

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

STRAUB CLINIC & HOSPITAL

Employer identification number

91-2151670

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>283617775.</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

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.

ERO's Use Only	ERO's signature	<u>Kellie A. Albeed</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 & 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.

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

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

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

Form header section containing organization name (STRAUB CLINIC & HOSPITAL), address (55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813), principal officer (RAY VARA), tax-exempt status (501(c)(3)), website (WWW.STRAUBHEALTH.ORG), and type of organization (Corporation).

Part I Summary

Table with 19 rows detailing financial and operational data. Columns include: Description, Prior Year, Current Year, and Beginning/End of Year. Rows cover mission, governance, revenue (total 283,617,775), expenses (total 282,676,496), and net assets (101,374,180).

Part II Signature Block

Signature block section with declaration text, signature of officer, date (5/15/10), and preparer information (ERNST & YOUNG U.S. LLP, EIN 34-6565596).

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

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:

SEE SCHEDULE O

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 \$ 47,903,203. including grants of \$ _____) (Revenue \$ 45,739,642.)

SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 22,583,309. including grants of \$ _____) (Revenue \$ 27,573,003.)

SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 21,495,935. including grants of \$ _____) (Revenue \$ 20,515,495.)

SEE SCHEDULE O

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

(Expenses \$ 144,117,494. including grants of \$ _____) (Revenue \$ 187,844,464.)

4e Total program service expenses ▶ \$ 236,099,941. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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>		
6	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"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9	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"/>
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11	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"/>	
12	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"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
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"/>
15	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"/>
16	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"/>
17	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"/>
18	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"/>
19	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"/>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	
21	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"/>	
22	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"/>
23	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"/>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
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"/>
26	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"/>
27	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
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	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	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	
c	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	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	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
34	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	
35	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	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-12b regarding IRS filings, employee counts, and tax shelter transactions.

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 columns for question number, description, and Yes/No checkboxes. Questions 1a-11 cover governing body composition, relationships, and documentation.

Section B. Policies

Table with columns for question number, description, and Yes/No checkboxes. Questions 12a-16b cover conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

Table with columns for question number, description, and Yes/No checkboxes. Questions 17-20 cover state disclosure, public availability of forms, and organizational information.

Part VIII Statement of Revenue

91-2151670

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,211,610.				
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	500.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			1,212,110.			
Program Service Revenue	2a NET PATIENT REVENUES	Business Code	900099	171,758,621.	171,758,621.		
	b MEDICARE/MEDICAID REVENUE		900099	104,238,874.	104,238,874.		
	c OTHER HEALTHCARE SERVICES		900099	2,386,348.	2,386,348.		
	d PREMIUM REVENUE		900099	2,027,499.	2,027,499.		
	e RENTAL INCOME		532000	427,147.	427,147.		
	f All other program service revenue		446199	451,051.		451,051.	
	g Total. Add lines 2a-2f ▶			281,289,540.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			165,500.			165,500.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE			
	5 Royalties ▶			NONE			
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses			112,947.			
	c Rental income or (loss)			112,947.			
	d Net rental income or (loss) ▶			112,947.		21,730.	91,217.
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			NONE			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶			NONE			
	9a Gross income from gaming activities. See Part IV, line 19. a						
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			NONE				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory. ▶			NONE				
Miscellaneous Revenue			Business Code				
11a PARKING REVENUE			812930	837,678.	837,678.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				837,678.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶				283,617,775.	281,676,167.	472,781.	256,717.

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 . . .	13,000.	13,000.		
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	1,203,937.	1,203,937.		
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	118,102,734.	113,417,027.	4,685,707.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	3,356,910.	3,144,753.	212,157.	
9 Other employee benefits	8,693,225.	8,277,611.	415,614.	
10 Payroll taxes	7,209,223.	6,864,080.	345,143.	
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	NONE			
c Accounting	863,377.		863,377.	
d Lobbying	2,488.		2,488.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	37,726,686.	27,318,767.	10,407,919.	
12 Advertising and promotion	25,598.	20,532.	5,066.	
13 Office expenses	44,571,768.	44,022,888.	548,880.	
14 Information technology	3,907,687.	277,924.	3,629,763.	
15 Royalties	NONE			
16 Occupancy	6,400,697.	6,214,994.	185,703.	
17 Travel	822,662.	779,005.	43,657.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	26,572.	20,924.	5,648.	
20 Interest	1,930,501.	1,930,501.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	11,235,342.	7,557,952.	3,677,390.	
23 Insurance	4,850,331.	2,913,731.	1,936,600.	
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 CORPORATE ALLOCATION -----	18,988,593.		18,988,593.	
b PROVISION FOR BAD DEBT -----	8,507,017.	8,507,017.		
c UTILITIES -- OTHER -----	3,119,220.	3,119,220.		
d PROGRAM SERVICE EXPENDITURES	3,007.	3,007.		
e ALL OTHER EXPENSES -----	1,115,921.	493,071.	622,850.	
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	282,676,496.	236,099,941.	46,576,555.	
26 Joint Costs. 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-1,580,012.	1	-1,103,364.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	29,785,752.	4	31,950,782.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	3,133,704.	8	3,382,447.
	9 Prepaid expenses and deferred charges	932,574.	9	675,513.
	10a Land, buildings, and equipment: cost basis	10a 142,340,194.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 56,184,757.	90,570,724.	10c 86,155,437.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	12,413,096.	14	11,493,408.
	15 Other assets. See Part IV, line 11	32,280,894.	15	23,751,445.
16 Total assets. Add lines 1 through 15 (must equal line 34)	167,536,732.	16	156,305,668.	
Liabilities	17 Accounts payable and accrued expenses	23,476,770.	17	22,776,130.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	37,442,716.	25	32,155,358.
	26 Total liabilities. Add lines 17 through 25.	60,919,486.	26	54,931,488.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	105,023,455.	27	100,156,014.
	28 Temporarily restricted net assets	555,640.	28	180,015.
	29 Permanently restricted net assets	1,038,151.	29	1,038,151.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	106,617,246.	33	101,374,180.
	34 Total liabilities and net assets/fund balances	167,536,732.	34	156,305,668.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	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?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
---	---

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

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

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

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.
19b 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 STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
---	---

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	2,488.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	2,488.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	498.													
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <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> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	124.													
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount		249.	249.	498.	996.
b Lobbying ceiling amount (150% line 2a, column(e))					1,494.
c Total lobbying expenditures					
d Grassroots non-taxable amount		62.	62.	124.	248.
e Grassroots ceiling amount (150% of line 2d, column (e))					372.
f 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.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities... j Total lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A 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.

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 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.

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 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). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

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.

POLITICAL EXPENDITURES

SCHEDULE F, PART II-A LINE 1

LOBBYING FEES ARE FROM HAWAI'I ASSOCIATION OF HOSPITALS (HAH) DUES

CHARGED ANNUALLY.

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

STRAUB CLINIC & HOSPITAL

91-2151670

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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	15,671,969.				
b Contributions					
c Investment earnings or losses	-1,670,114.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	14,001,855.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment \blacktriangleright 100.0000 %
 - b Permanent endowment \blacktriangleright _____ %
 - c Term endowment \blacktriangleright _____ %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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		8,709,732.		8,709,732.
b Buildings		70,024,873.	16,635,218.	53,389,655.
c Leasehold improvements		8,022,167.	3,396,496.	4,625,671.
d Equipment		53,613,428.	35,418,940.	18,194,488.
e Other		1,969,994.	734,103.	1,235,891.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				86,155,437.

Part XIV Supplemental Information (continued)

USE OF ENDOWMENT FUNDS

PART V, LINE 4

THE ORGANIZATION'S ENDOWMENTS RESIDE IN THE STRAUB FOUNDATION (A RELATED PARTY). SEE STRAUB FOUNDATION'S 990 FOR DESCRIPTION OF USES OF THE ENDOWMENT FUNDS.

FIN 48 FOOTNOTE

PART X

EFFECTIVE JULY 1, 2007, THE COMPANY 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 STATEMENTS 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, THE COMPANY DETERMINED THAT THE PROVISIONS OF FIN 48 DID NOT HAVE A MATERIAL EFFECT ON THE COMPANY'S CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2009 AND 2008.

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

STRAUB CLINIC & HOSPITAL

91-2151670

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

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a		
b If "Yes," is it a written policy?		
2 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		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a 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 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 _____ %		
c 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.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?		
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?		
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c 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?		
6a Does the organization prepare an annual community benefit report?		
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
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k 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		
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 V Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
STRAUB CLINIC & HOSPITAL 888 SOUTH KING STREET HONOLULU HI 96813	X	X		X			X		
ARTESIAN SATELLITE 1907 BERETANIA ST, 5TH FLOOR HONOLULU HI 96826									CLINIC
HILO CLINIC 73 PUUHOU PLACE HILO HI 96720									CLINIC
KONA CLINIC 75-240 NANI KAILUA DRIVE SUITE 157 KAILUA-KONA HI 96740									CLINIC
PEARLRIDGE CLINIC 98-151 PALI MOMI STREET AIEA HI 96701									CLINIC
LANAI CLINIC 628-B SEVENTH STREET LANAI CITY HI 96763									CLINIC
DOCTORS ON CALL -HILTON HAWAIIAN VILLAGE 2005 KALIA ROAD HONOLULU HI 96815									CLINIC
DOCTORS ON CALL -PRINCESS KAIULANI HOTEL 120 KAIULANI AVENUE, LOBBY LEVEL HONOLULU HI 96815									CLINIC
MILILANI CLINIC 95-1249 MEHEULA PKWY SUITE C-2 MILILANI HI 96789									CLINIC
KAILUA CLINIC 602 KAILUA ROAD 2ND FLOOR KAILUA HI 96734									CLINIC
WINDWARD MALL CLINIC 46-056 KAMEHAMEHA HWY SUITE 221 KANEHOE HI 96744									CLINIC
HAWAI'I KAI CLINIC 7192 KALANIANA'OLE HIGHWAY SUITE A200 HONOLULU HI 96825									CLINIC
----- ----- -----									
----- ----- -----									
----- ----- -----									

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.

RESPONSIBILITIES. OTHER DONATIONS ARE SIMILAR TO DISCRETIONARY DONATIONS
 BUT ARE HOSPITAL OR CLINIC FACILITY BASED. THE COMMITTEE APPROVED
 DONATIONS LIST IS FORWARDED TO THE HPH CONTROLLERS DEPARTMENT WHICH
 TRACKS ACTUAL DONATIONS AGAINST APPROVED DONATIONS AND PERIODICALLY
 UPDATES THE COMMITTEE ON DONATION STATUS.

 DURING THE YEAR, DONATION REQUESTS ARE FORWARDED TO THE HPH EXECUTIVE IN
 CHARGE OF PHILANTHROPY. IF THE DONATION REQUEST IS FOR A GENERAL
 DONATION PRE-APPROVED BY THE COMMITTEE, THE DONATION IS PROCESSED. IF
 THE DONATION IS A DISCRETIONARY OR OTHER DONATION WITHIN PRE-APPROVED

**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

STRAUB CLINIC & HOSPITAL

Employer identification number

91-2151670

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
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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				
SEE SCHEDULE J-1	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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, QUESTION 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, QUESTION 4B
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

PAID BY THE ORGANIZATION:

KENN SARUWATARI, M.D. \$13,200
J ROY CHEN, M.D. \$11,100
WESLEY KAI, M.D. \$104,300

PAID BY RELATED ORGANIZATION:

WARREN CHAIKO \$18,712
CHARLES R. CHING \$40,512

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, QUESTION 7

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

NOT BASED ON A PERCENTAGE OF NET EARNINGS.

NON-FIXED PAYMENTS MADE TO PHYSICIANS ARE BASED ON CLINICAL PERFORMANCE

MEASURES.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

STRAUB CLINIC & HOSPITAL

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

Employer identification number

91-2151670

Continuation Sheet for Schedule J (Form 990)

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

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				
(i) THOMAS J. NORDYKE, M. D.	237,192.	13,100.	5,847.	2,300.	11,499.	269,938.	121,358.
(ii) KENNETH B. ROBBINS, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) KENN SARUWATARI, M. D.	376,337.	83,100.	57,043.	138,775.	13,444.	668,699.	240,142.
(ii) ROBERT SCHULZ, M. D.	236,276.	15,100.	3,000.	22,400.	19,693.	296,469.	114,600.
(i) CHARLES A. STED	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) DAVID OKABE	573,852.	28,100.	97.	9,200.	12,780.	624,029.	301,606.
(i) TERRY LONG	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) ARTHUR GLADSTONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) STEVEN ROBERTSON	698,977.	203,227.	192,366.	274,431.	770.	1,369,771.	528,826.
(ii) GAIL LERCH	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) EARL INOUYE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) WARREN CHAIKO	559,000.	130,955.	7,800.	201,705.	13,852.	913,312.	278,900.
(i) PRUDENCE KUSANO	281,213.	66,981.	21,112.	82,372.	11,158.	462,836.	156,921.
(ii) HILTON RAETHEL	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) DAVID OKABE	383,410.	89,902.	22,998.	114,884.	12,527.	623,721.	207,098.
(ii) TERRY LONG	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) ARTHUR GLADSTONE	191,475.	27,702.	NONE	47,654.	5,708.	272,539.	95,550.
(ii) STEVEN ROBERTSON	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) GAIL LERCH	256,594.	42,345.	36,865.	36,925.	18,679.	391,408.	147,259.
(ii) EARL INOUYE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) WARREN CHAIKO	271,581.	64,488.	NONE	79,020.	25,383.	440,472.	132,500.
(ii) PRUDENCE KUSANO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) HILTON RAETHEL	288,188.	70,803.	53,294.	113,100.	11,940.	537,325.	195,894.
(ii) DAVID OKABE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) TERRY LONG	211,985.	29,339.	21,836.	55,497.	748.	319,405.	105,690.
(ii) ARTHUR GLADSTONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) STEVEN ROBERTSON	191,997.	27,688.	21,609.	29,637.	14,622.	285,553.	115,709.
(ii) GAIL LERCH	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) EARL INOUYE	150,472.	NONE	NONE	7,218.	7,482.	165,172.	64,766.
(ii) WARREN CHAIKO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) PRUDENCE KUSANO	188,279.	25,708.	1,380.	35,957.	659.	251,983.	93,190.
(ii) HILTON RAETHEL	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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

Continuation Sheet for Schedule J (Form 990)

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

Open to Public Inspection

Name of the organization

STRAUB CLINIC & HOSPITAL

Employer identification number

91-2151670

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

(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) SUSAN MASUMOTO-NONAKA	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) SUSAN MASUMOTO-NONAKA	180,035.	24,697.	NONE	25,300.	22,475.	252,507.	90,825.
(i) VIRGINIA PRESSLER-FISHER,	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) VIRGINIA PRESSLER-FISHER,	299,871.	69,357.	9,478.	78,063.	25,156.	481,925.	157,108.
(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) KATIE SHIGEMITSU	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) KATIE SHIGEMITSU	162,348.	20,794.	NONE	26,839.	13,685.	223,666.	80,000.
(i) KIM HADDEN	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) KIM HADDEN	199,619.	25,832.	NONE	23,799.	8,272.	257,522.	95,000.
(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) HINGSON CHUN, M. D.	698,885.	44,100.	105,579.	2,300.	8,070.	858,934.	381,178.
(ii) HINGSON CHUN, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) MARK GERBER, M. D.	610,651.	6,100.	79,463.	9,200.	4,632.	710,046.	361,669.
(ii) MARK GERBER, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) J ROY CHEN, M. D.	538,228.	48,100.	26,149.	20,300.	13,021.	645,798.	285,447.
(ii) J ROY CHEN, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) WESLEY KAI, M. D.	578,695.	3,100.	29,313.	113,500.	11,123.	735,731.	332,749.
(ii) WESLEY KAI, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) BRIAN SINCLAIR, M. D.	497,496.	3,100.	68,853.	9,200.	11,153.	589,802.	NONE
(ii) BRIAN SINCLAIR, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____

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

**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 STRAUB CLINIC & HOSPITAL	Employer Identification number 91-2151670
---	---

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			
MICHAEL GIBSON, ESQ. BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
B. JEANNIE HEDBERG, CPA CHAIR, BOARD OF DIRECTOR	1.	X		X			NONE	NONE	NONE	
FAYE WATANABE KURREN BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
THOMAS J. NORDYKE, M.D. VICE CHAIR, BOARD OF DIRECTOR	1.	X		X			256,139.	NONE	13,799.	
KENNETH B. ROBBINS, M.D. EVP & CMO, BOARD OF DIRECTOR	40.	X		X			NONE	516,480.	152,219.	
KENN SARUWATARI, M.D. BOARD OF DIRECTOR	1.	X					254,376.	NONE	42,093.	
ROBERT SCHULZ, M.D. BOARD OF DIRECTOR	1.	X					602,049.	NONE	21,980.	
CHARLES A. STED BOARD OF DIRECTOR	3.	X					NONE	1,094,570.	275,201.	
RAYMOND P. VARA JR. EVP & CEO, BOARD OF DIRECTOR	15.	X		X			NONE	697,755.	215,557.	
CHARLES R. CHING EVP, GEN. COUNSEL & SECRETARY	3.			X			NONE	369,306.	93,530.	
DAVID OKABE EVP, CFO & TREASURER	6.			X			NONE	496,310.	127,411.	
TERRY LONG VP	1.			X			NONE	219,177.	53,362.	
ARTHUR GLADSTONE VP & COO	50.			X			NONE	335,804.	55,604.	
STEVEN ROBERTSON EVP & CIO	15.			X			NONE	336,069.	104,403.	
GAIL LERCH EVP	5.			X			NONE	412,285.	125,040.	
EARL INOUYE VP & SYSTEM CONTROLLER	6.			X			NONE	263,160.	56,245.	
WARREN CHAIKO VP	10.			X			NONE	241,294.	44,259.	
PRUDENCE KUSANO COMPLIANCE OFFICER	20.			X			NONE	150,472.	14,700.	
HILTON RAETHEL VP	10.			X			NONE	215,367.	36,616.	
SUSAN MASUMOTO-NONAKA VP	12.			X			NONE	204,732.	47,775.	
VIRGINIA PRESSLER-FISHER, M.D. EVP	2.			X			NONE	378,706.	103,219.	

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

Schedule J-2 (Form 990) 2008

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**

Name of the organization STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
---	---

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
Total ▶ \$ _____										

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
FAYE WATANABE KURREN	SCH BD DIR + FHB DIR.	106,868.	TRANSACTIONS OF SCH AND FHB		X
ART GLADSTONE	SCH VP/COO + PR BD DIR.	309,974.	PURCHASE MEDICAL SUPPLIES		X
CHARLES A. STED	SCH BD DIR + UL DIRECTOR	772,606.	LAUNDRY SERVICE PAYMENTS		X
STEVE ROBERTSON	SCH EVP/CIO + PMC BD DIR	126,777.	COLLECTION FEES PAID		X

Name of the organization

Employer identification number

STRAUB CLINIC & HOSPITAL

91-2151670

ORGANIZATION'S MISSION STATEMENT

FORM 990, PART I, LINE 1, AND PART III, LINE 1

STRAUB CLINIC & HOSPITAL IS A NONPROFIT HEALTH CARE SYSTEM WHOSE MISSION

IS TO PROVIDE INTEGRATED HEALTH AND MEDICAL SERVICES THAT ARE

COMPREHENSIVE, CARING, CONTINUOUSLY IMPROVING AND OF THE HIGHEST

QUALITY.

Name of the organization

Employer identification number

STRAUB CLINIC & HOSPITAL

91-2151670

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A

INTERNAL MEDICINE. STRAUB'S BOARD-CERTIFIED INTERNISTS SPECIALIZE IN

ADULTS AND ADOLESCENTS. THEY COORDINATE WITH OTHER MEDICAL AND SURGICAL

SPECIALISTS, AS NEEDED, WHILE EMPHASIZING PREVENTION, EARLY DIAGNOSIS AND

NON-SURGICAL TREATMENT OF MEDICAL CONDITIONS THROUGH A LONG-TERM PERSONAL

RELATIONSHIP WITH PATIENTS.

Name of the organization

Employer identification number

STRAUB CLINIC & HOSPITAL

91-2151670

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4B

CARDIOLOGY. THE HEART CENTER PROVIDES COMPREHENSIVE CARDIAC CARE,

EDUCATION AND REHABILITATION. SERVICES INCLUDE NON- AND

MINIMALLY-INVASIVE DIAGNOSTIC EVALUATION USING ANGIOGRAMS,

ECHOCARDIOGRAMS, HOLTER MONITORING, EXERCISE TOLERANCE TESTING, THALLIUM

STRESS TESTING AND ELECTROPHYSIOLOGY TESTING. STRAUB WAS THE FIRST TO

BRING MINIMALLY INVASIVE OPEN-HEART SURGERY AND THE CLOT-DISSOLVING DRUG

"TPA" TO HAWAI'I. IT HAS RECEIVED THE HIGHEST DESIGNATION FROM THE

SOCIETY FOR THORACIC SURGEONS.

Name of the organization

Employer identification number

STRAUB CLINIC & HOSPITAL

91-2151670

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4C

ORTHOPEDIC SURGERY. THE BONE & JOINT CENTER AT STRAUB IS HAWAII'S FIRST

MULTI-DISCIPLINARY CENTER TO PROVIDE COMPREHENSIVE ORTHOPEDIC, SPORTS

MEDICINE AND RHEUMATOLOGY SERVICES. ITS COLLABORATIVE TEAM OF ORTHOPEDIC

SURGEONS, SPORTS MEDICINE PHYSICIANS, PHYSIATRISTS, RHEUMATOLOGISTS,

REHAB THERAPISTS AND ATHLETIC TRAINERS MAKE THE CENTER UNIQUE. STRAUB WAS

THE FIRST TO BRING MINIMALLY INVASIVE TOTAL JOINT REPLACEMENT TO THE

STATE. THE CENTER ALSO PARTICIPATES WITH LOCAL SCHOOLS TO PROVIDE

PHYSICIAN SERVICES DURING ATHLETIC EVENTS.

Name of the organization STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
--	--

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES. STRAUB CLINIC & HOSPITAL WAS FOUNDED IN 1921 AND HAS BEEN MEETING THE HEALTH CARE NEEDS OF HAWAI'I FOR MORE THAN 80 YEARS.

AN AFFILIATE OF HAWAI'I PACIFIC HEALTH, THE STATE'S LARGEST HEALTH CARE PROVIDER, STRAUB IS A FULLY INTEGRATED HEALTH CARE SYSTEM WITH NEIGHBORHOOD CLINICS AND VISITING SPECIALIST PROGRAMS THROUGHOUT HAWAI'I.

IT HAS CONSISTENTLY BROUGHT NEW TECHNOLOGIES AND INNOVATIVE MEDICAL PRACTICES TO HAWAI'I, SUCH AS MINIMALLY INVASIVE OPEN-HEART SURGERY AND TOTAL JOINT REPLACEMENT, WHICH SUBSEQUENTLY HAVE BEEN ADOPTED BY OTHER HEALTH CARE PROVIDERS. IT HAS 159 BEDS AND EMPLOYS 1,341 STAFF AND NEARLY 200 EMPLOYED OR CONTRACTED PHYSICIANS. IN ADDITION, MORE THAN 100 PEOPLE VOLUNTEER THERE EVERY YEAR. DURING FISCAL 2009, STRAUB CLINIC & HOSPITAL ADMITTED 6,622 PATIENTS FOR A TOTAL OF 36,411 PATIENT DAYS. THE EMERGENCY ROOM TREATED 22,448 PATIENTS. THERE WERE 2,413 INPATIENT SURGERY CASES, 2,790 OUTPATIENT SURGERY CASES, AND 726,788 CLINIC ENCOUNTERS.

STRAUB CLINIC & HOSPITAL HOUSES AN ARRAY OF PHYSICIAN SPECIALISTS UNDER ONE ROOF, ALLOWING PATIENTS WITH COMPLEX MEDICAL PROBLEMS TO QUICKLY RECEIVE FOCUSED CARE. IT PROVIDES EXPERT DIAGNOSIS AND TREATMENT IN MORE THAN 32 DIFFERENT SPECIALTIES, INCLUDING BONE AND JOINT, HEART, CANCER, ENDOCRINOLOGY/DIABETES, FAMILY MEDICINE, GASTROENTEROLOGY, GERIATRICS, INTERNAL MEDICINE, VASCULAR, UROLOGY, ALLERGY, ANESTHESIOLOGY, DERMATOLOGY, EMERGENCY, HOSPITALISTS, PATHOLOGY, NEUROLOGY, NUCLEAR MEDICINE, OBSTETRICS/GYNECOLOGY, OCCUPATIONAL HEALTH, OPHTHALMOLOGY, OTOLARYNGOLOGY, PLASTIC SURGERY, PSYCHIATRY AND PSYCHOLOGY, RADIOLOGY, SPORTS MEDICINE AND RHEUMATOLOGY.

Name of the organization STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
--	--

STRAUB CLINIC & HOSPITAL OPERATES SEVERAL HIGHLY REGARDED SPECIALTY CARE UNITS. THE BURN UNIT IS THE ONLY MULTI-DISCIPLINARY BURN TREATMENT CENTER IN THE STATE. THE HEART CENTER PROVIDES COMPREHENSIVE CARDIAC SERVICES, FROM EDUCATION TO DIAGNOSIS AND TREATMENT TO REHABILITATION. IT HAS RECEIVED A THREE-STAR RATING, THE HIGHEST DESIGNATION, FROM THE NATIONAL SOCIETY FOR THORACIC SURGEONS. THE BONE AND JOINT CENTER OFFERS MINIMALLY INVASIVE HIP AND JOINT REPLACEMENT.

STRAUB CLINIC & HOSPITAL PROVIDES CHARITY CARE, HEALTH EDUCATION AND PREVENTATIVE PROGRAMS TO THE COMMUNITY. IN FISCAL 2009, ITS MEDICAL SPECIALISTS DELIVERED FREE PUBLIC HEALTH EDUCATION PROGRAMS THAT HELPED THOUSANDS OF INDIVIDUALS LEARN THE LATEST STRATEGIES FOR PREVENTING OR MANAGING HEART ATTACKS, CANCER, ARTHRITIS, ASTHMA, ALLERGIES, STRESS, OSTEOPOROSIS, OBESITY AND DRUG ABUSE. THEY INCLUDED KIDS FEST, LIVING HEALTHY IN PARADISE, WOMEN'S WAY TO HEALTH, CANCER CARE: CURRENT ISSUES, BREATHE WITH EASE, VALENTINE IN PARADISE AND GETTING A GRIP ON ARTHRITIS. THE ANNUAL STRAUB/KAPI'OLANI WOMEN'S 10K RUN, ONE OF THE HOSPITAL'S MORE VISIBLE EVENTS IN THE COMMUNITY, CELEBRATED ITS 32ND CONSECUTIVE YEAR.

STRAUB CLINIC & HOSPITAL TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS ONE OF THE COMMUNITY'S SAFETY NET PROVIDERS OF HEALTH CARE. IT HAS AN ESTABLISHED CHARITY CARE POLICY THAT SETS GUIDELINES ON WHICH PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. IN FISCAL 2009, STRAUB CLINIC & HOSPITAL PROVIDED MORE THAN \$6.1 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

STRAUB CLINIC & HOSPITAL

91-2151670

TAX EXEMPT BONDS

FORM 990, PART IV, LINE 24A

STRAUB CLINIC & HOSPITAL 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

STRAUB CLINIC & HOSPITAL

Employer identification number

91-2151670

MEMBERS OR STOCKHOLDERS OF THE ORGANIZATION

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

STRAUB CLINIC & HOSPITAL

Employer identification number

91-2151670

ELECTION OF MEMBERS OF THE GOVERNING BODY

FORM 990, PART VI, QUESTION 7A

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

THE ELECTION OF MEMBERS OF THE GOVERNING BODY. HAWAI' I PACIFIC HEALTH,

AS MEMBER, ALSO HAS THE POWER TO ELECT ONE OR MORE EX OFFICIO VOTING

MEMBERS OF THE GOVERNING BODY.

Name of the organization STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
--	--

DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS
 FORM 990, PART VI, QUESTION 7B
 SUBJECT TO ALL REQUIREMENTS, INCLUDING SUPER-MAJORITY VOTING
 REQUIREMENTS, SET FORTH IN THE BYLAWS OR THE MEMBER'S BYLAWS, THE MEMBER,
 ACTING THROUGH THE MEMBER BOARD, SHALL HAVE THE EXCLUSIVE POWER TO TAKE
 AND DIRECT THE FOLLOWING ACTIONS OF THE CORPORATION: (1) NOMINATE
 CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: THE TREASURER,
 SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE
 VICE PRESIDENTS OTHER THAN THE EXECUTIVE VICE-PRESIDENT/CHIEF EXECUTIVE
 OFFICER (THE "EVP/CEO") AND THE; EXECUTIVE VICE-PRESIDENT/CHIEF MEDICAL
 OFFICER (THE "EVP/CMO") OF THE CORPORATION, SENIOR VICE-PRESIDENTS,
 ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE CLINIC AND
 HOSPITAL UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THESE BYLAWS;
 (2) REMOVE ANY DIRECTOR FROM THE BOARD; PROVIDED, HOWEVER, THAT THE BOARD
 MAY REMOVE ANY DIRECTOR FROM THE BOARD IF APPROVED BY THE MEMBER BOARD;
 (3) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR
 COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES
 MATRIX ADOPTED BY THE MEMBER BOARD; (4) AMEND THE BYLAWS; (5) THE
 CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH
 ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLARS (\$1,000,000)
 OR MORE; (6) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000);
 (7) ACQUIRE SHARES IN ANOTHER CORPORATION; (8) SELECT BANKS, TRUST
 COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL
 BE DEPOSITED; (9) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY
 SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;
 (10) DETERMINE AND EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE
 CORPORATION AND ANY AFFILIATE; (11) DEVELOP AND IMPLEMENT THE GENERAL

Name of the organization STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
--	--

POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION
 AND BENEFIT PLANS; (12) FORM A NEW CORPORATION, LIMITED LIABILITY
 COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE
 CORPORATION; (13) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP
 (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE
 CORPORATION AND ANY PERSON OR ENTITY; (14) CLOSE THE ACUTE CARE HOSPITAL
 OR CLINIC FACILITIES OWNED AND OPERATED BY THE CORPORATION; (15) RELOCATE
 THE ACUTE CARE HOSPITAL OR CLINIC FACILITIES OWNED AND OPERATED BY THE
 CORPORATION; (16) CONVERT THE ACUTE CARE HOSPITAL OWNED AND OPERATED BY
 THE CORPORATION INTO A NON-ACUTE CARE FACILITY; (17) AFTER CONSULTING
 WITH THE BOARD, REMOVE THE TREASURER, SECRETARY, EXECUTIVE
 VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE-PRESIDENTS OTHER
 THAN THE EVP/CEO AND THE EVP/CMO, SENIOR VICE-PRESIDENTS, ASSISTANT
 SECRETARIES, AND/OR ALL VICE-PRESIDENTS EXCEPT THE CLINIC AND HOSPITAL
 UNIT VICE-PRESIDENTS; AND (18) DEVELOP AND PROMULGATE THE CORPORATE GOALS
 AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION.

THE FOLLOWING ACTIONS REQUIRE APPROVAL FROM THE MEMBER BOARD: (1) ADD ANY
 DIRECTOR TO THE BOARD; (2) AMEND THE ARTICLES OF INCORPORATION; (3) SELL,
 LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE AMOUNT
 OF PROPERTY OR ASSETS HELD BY THE ORGANIZATION, AS REPORTED UNDER
 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, TO ANY ENTITY THAT IS NOT AN
 AFFILIATE, EXCEPT THAT IF THE GFS HEALTH PHYSICIAN ADVISORY GROUP (THE
 "PAG") ELECTS TO INITIATE A SEPARATION ACTION PURSUANT TO ARTICLE XIII OF
 THE AFFILIATION AGREEMENT BY AND AMONG THE MEMBER, THE ORGANIZATION, AND
 STRAUB CLINIC AND HOSPITAL, INC., DATED AS OF DECEMBER 23, 2001, THE
 ORGANIZATION SHALL BE ALLOWED, BY A MAJORITY VOTE OF A QUORUM OF THE

Name of the organization STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
--	--

BOARD, TO SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE AMOUNT OF THE PROPERTY OR ASSETS HELD BY THE ORGANIZATION, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, AND SHALL NOT BE REQUIRED TO RECEIVE DIRECTION OR APPROVAL TO DO SO FROM THE MEMBER; (4) IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS; (5) IMPLEMENT INDIVIDUAL PHYSICIAN COMPENSATION ARRANGEMENTS FOR EACH PHYSICIAN OPERATING UNIT IN THE ORGANIZATION; (6) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE ORGANIZATION WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE ORGANIZATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE; (7) ISSUE THE ORGANIZATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER; (8) MERGE THE ORGANIZATION WITH ANY ENTITY; (9) DISSOLVE THE ORGANIZATION; AND (10) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.

Name of the organization STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
--	--

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

STRAUB CLINIC & HOSPITAL

91-2151670

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 STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
--	--

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 ASSIST IN THE DETERMINATION OF WHETHER A CONFLICT EXISTED, INCLUDING ANY

Name of the organization

Employer identification number

STRAUB CLINIC & HOSPITAL

91-2151670

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 STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
--	--

REVIEW AND APPROVAL OF 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 IN 15A.

Name of the organization

Employer identification number

STRAUB CLINIC & HOSPITAL

91-2151670

WRITTEN POLICY OR PROCEDURE FOR JOINT VENTURES

FORM 990, PART VI, QUESTION 16B

THE COMPANY DID NOT HAVE A JOINT VENTURE POLICY AS OF TAX YEAR END JUNE

30, 2009. THE COMPANY'S JOINT VENTURE POLICY WAS CREATED AND EXECUTED IN

FISCAL YEAR 2010.

Name of the organization

Employer identification number

STRAUB CLINIC & HOSPITAL

91-2151670

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

STRAUB CLINIC & HOSPITAL

91-2151670

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

Employer identification number

STRAUB CLINIC & HOSPITAL

91-2151670

SCHEDULE J 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 STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
--	--

	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

STRAUB CLINIC & HOSPITAL

91-2151670

	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 STRAUB CLINIC & HOSPITAL	Employer identification number 91-2151670
--	--

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?

Table with columns: Transaction description (1a-1r), Yes, No. Rows include Receipt of interest, Gift, grant, or capital contribution, Loans or loan guarantees, Sale of assets, Purchase of assets, Exchange of assets, Lease of facilities, equipment, or other assets, Lease of facilities, equipment, or other assets from other organization(s), Performance of services or membership or fundraising solicitations for other organization(s), Performance of services or membership or fundraising solicitations by other organization(s), Sharing of facilities, equipment, mailing lists, or other assets, Sharing of paid employees, Reimbursement paid to other organization for expenses, Reimbursement paid by other organization for expenses, Other transfer of cash or property to other organization(s), Other transfer of cash or property from other organization(s).

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

Table with columns: (A) Name of other organization(s), (B) Transaction type (a-r), (C) Amount involved. Rows (1) through (6) are currently empty.

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 MEDICAL CTR WOMEN & CHILDREN 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0177350	HOSPITAL	HI	501 (C) (3)	3	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 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)	KAPI' OLANI MEDICAL CTR FOR WOMEN & CHILDREN	P	1,458,208.
(8)	KAPI' OLANI MEDICAL CTR FOR WOMEN & CHILDREN	R	405,338.
(9)	KAPI' OLANI MEDICAL CTR FOR WOMEN & CHILDREN	O	679,967.
(10)	KAPI' OLANI MEDICAL CTR FOR WOMEN & CHILDREN	Q	121,900.
(11)	PROVIDERS INSURANCE CORPORATION	Q	2,949,581.
(12)	KAPI' OLANI HEALTH FOUNDATION	B	53,401.
(13)	KAPI' OLANI MEDICAL CENTER AT PALI MOMI	R	57,359.
(14)	KAPI' OLANI MEDICAL CENTER AT PALI MOMI	O	674,171.
(15)	KAPI' OLANI MEDICAL CENTER AT PALI MOMI	Q	373,310.
(16)	KAPI' OLANI MEDICAL SPECIALISTS	Q	269,308.
(17)	STRAUB FOUNDATION	B	240,571.
(18)	WILCOX MEMORIAL HOSPITAL	O	99,587.
(19)	KAUA' I MEDICAL CLINIC	O	171,445.
(20)	KAUA' I MEDICAL CLINIC	Q	62,304.
(21)			
(22)			
(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 HAWAII, LLP PO BOX 1300 HONOLULU, HI 96807	LAB SERVICES	7,697,917.
SODEXHO, INC & AFFILIATES 888 S KING STREET HONOLULU, HI 96813	FOOD PREP & CATERING	5,887,667.
CONSTRUCTORS HAWAII INC 740 KOHOU STREET HONOLULU, HI 96817	CONSTRUCTION SVCS.	2,214,365.
HEARTLAND INFORMATION SERVICES PO BOX L2567 TOLEDO, OH 43260	TRANSCRIPTION SVCS.	1,395,258.
UNITED LAUNDRY PAYMENTS 2291 ALAHAO PLACE HONOLULU, HI 96819	LAUNDRY SERVICES	797,320.
TOTAL COMPENSATION		----- 17,992,527. =====

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2008

Open to Public Inspection
for 501(c)(3) Organizations Only

For calendar year 2008 or other tax year beginning 07/01, 2008, and ending 06/30, 2009. See separate instructions.

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)
STRAUB CLINIC & HOSPITAL
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

D Employer identification number
(Employees' trust, see instructions for Block D on page 9.)
91-2151670

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

Print or Type

E Unrelated business activity codes
(See instructions for Block E on page 9.)
446110 446130

C Book value of all assets at end of year
156,305,668.

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

H Describe the organization's primary unrelated business activity. OPTICAL GOODS STORE, NON-PATIENT PHARMACY

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 DEBRA TUQUERO Telephone number 808-535-7284

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>472,781.</u>			
b Less returns and allowances		1 c <u>472,781.</u>		
2 Cost of goods sold (Schedule A, line 7)		2 <u>224,953.</u>		
3 Gross profit. Subtract line 2 from line 1 c		3 <u>247,828.</u>		<u>247,828.</u>
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 Total. Combine lines 3 through 12		13 <u>247,828.</u>		<u>247,828.</u>

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	<u>146,217.</u>
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	<u>1,831.</u>
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	<u>12,638.</u>
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	
	22 b	<u>12,638.</u>
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	<u>21,782.</u>
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) <u>SEE STATEMENT 2</u>	28	<u>83,513.</u>
29 Total deductions. Add lines 14 through 28	29	<u>265,981.</u>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<u>-18,153.</u>
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	<u>-18,153.</u>
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	<u>NONE</u>
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	<u>-18,153.</u>

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 [X] 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 3 35c NONE 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

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a 40b Other credits (see page 17 of the instructions) 40b 40c General business credit. Attached Form 3800 40c 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d 40e Total credits. Add lines 40a through 40d 40e 41 Subtract line 40e from line 39 41 NONE 42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) 42 43 Total tax. Add lines 41 and 42 43 NONE 44a Payments: A 2007 overpayment credited to 2008 44a 44b 2008 estimated tax payments 44b 44c Tax deposited with Form 8868 44c 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44d 44e Backup withholding (see instructions) 44e 44f Other credits and payments: [] Form 4136 [] Form 2439 [] Other Total 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 [] Yes [X] No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. [] Yes [X] No 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ [] Yes [] No

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

1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4a Additional section 263A costs (attach schedule) 4a 4b Other costs (attach schedule) 4b 5 Total. Add lines 1 through 4b 5 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2, 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? [] Yes [X] No

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

Sign Here

Signature of officer [Signature] Date 5/14/10 Title VICE PRESIDENT

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

Paid Preparer's Use Only

Preparer's signature [Signature] Date 5/14/10 Check if self-employed [] Preparer's SSN or PTIN P00180332 Firm's name (or yours if self-employed), address, and ZIP code ERNST & YOUNG U.S. LLP TWO NORTH CENTRAL AVENUE, STE 2300 PHOENIX, AZ 85004 EIN 34-6565596 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

Table with 4 rows for property description (1-4).

Table for Schedule C with columns for Rent received or accrued (a, b), Deductions (3a), and Total income (c).

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

Table for Schedule E with columns for Description of debt-financed property, Gross income, Deductions (a, b), and Allocated deductions.

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

Table for Schedule F - Exempt Controlled Organizations with columns for Name of organization, Employer ID, Net unrelated income, Total of specified payments, Part of column 4, and Deductions.

Table for Schedule F - Nonexempt Controlled Organizations with columns for Taxable Income, Net unrelated income, Total of specified payments, Part of column 9, and Deductions.

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

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Includes a Totals row at the bottom.

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

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income, 5 Gross income from activity, 6 Expenses attributable, 7 Excess exempt expenses. Includes a Totals row at the bottom.

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

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes a Totals row at the bottom.

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.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes a Totals row at the bottom.

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

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Includes a Total row at the bottom.

NAME AND FEIN OF PARENT CORPORATION
=====

HAWAI'I PACIFIC HEALTH
99-0246363

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

=====

PURCHASED SERVICES	861.
OTHER MISCELLANEOUS EXPENSE	838.
CORPORATE OVERHEAD ALLOCATION	81,814.

PART II - LINE 28 - OTHER DEDUCTIONS	83,513.
--------------------------------------	---------

=====

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T	-18,153.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	-18,153.
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

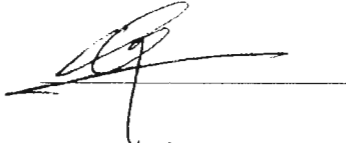
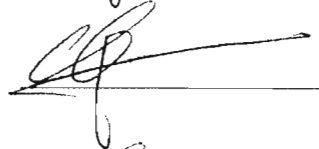
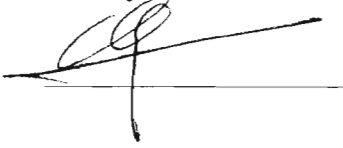
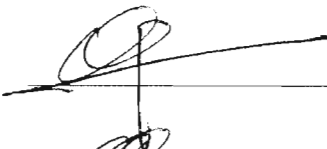


STATEMENT OF TAX BRACKET ALLOCATION

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 th Floor Honolulu, HI 96813	06/30/09	
2	99-0177350	Kapiolani Medical Center for Women and Children 55 Merchant Street, 24 th Floor Honolulu, HI 96813	06/30/09	
3	99-02474038	Kapiolani Medical Center at Pali Momi 55 Merchant Street, 24 th Floor Honolulu, HI 96813	06/30/09	
4	99-0145107	Straub Pharmacy, Inc. 55 Merchant Street, 24 th Floor Honolulu, HI 96813	06/30/09	
5	99-0265504	Straub Professional Services, Inc. 55 Merchant Street, 24 th 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 th Floor Honolulu, HI 96813	06/30/09	