

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

Schedule J-1 (Form 990) 2008

**Part I Continuation of Officers, Directors, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

► Attach to Form 990 to list additional information regarding compensation.

Employer identification number

99-0177350

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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				
(i) PAULA DIAS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) PAULA DIAS	176,490.	25,762.	17,804.	31,879.	10,843.	262,778.	105,300.
(i) MELINDA ASHTON, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) MELINDA ASHTON, M. D.	220,296.	18,917.	NONE	9,464.	12,892.	261,569.	109,362.
(i) MAVIS NIKAI DO	141,592.	11,130.	NONE	7,310.	11,767.	171,799.	NONE
(ii) MAVIS NIKAI DO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) LAURA BONILLA	149,851.	11,158.	NONE	7,721.	1,730.	170,460.	79,711.
(ii) LAURA BONILLA	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) RICHARD NOVAK	138,399.	14,722.	NONE	7,349.	11,083.	171,553.	74,365.
(ii) RICHARD NOVAK	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) LILIA D. LAUREANO	149,773.	NONE	NONE	2,550.	4,614.	156,937.	78,054.
(ii) LILIA D. LAUREANO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) CHRISTINA TURNER	136,859.	9,911.	NONE	6,958.	4,581.	158,309.	NONE
(ii) CHRISTINA TURNER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) MILDRED N. BROWN	141,630.	NONE	NONE	6,808.	11,194.	159,632.	69,486.
(ii) MILDRED N. BROWN	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) RODNEY BOYCHUK, M. D.	193,512.	NONE	78,527.	29,363.	5,787.	307,189.	134,446.
(ii) RODNEY BOYCHUK, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

KAPI' OLANI MEDICAL CTR WOMEN CHILDREN

Employer Identification number

99-0177350

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(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			
KEITH MATSUMOTO, M.D. CHAIR, BOARD OF DIRECTOR	1.	X		X			NONE	NONE	NONE	
CHARLES A. STED PRESIDENT, BOARD OF DIRECTOR	2.	X		X			NONE	1,094,570.	275,201.	
RAYMOND P. VARA JR. EVP & CEO OF OPERATIONS, BOD	10.	X		X			NONE	697,755.	215,557.	
STEVEN AI BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
DOUGLAS KWOCK, M.D. BOARD OF DIRECTOR	1.	X					9,600.	NONE	NONE	
JENNIFER SABAS BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
SHELLEY WILSON BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
PETER MCNALLY, M.D. BOARD OF DIRECTOR	1.	X					9,650.	NONE	NONE	
CHRIS ELDRIDGE BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
STEPHEN LIN, M.D. BOARD OF DIRECTOR	1.	X					28,312.	NONE	NONE	
BEN GODSEY BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
DAVID OKABE EVP, CFO & TREASURER	4.			X			NONE	496,310.	127,411.	
GAIL LERCH EVP	5.			X			NONE	412,285.	125,040.	
CHARLES R. CHING EVP, GEN' L COUNSEL & SECRETARY	4.			X			NONE	369,306.	93,530.	
ARTHUR GLADSTONE VP & CNE	1.			X			NONE	335,804.	55,604.	
MARTHA SMITH VP & COO	55.			X			NONE	389,409.	89,112.	
STEVEN ROBERTSON EVP & CIO	12.			X			NONE	336,069.	104,403.	
WARREN CHAIKO VP	15.			X			NONE	241,294.	44,259.	
EARL INOUYE VP & SYSTEM CONTROLLER	5.			X			NONE	263,160.	56,245.	
TERRY LONG VP	1.			X			NONE	219,177.	53,362.	
WILLOW MORTON VP	45.			X			NONE	212,321.	55,685.	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization: **KAPI' OLANI MEDICAL CTR WOMEN CHILDREN**  
Employer Identification number: **99-0177350**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(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			
SUSAN MASUMOTO-NONAKA VP	10.			X				NONE	204,732.	47,775.
VIRGINIA PRESSLER-FISHER, M. D. EVP	1.			X				NONE	378,706.	103,219.
HILTON RAETHEL VP	10.			X				NONE	215,367.	36,616.
PRUDENCE KUSANO HPH COMPLIANCE OFFICER	9.			X				NONE	150,472.	14,700.
PAULA DIAS VP	40.			X				NONE	220,056.	42,722.
MELINDA ASHTON, M. D. MEDICAL DIRECTOR	2.			X				NONE	239,213.	22,356.
DAVID FOX PRIVACY & INFORMATION SECURITY	10.			X				NONE	101,691.	14,487.
JESSICA BRUGGEMANN ASSISTANT CORPORATE SECRETARY	11.			X				NONE	80,794.	8,337.
MAVIS NIKAIDO DIRECTOR CLINICAL SERVICE LINE	40.				X			152,722.	NONE	19,077.
LAURA BONILLA EXEC DIR PEDIATRIC SVCS	40.					X		161,009.	NONE	9,451.
RICHARD NOVAK DIR CLINICAL SVC LINE	40.					X		153,121.	NONE	18,432.
LILIA D. LAUREANO DIR CLINICAL SVC LINE	40.					X		149,773.	NONE	7,164.
CHRISTINA TURNER DIR CLINICAL SVC LINE	40.					X		146,770.	NONE	11,539.
MILDRED N. BROWN REGISTERED NURSE-CHARGE	40.					X		141,630.	NONE	18,002.
RODNEY BOYCHUK, M. D. DIRECTOR							X	NONE	272,039.	35,150.
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**  
 ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ To be completed by organizations that answered  
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
 or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

<b>Name of the organization</b> KAPI' OLANI MEDICAL CTR WOMEN CHILDREN	<b>Employer identification number</b> 99-0177350
---	---

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> . . . . . ▶ \$ _____										

**Part III Grants or Assistance Benefitting Interested Persons.**  
 To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHARLES A. STED	PRESIDENT, BOARD OF	1,049,707.	UNITED LAUNDRY		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

DESCRIPTION OF PROGRAM SERVICES ACTIVITIES #1

FORM 990, PART III, LINE 4A

WOMEN'S SERVICES - OB/GYN. KAPI'OLANI MEDICAL CENTER IS THE ONLY HOSPITAL IN HAWAI'I SPECIALIZING IN MATERNITY CARE. IT IS THE REGIONAL PERINATAL CENTER FOR THE STATE. IN FISCAL YEAR 2009, THE HOSPITAL DELIVERED MORE THAN 6,200 BABIES, REPRESENTING MORE THAN 45% OF ALL O'AHU BIRTHS. THE MAJORITY OF PATIENTS WILL DELIVER WITHOUT COMPLICATIONS. HOWEVER, FOR WOMEN IN HIGH-RISK PREGNANCIES DUE TO THE MOTHER'S AGE, PRE-EXISTING CONDITIONS OR OTHER COMPLICATIONS, KAPI'OLANI OFFERS THE HIGHEST LEVEL OF CARE IN THE STATE. A DEDICATED TEAM OF MATERNAL FETAL MEDICINE SPECIALISTS ARE AVAILABLE TO ASSIST BOTH IN MANAGING HIGH-RISK PREGNANCIES AND FOR THE ACTUAL DELIVERY. A HIGHLY EXPERIENCED TEAM HAS THE EXPERTISE TO MANAGE NORMAL NEWBORN DELIVERIES AND THE MOST COMPLEX MEDICAL CASES. WHEN NECESSARY, EXPECTANT MOTHERS CAN BE ADMITTED TO THE HOSPITAL TO MANAGE COMPLICATIONS AND TO HELP PREVENT PRE-TERM BIRTH. KAPI'OLANI IS A MAJOR TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE'S OB/GYN RESIDENCY TRAINING PROGRAM.

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

DESCRIPTION OF PROGRAM SERVICES ACTIVITIES #2

FORM 990, PART III, LINE 4B

PEDIATRIC NEONATE. KAPI'OLANI MEDICAL CENTER IS THE ONLY HOSPITAL IN HAWAI'I SPECIALIZING IN NEWBORN CARE. ITS LEVEL IIIB NEONATAL INTENSIVE CARE UNIT PROVIDES THE HIGHEST LEVEL OF CARE FOR MORE THAN 900 PREMATURE AND CRITICALLY-ILL BABIES EACH YEAR. IT IS THE ONLY HOSPITAL IN THE STATE STAFFED BY A DEDICATED TEAM OF NEONATOLOGISTS, ON-SITE 24 HOURS A DAY. MORE THAN 250 NEWBORN BABIES REQUIRING THIS SPECIAL CARE ARE TRANSFERRED TO KAPI'OLANI FROM THROUGHOUT HAWAI'I HOSPITALS EVERY YEAR. KAPI'OLANI IS A MAJOR TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE'S PEDIATRIC RESIDENCY TRAINING PROGRAM.

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
---	--

DESCRIPTION OF PROGRAM SERVICES ACTIVITIES #3

FORM 990, PART III, LINE 4C

OUTPATIENT O. R. KAPI'OLANI MEDICAL CENTER IS HOME TO HAWAII'S FIRST FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITES. THIS APPROACH PLACES COMPLETE CONTROL IN THE HANDS OF SURGEONS TO ENHANCE EFFICIENCY AND REDUCE SURGICAL TIME, THEREBY IMPROVING PATIENT CARE. IN FISCAL YEAR 2009, ALMOST 6,000 OUTPATIENT PROCEDURES WERE PERFORMED. HIGHLY TRAINED PEDIATRIC ANESTHESIOLOGISTS, SURGEONS AND STAFF PROVIDE SPECIALIZED CARE NECESSARY FOR NEWBORNS, CHILDREN AND TEENS. PEDIATRIC PROCEDURES INCLUDE THORACIC/HEART, CLEFT LIP/PALATE, EAR NOSE THROAT, ORTHOPEDIC, NEUROLOGIC, UROLOGIC, OPHTHALMOLOGIC, GASTRO-INTESTINAL, PLASTICS AND GENERAL SURGERY. KAPI'OLANI ALSO HAS A TEAM OF SPECIALISTS JUST FOR WOMEN, INCLUDING UROGYNECOLOGISTS, GYNECOLOGIC ONCOLOGISTS AND GENERAL SURGEONS. COMMON PROCEDURES INCLUDE BREAST BIOPSIES AND LUMPECTOMIES, HYSTEROSCOPIES, INTERSTIM BLADDER IMPLANT AND SUBURETHRAL SLING FOR TREATMENT OF INCONTINENCE, TUBAL LIGATION AND ENDOMETRIAL ABLATION.

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
---	--

DESCRIPTION OF ALL OTHER PROGRAM SERVICES ACTIVITIES #4

FORM 990, PART III, LINE 4D

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN WAS FOUNDED AS A MATERNITY HOME BY QUEEN KAPI'OLANI IN 1890 AND AS A CHILDREN'S HOSPITAL BY ALBERT AND EMMA KAUIKEOLANI WILCOX IN 1909. THE COMBINED HOSPITAL HAS BEEN TREATING WOMEN, CHILDREN AND INFANTS FOR MORE THAN A CENTURY. AN AFFILIATE OF HAWAII PACIFIC HEALTH, THE STATE'S LARGEST HEALTH CARE PROVIDER, KAPI'OLANI MEDICAL CENTER IS HAWAII'S ONLY MATERNITY, NEWBORN AND PEDIATRIC SPECIALTY HOSPITAL. IT IS ALSO A TERTIARY CARE HOSPITAL, MEDICAL TEACHING AND RESEARCH FACILITY. IT HAS 197 BEDS AND 90 BASSINETS, EMPLOYS 1,328 EMPLOYEES AND HAS MORE THAN 600 PHYSICIANS ON ITS MEDICAL STAFF. IN ADDITION, MORE THAN 550 VOLUNTEERS DONATE THEIR TIME AT THE HOSPITAL EVERY YEAR. DURING FISCAL YEAR 2009, THE HOSPITAL ADMITTED 17,968 PATIENTS FOR A TOTAL OF 66,170 PATIENT DAYS. EMERGENCY ROOM VISITS INCREASED TO 33,422 PATIENTS, WHICH INCLUDES URGENT CARE VISITS. THERE WERE 1,820 INPATIENT SURGERY CASES AND 6,488 OUTPATIENT SURGERIES. A TOTAL OF 6,290 NEWBORNS WERE DELIVERED HERE, REPRESENTING MORE THAN 45% PERCENT OF ALL OAHU BIRTHS, IN FISCAL YEAR 2009.

CHILDREN'S SERVICES

AS THE ONLY FULL SERVICE CHILDREN'S HOSPITAL BETWEEN LOS ANGELES AND HONG KONG, KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN PLAYS A CRITICAL ROLE IN THE REGION. ITS COMPREHENSIVE PEDIATRIC PROGRAMS INVOLVE 111 SUBSPECIALTY PEDIATRIC PHYSICIANS IN MULTIPLE SPECIALTY AREAS. THE HOSPITAL MAINTAINS THE STATE'S ONLY 24-HOUR PEDIATRIC EMERGENCY ROOM, PEDIATRIC INTENSIVE CARE UNIT, NEONATAL/PEDIATRIC EMERGENCY TRANSPORT TEAM, AND STATE-DESIGNATED REGIONAL PERINATAL CENTER. FOR NEWBORN

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
---	--

INFANTS, THE NEONATAL INTENSIVE CARE UNIT HAS NEONATOLOGISTS ON-SITE 24 HOURS A DAY. FOR CHILDREN, THE HOSPITAL OFFERS A RANGE OF PEDIATRIC SPECIALTIES, STATE-OF-THE-ART EQUIPMENT AND HIGHLY EXPERIENCED STAFF. FOR WOMEN IN LABOR, THERE ARE 26 LABOR AND DELIVERY ROOMS, 3 OPERATING ROOMS FOR CAESAREAN-SECTIONS, 24-HOUR IN-HOUSE OBSTETRICAL ANESTHESIA SERVICES, ANTEPARTUM CARE, HIGH-RISK OBSTETRICAL SERVICES, AND A FETAL DIAGNOSTIC CENTER.

WOMEN'S SPECIALTY CARE  
KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS HOME TO THE STATE'S FIRST WOMEN'S CENTER, PROVIDING AN ARRAY OF SCREENING AND THERAPY SERVICES, INCLUDING THE STATE'S FIRST COMPREHENSIVE BREAST CENTER AND WOMEN'S CANCER CENTER. THE BREAST CENTER OFFERS THE LATEST SCREENING, DIAGNOSTIC AND THERAPY TREATMENTS, AND IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY AS A CENTER OF EXCELLENCE. THE WOMEN'S CANCER CENTER IS DEDICATED TO THE PREVENTION AND TREATMENT OF GYNECOLOGICAL CANCERS.

RESIDENCY PROGRAMS  
KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS THE OFFICIAL PEDIATRIC AND OBSTETRIC TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE. EACH YEAR, IT INVESTS MORE THAN \$5,435,000 EACH YEAR INTO TEACHING AND RESEARCH TO TRAIN THE STATE'S NEXT GENERATION OF PEDIATRICIANS AND OBSTETRICIANS. THE RESIDENCY PROGRAMS HAVE LAUNCHED THE CAREERS OF HUNDREDS OF PHYSICIANS WHO WILL LEAD HAWAII'S COMMUNITIES IN CARING AND ADVOCATING FOR THE WOMEN AND CHILDREN OF HAWAI'I AND THE PACIFIC REGION.

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
---	--

IN ADDITION, KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS A LEADER  
 IN COMMUNITY HEALTH CARE EDUCATION AND ADVOCACY. IT STRIVES TO HAVE A  
 POSITIVE INFLUENCE ON PUBLIC POLICY FOR THE BENEFIT OF HAWAII'S WOMEN AND  
 CHILDREN. THE HOSPITAL ACTIVELY SUPPORTS THE SUSAN G. KOMEN BREAST CANCER  
 FOUNDATION, MARCH OF DIMES AND HAWAI'I CHILDREN'S CANCER FOUNDATION. THE  
 KAPI'OLANI CHILDREN'S MIRACLE NETWORK SUPPORTS THE COST OF PEDIATRIC  
 HEALTH CARE, MEDICAL EQUIPMENT, NEIGHBOR ISLAND TRAVEL, RESEARCH AND  
 PUBLIC AWARENESS. THE HOSPITAL ALSO RUNS THE SEX ABUSE TREATMENT CENTER,  
 WHICH AIMS TO REDUCE SEXUAL VIOLENCE AND ENABLE THE STATE'S FORENSIC  
 TEAMS TO INVESTIGATE AND PROSECUTE SEX OFFENSES, AND THE KAPI'OLANI CHILD  
 PROTECTION CENTER, WHICH PROVIDES EXPERTISE IN RECOGNIZING AND TREATING  
 CHILD ABUSE AND NEGLECT.

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN TREATS ALL PATIENTS,  
 REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS ONE OF THE  
 COMMUNITY'S SAFETY NET PROVIDERS OF HEALTH CARE. AN ESTABLISHED CHARITY  
 CARE POLICY SETS GUIDELINES IN WHICH PATIENTS QUALIFY FOR FREE OR  
 DISCOUNTED CARE. IN FISCAL YEAR 2009, THE HOSPITAL PROVIDED ALMOST \$19  
 MILLION WORTH OF CARE TO PATIENTS WHO WERE UNINSURED OR UNABLE TO PAY FOR  
 THEIR CARE, AS WELL AS IN OTHER COMMUNITY BENEFITS.

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

TAX-EXEMPT BONDS

FORM 990, PART IV, LINE 24A

KMCWC IS A MEMBER OF THE HAWAI'I PACIFIC HEALTH OBLIGATED GROUP, WHICH

HAS ISSUED VARIOUS BOND ISSUES AND IS REPORTED ON THE HAWAI'I PACIFIC

HEALTH 990.

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

DOES THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?

FORM 990, PART VI, QUESTION 6

HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER WHO HAS THE RIGHT TO

PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE WITH THE RIGHT TO ELECT THE

MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE

GOVERNING BOARD.

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

DESC OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

FORM 990, PART VI, QUESTION 7A

HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER AND HAS THE POWER TO ELECT

DIRECTORS AND FILL VACANCIES ON THE BOARD OF THE GOVERNING BODY. HAWAI'I

PACIFIC HEALTH, AS MEMEBER, ALSO HAS THE POWER TO ELECT ONE OR MORE EX

OFFICIO VOTING MEMBERS OF THE GOVERNING BODY.

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

REVIEW OF THE 990'S BY THE ORGANIZATION'S GOVERNING BODY

FORM 990, PART VI, QUESTION 10

VARIOUS SCHEDULES OF THE 990'S ARE PREPARED PRIMARILY BY STAFF WITHIN THE

ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF

THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL,

ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED INTERNALLY BASED ON

INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING

OFFICER / EXECUTIVE DIRECTOR OF THE REPORTING ENTITY. THE CHIEF

OPERATING OFFICER / EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS

AND APPROVES THE DISCLOSURE NARRATIVES WHICH DESCRIBES THE

MISSION/PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION.

SENIOR MANAGEMENT OF THE HEALTH CARE SYSTEM REVIEWS THE 990'S OF EACH

FILING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM. ONCE SENIOR

MANAGEMENT HAS COMPLETED ITS REVIEW, THE 990'S 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 (HPH)

BOARD PROVIDES OVERSIGHT FOR THE 990 REPORTING AND REVIEWS THE 990'S FOR

EACH ENTITY PRIOR TO FILING. IN ADDITION, THE 990'S FOR EACH ENTITY IS

MADE AVAILABLE TO THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER

PORTAL FOR REVIEW PRIOR TO THE FILING OF THE 990. COPIES OF THE 990'S

ARE MADE AVAILABLE TO THE BOARD MEMBERS OF EACH SUBSIDIARY UNIT OF HPH

AND IS PHYSICALLY LOCATED AT EACH FACILITY'S SITE FOR THE BOARD MEMBER TO

REVIEW PRIOR TO FILING.

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

THE 990'S WILL BE POSTED TO HPH'S WEB SITE FOR PUBLIC ACCESS AFTER THE  
FILING OF THE RETURNS WITH THE IRS.

Name of the organization KAPI' OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
--	--

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

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:

- RECEIVED A COPY OF THE COI POLICY;

- HAS READ AND UNDERSTANDS THE POLICY;

- AGREES TO COMPLY WITH THE POLICY; AND

- 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.

THE IN-HOUSE LEGAL DEPARTMENT DISTRIBUTES THE STATEMENT REQUEST AND

REVIEWS THE COI STATEMENTS RETURNED. IDENTIFIED CONFLICTS OF INTEREST

ARE PRESENTED TO THE BOARD FOR REVIEW, DELIBERATION AND

CONFIRMATION/REFUTATION THAT A CONFLICT OF INTEREST EXISTS. IF A

CONFLICT OF INTEREST HAS BEEN FOUND, THE INDIVIDUAL MAY ADDRESS THE BOARD

AND EXPLAIN THE TRANSACTION OR ARRANGEMENT CAUSING THE CONFLICT. AFTER

THE PRESENTATION, THE INDIVIDUAL IS EXCUSED FROM THE MEETING AND SHALL

NOT PARTICIPATE WITH ANY DISCUSSION OR VOTE ON MATTERS PERTAINING TO THE

TRANSACTION OR ARRANGEMENT.

IN MEETINGS WHERE APPLICATION OF THE COI POLICY OCCURS, THE MEETING

MINUTES INCLUDE NATURE OF THE FINANCIAL INTEREST/CONFLICT, NAME(S) OF THE

PERSON(S) WITH THE POTENTIAL OR ACTUAL CONFLICT, ANY ACTION TAKEN TO

Name of the organization

Employer identification number

KAPI' OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

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.

Name of the organization KAPI' OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
--	--

PROCESSES FOR DETERMINING COMPENSATION

FORM 990, PART VI, QUESTION 15A & 15B

COMPENSATION FOR HPH EXECUTIVES ( VICE PRESIDENT AND ABOVE) IS SET BY THE INDEPENDENT BOARD MEMBERS WHO ARE MEMBERS OF THE HPH 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 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.

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.

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC  
 FORM 990, PART VI, QUESTION 19  
 THE CONFLICT OF INTEREST POLICY AND STANDARDS OF CONDUCT ARE AVAILABLE ON  
 THE HAWAI'I PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL  
 STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC VIA THE HAWAI'I PACIFIC  
 HEALTH WEBSITE.

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

CONSOLIDATED FINANCIAL STATEMENTS

FORM 990, PART XI, LINE 2B

THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF

HAWAI'I PACIFIC HEALTH.

Name of the organization KAPI' OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
--	--

SCHEDULE J-2 COLUMN B

MEMBERS OF THE BOARD LISTED ON SCHEDULE J-2 ALSO DEVOTE TIME TO RELATED

ORGANIZATIONS AS LISTED BELOW:

	HPH	PIC	KHF	KMS	KMC	KMCPM	KMCWC	SF	SCH	WHF	WMH
ASHTON	40	1				2	2		2		1
BOYD		40									
BRUGGEMANN	1		1	1	3	6	11		15		4
CHAHANOVICH	1					55					
CHAIKO	10			1	4	10	15		10		5
CHING	30	2	1	3	4	1	4	1	3	1	5
CLARK	1									1	60
CLEMENTE					1						1
CULLINEY					1						1
DIAS					1		40		1		1
FOX	4					6	10		10		4
GIBSON		1						1	1		
GLADSTONE	5				1	1	1		50		1
HADDEN	1								50		
HARLACHER					1						1
HAZENFIELD						20					
HEDBERG								1	1		
INOUYE	25		1	2	4	1	5		6		12
JOSEPH											50

Name of the organization <b>KAPI' OLANI MEDICAL CTR WOMEN CHILDREN</b>	Employer identification number <b>99-0177350</b>
---	---

	HPH	PIC	KHF	KMS	KMC	KMCPM	KMCWC	SF	SCH	WHF	WMH
KANESHIRO			1	1							
KIKUCHI											34
KNUDSEN	15										
KURREN	1										
KUSANO	1		1		5	9		20			
LERCH	40		1	1	5	5		5			1
LONG	30		1	1	8	1	1	1			16
MAGELSEN					40						
MASUMOTO											
-NONAKA	20		1	1	8	10		12			9
MATSUMOTO			1			1					
MORTON					6	45					
NAKAMURA	1		30								
NIKAIDO						40					
OKABE	35	1	1	1	1	3	4	1	6	1	3
PIETSCH	1							1			
PRESSLER											
-FISHER	45		1	1	1	1	1	1	2		2
RAETHEL	15		5	5	5	10		10			5
ROBBINS	10		1	10				1	40		1
ROBERTSON	15		1	1	8	12		15			8
ROBINSON		20						6		1	
ROVINSKY				40							

Name of the organization

Employer identification number

KAPI' OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

	HPH	PIC	KHF	KMS	KMC	KMCPM	KMCWC	SF	SCH	WHF	WMH
SARUWATARI	1								1		
SCHULZ	1								1		
SHIGEMITSU									50		
SMITH	1			5			55				
STED	32	1	3	1	6	2	2	1	3	1	8
VARA	5	5			5	10	10	1	15		

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

LEGEND OF ACRONYMS

HPH HAWAI' I PACIFIC HEALTH

KHF KAPI'OLANI HEALTH FOUNDATION

KMS KAPI'OLANI MEDICAL SPECIALISTS

KMC KAUA' I MEDICAL CLINIC

KMCPM KAPI'OLANI MEDICAL CENTER AT PALI MOMI

KMCWC KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN

PIC PROVIDERS INSURANCE CORPORATION

SF STRAUB FOUNDATION

SCH STRAUB CLINIC & HOSPITAL

WHF WILCOX HEALTH FOUNDATION

WMH WILCOX MEMORIAL HOSPITAL





**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
<b>(1)</b>	SEE SCHEDULE R-1		
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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
HAWAII PACIFIC HEALTH 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0246363	HOLDING CO.	HI	501 (C) (3)	11B TYPE II	N/A
KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501 (C) (3)	7	N/A
KAPI'OLANI MEDICAL SPECIALISTS 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501 (C) (3)	9	N/A
KAPI'OLANI MEDICAL CENTER AT PALI Momi 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0274038	HOSPITAL	HI	501 (C) (3)	3	N/A
WILCOX MEMORIAL HOSPITAL 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0074365	HOSPITAL	HI	501 (C) (3)	3	N/A
WILCOX HEALTH FOUNDATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0204242	FUNDRAISING	HI	501 (C) (3)	7	N/A
KAUAI MEDICAL CLINIC 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501 (C) (3)	3	N/A
STRAUB CLINIC & HOSPITAL 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 91-2151670	HOSPITAL	HI	501 (C) (3)	3	N/A
STRAUB FOUNDATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0109350	RESEARCH/EDU	HI	501 (C) (3)	7	N/A
PROVIDERS INSURANCE CORPORATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 71-0893000	NFP INSURANCE	HI	501 (C) (3)	11B TYPE II	N/A
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					





**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) PROVIDERS INSURANCE CORPORATION	Q	3,039,396.
(8) KAPI'OLANI HEALTH FOUNDATION	C	966,583.
(9) KAPI'OLANI MEDICAL SPECIALISTS	R	112,148.
(10) KAPI'OLANI MEDICAL SPECIALISTS	P	5,615,619.
(11) KAPI'OLANI MEDICAL SPECIALISTS	O	146,973.
(12) KAPI'OLANI MEDICAL CENTER AT PALI MOMI	N	1,673,228.
(13) KAPI'OLANI MEDICAL CENTER AT PALI MOMI	P	1,416,274.
(14) KAPI'OLANI MEDICAL CENTER AT PALI MOMI	O	1,670,580.
(15) KAPI'OLANI MEDICAL CENTER AT PALI MOMI	Q	387,543.
(16) STRAUB CLINIC & HOSPITAL	P	679,967.
(17) STRAUB CLINIC & HOSPITAL	R	121,900.
(18) STRAUB CLINIC & HOSPITAL	O	1,458,208.
(19) STRAUB CLINIC & HOSPITAL	Q	405,338.
(20) WILCOX MEMORIAL HOSPITAL	R	178,754.
(21) WILCOX MEMORIAL HOSPITAL	O	359,322.
(22) KAUA'I MEDICAL CLINIC	O	73,727.
(23)		
(24)		

Schedule R-1 (Form 990) 2008

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CLINICAL LABORATORIES OF HAWAI' I, LLP P. O. BOX 1300 HONOLULU, HI 96807	MEDICAL SERVICES	4,839,084.
UNIVERSITY CLINICAL, EDUC & RESEARCH 677 ALA MOANA BLVD, STE 1025 HONOLULU, HI 96813	PHYSICIAN SERVICES	3,677,251.
HAWAI' I RESIDENCY PROGRAMS, INC 1356 LUSITANA ST, 6TH FLR HONOLULU, HI 96813	MEDICAL SERVICES	3,636,472.
EMERGENCY PHYSICIANS MEDICAL GRP 4535 DRESSLER NW, CANTON, OH 44718	PHYSICIAN SERVICES	1,519,474.
HAWAI' I ANESTHESIA GROUP 1575 S BERETANIA ST STE 201-202 HONOLULU, HI 96826	PHYSICIAN SERVICES	1,051,223.
TOTAL COMPENSATION		----- 14,723,504. =====

**A**  Check box if address changed

**B** Exempt under section  
 501(C)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year  
 168,207,446.

Name of organization ( Check box if name changed and see instructions.)  
KAPI'OLANI MEDICAL CENTER WOMEN CHILDREN

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.  
55 MERCHANT STREET, 24TH FLOOR

City or town, state, and ZIP code  
HONOLULU, HI 96813

**F** Group exemption number (See instructions for Block F on page 9.)

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**D** Employer identification number  
 (Employees' trust, see instructions for Block D on page 9.)  
99-0177350

**E** Unrelated business activity codes  
 (See instructions for Block E on page 9.)  
812900

**H** Describe the organization's primary unrelated business activity. **TO PROVIDE OTHER PERSONAL SERVICES**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. **SEE STATEMENT 1**

**J** The books are in care of DONNA MASUDA-KAM Telephone number 808-535-7355

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>2,864.</u>			
b	Less returns and allowances			
c	Balance	1 c	2,864.	
2	Cost of goods sold (Schedule A, line 7)	2	3,030.	
3	Gross profit. Subtract line 2 from line 1c	3	-166.	-166.
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 11 of the instructions; attach schedule.)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	-166.	-166.

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20		
21	Depreciation (attach Form 4562)	21	NONE	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	NONE
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	<b>Total deductions.</b> Add lines 14 through 28	29	NONE	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-166.	
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-166.	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	NONE	
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-166.	

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) NONE (2) NONE (3) NONE

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . . .  
 (2) Additional 3% tax (not more than \$100,000) . . . . .

**c** Income tax on the amount on line 34 . . . . . STMT 2 **35c**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) . . . . . **36**

**37 Proxy tax.** See page 16 of the instructions . . . . . **37**

**38 Alternative minimum tax** . . . . . **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies . . . . . **39** NONE

**Part IV Tax and Payments**

**40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . . **40a**

**b** Other credits (see page 17 of the instructions) . . . . . **40b**

**c** General business credit. Attached Form 3800 . . . . . **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . . **40d**

**e** Total credits. Add lines 40a through 40d . . . . . **40e**

**41** Subtract line 40e from line 39 . . . . . **41**

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8868  Other (attach schedule) . . . . . **42**

**43** Total tax. Add lines 41 and 42 . . . . . **43**

**44 a** Payments: A 2007 overpayment credited to 2008 . . . . . **44a**

**b** 2008 estimated tax payments . . . . . **44b**

**c** Tax deposited with Form 8868 . . . . . **44c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) . . . . . **44d**

**e** Backup withholding (see instructions) . . . . . **44e**

**f** Other credits and payments:  Form 2439  Form 4136  Other . . . . . **44f**

**45** Total payments. Add lines 44a through 44f . . . . . **45**

**46** Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached . . . . .  **46**

**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . . **47** NONE

**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . . **48** NONE

**49** Enter the amount of line 48 you want: Credited to 2009 estimated tax  Refunded  **49** NONE

**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  X

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . .  X  
 If YES, see page 5 of the instructions for other forms the organization may have to file.

**3** Enter the amount of tax-exempt interest received or accrued during the tax year  \$

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

<b>1</b> Inventory at beginning of year . . . . .	<u>1</u>	<u>NONE</u>	<b>6</b> Inventory at end of year . . . . .	<u>6</u>	
<b>2</b> Purchases . . . . .	<u>2</u>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2, . . . . .	<u>7</u>	<u>NONE</u>
<b>3</b> Cost of labor . . . . .	<u>3</u>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .		<u>X</u>
<b>4 a</b> Additional section 263A costs (attach schedule) . . . . .	<u>4a</u>				<u>Yes</u> <u>No</u>
<b>b</b> Other costs (attach schedule) . . . . .	<u>4b</u>				
<b>5</b> Total. Add lines 1 through 4b . . . . .	<u>5</u>	<u>NONE</u>			

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  Signature of officer [Signature] Date 1/17/10 Title Vice President

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**

Preparer's signature [Signature] Date 5/14/10 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP code ERNST & YOUNG U.S. LLP EIN 34-6565596 Preparer's SSN or PTIN P00180332

TWO NORTH CENTRAL AVENUE, STE 2300 Phone no. 602/322-3000

PHOENIX, AZ 85004

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

(see instructions on page 19)

**1** Description of property

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

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total		
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . ▶		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) . . . ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . ▶						

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>						
<b>Totals</b> , Part II (lines 1-5) . . . ▶		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total</b> . Enter here and on page 1, Part II, line 14 . . . . . ▶			

NAME AND FEIN OF PARENT CORPORATION  
=====

HAWAI'I PACIFIC HEALTH  
99-0246363

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

=====

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T .....	-166.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	-166.
3	SUBTRACT LINE 2 FROM LINE 1 .....	
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	
5	SUBTRACT LINE 4 FROM LINE 3 .....	
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	
7	SUBTRACT LINE 6 FROM LINE 5 .....	
8	ENTER 15% OF LINE 2 .....	
9	ENTER 25% OF LINE 4 .....	
10	ENTER 34% OF LINE 6 .....	
11	ENTER 35% OF LINE 7 .....	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE EXCESS OVER \$100,000 OR (B) \$11,750 .....	
13	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 3% OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000 .....	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T .....	

**CONTROLLED GROUP ELECTION STATEMENTS**

ELECTION TO ALLOCATE \$250,000 BUSINESS ASSET EXPENSE

The undersigned corporation, component members of a controlled group of corporation, as defined in Internal Revenue Code §179(d)(7), hereby consent to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2009.

ELECTION TO ALLOCATE \$40,000 ALTERNATIVE MINIMUM TAX EXEMPTION

The undersigned corporation, component members of a controlled group of corporation (within the meaning of Internal Revenue Code §1563(a)), hereby consent under IRC §1.58-1(c)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2009.

ELECTION TO ALLOCATE \$150,000 ALTERNATIVE MINIMUM TAX EXEMPTION

The undersigned corporation, component members of a controlled group of corporation (within the meaning of Internal Revenue Code §1563(a)), hereby consent under IRC §1.58-1(c)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2009.

ELECTION TO ALLOCATE TAXABLE INCOME BRACKETS

The undersigned corporation, component members of a controlled group of corporation (within the meaning of Internal Revenue Code §1563(a)), hereby consent under IRC §1.58-1(c)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2009.

ELECTION TO ALLOCATE ACCUMULATED EARNINGS CREDIT

The undersigned corporation, component members of a controlled group of corporation (within the meaning of Internal Revenue Code §1563(a)), hereby consent under IRC §1.535-3 to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2009.

Company	Employer Number	Apport. of Depr. Business Asset Expense	Apport. of \$40,000 Alt. Min Tax Exemption	Apport. of \$150,000 Alt. Min. Tax Exemption
1	99-0318588	\$250,000	\$40,000	\$150,000
2	99-0177350	None	None	None
3	99-0274038	None	None	None
4	99-0145107	None	None	None
5	99-0265504	None	None	None
6	99-0326099	None	None	None
7	91-2151670	None	None	None

**CONTROLLED GROUP ELECTION STATEMENTS**

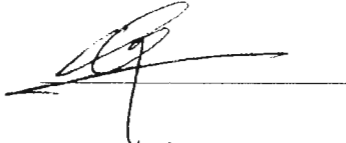
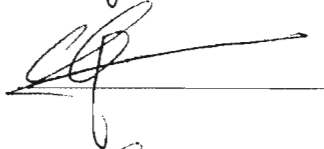

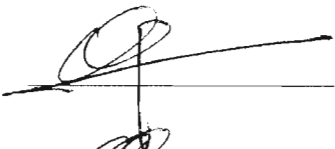

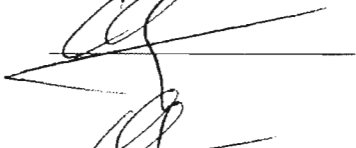
STATEMENT OF TAX BRACKET ALLOCATION

The amounts in each taxable income bracket in the tax table in IRC §11(b) have been allocated to the following corporations pursuant to §1.1563-3(a)

Company	Employer Number	First \$50,000 of Taxable Income	Taxable income over \$50,000 but not over \$75,000	Taxable income over \$75,000 but not over \$100,000	Taxable income over \$100,000 but not over \$335,000	Taxable income over \$335,000 but not over \$10,000,000
1	99-0318588	\$50,000	\$25,000	\$25,000	\$235,000	\$9,665,000
2	99-0177350	None	None	None	None	None
3	99-0274038	None	None	None	None	None
4	99-0145107	None	None	None	None	None
5	99-0265504	None	None	None	None	None
6	99-0326099	None	None	None	None	None
7	91-2151670	None	None	None	None	None

**CONTROLLED GROUP ELECTION STATEMENTS**

IDENTIFICATION AND SIGNATURES:

Company	Employer Number	Name and Address	Taxable Year End	Signature and Title of Officer
1	99-0318588	Hawaii Pacific Health Partners, Inc. & Subsidiaries 55 Merchant Street, 24 <sup>th</sup> Floor Honolulu, HI 96813	06/30/09	
2	99-0177350	Kapiolani Medical Center for Women and Children 55 Merchant Street, 24 <sup>th</sup> Floor Honolulu, HI 96813	06/30/09	
3	99-02474038	Kapiolani Medical Center at Pali Momi 55 Merchant Street, 24 <sup>th</sup> Floor Honolulu, HI 96813	06/30/09	
4	99-0145107	Straub Pharmacy, Inc. 55 Merchant Street, 24 <sup>th</sup> Floor Honolulu, HI 96813	06/30/09	
5	99-0265504	Straub Professional Services, Inc. 55 Merchant Street, 24 <sup>th</sup> Floor Honolulu, HI 96813	02/05/09	
6	99-0326099	Kauai Medical Clinic, Inc. 3-3420 Kuhio Highway, Suite B Lihue, Hawaii 96766	06/30/09	
7	91-2151670	Straub Clinic & Hospital 55 Merchant Street, 24 <sup>th</sup> Floor Honolulu, HI 96813	06/30/09	