

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning 07/01, 2008, and ending 06/30, 2009
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2008

Department of the Treasury Internal Revenue Service

See instructions on back.

Name of exempt organization

Employer identification number

KAPI OLANI MEDICAL CTR AT PALI MOMI

99-0274038

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.

Table with 5 rows (1a-5a) and 2 columns (Form type, Amount). 1a: Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 138947832.

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 Title VP/SYSTEM CONTROLLER

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 Date 5/13/10 Check if also paid preparer [X] Check if self-employed [] ERO's SSN or PTIN EIN 34-6565596 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 Phone no. 808-531-2037

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

Paid Preparer's Use Only Preparer's signature Date Check if self-employed [] Preparer's SSN or PTIN Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KAPI'OLANI MEDICAL CTR AT PALI MOMI		D Employer identification number 99-0274038
		Doing Business As		E Telephone number (808) 486-6000
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 MERCHANT STREET, 24TH FLOOR		G Gross receipts \$ 145,343,778.
		City or town, state or country, and ZIP + 4 HONOLULU, HI 96813		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: RAYMOND P. VARA, JR. SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.KAPIOLANI.ORG/PALI-MOMI		H(c) Group exemption number ▶		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1989		M State of legal domicile: HI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: KAPI'OLANI MEDICAL CENTER AT PALI MOMI IS A NONPROFIT HOSPITAL BASED IN WEST O'AHU AND DEDICATED TO THE HEALTH AND WELL-BEING OF ALL HAWAI'I RESIDENTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of employees (Part V, line 2a)	5	1,001
	6 Total number of volunteers (estimate if necessary)	6	81
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	907,010.	935,384.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,598,311.	137,657,182.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,954,645.	-315,283.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	641,809.	670,549.
	12	136,101,775.	138,947,832.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	500.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	52,922,694.	56,901,946.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses, Part IX, column (D), line 25		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	67,449,520.	69,145,569.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	120,372,214.	126,048,015.	
19 Revenue less expenses. Subtract line 18 from line 12	15,729,561.	12,899,817.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	118,736,570.	117,354,130.
	22 Net assets or fund balances. Subtract line 21 from line 20.	31,080,270.	33,138,743.
22	87,656,300.	84,215,387.	

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature ▶ <i>Kevin H. [Signature]</i>	Date ▶ 3/14/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG U. S. LLP TWO NORTH CENTRAL AVENUE, STE 2300 PHOENIX, AZ 85004	EIN ▶ 34-656596	Phone no. ▶ 808-531-2037	

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

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

KAPI'OLANI MEDICAL CENTER AT PALI MOMI IS A NONPROFIT HOSPITAL BASED
IN WEST O'AHU AND DEDICATED TO THE HEALTH AND WELL-BEING OF ALL
HAWAI' I RESIDENTS.

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 \$ 15,860,594. including grants of \$) (Revenue \$ 16,402,504.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 13,480,322. including grants of \$) (Revenue \$ 19,270,061.)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 12,782,709. including grants of \$) (Revenue \$ 13,785,412.)
SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 64,435,263. including grants of \$ 500.) (Revenue \$ 88,786,681.)

4e Total program service expenses ▶ \$ 106,558,888. (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 VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-11. Includes questions about voting members, family relationships, management control, organizational changes, asset diversions, members, and documentation.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows 12a-16b. Includes questions about conflict of interest policy, whistleblower policy, document retention, compensation process, and joint venture arrangements.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows 17-20. Includes questions about filing states, public inspection of forms, availability of governing documents, and contact information.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	907,416.				
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	27,968.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			935,384.			
Program Service Revenue	Business Code						
	2a NET PATIENT REVENUE		900099	136,988,288.	136,988,288.		
	b RENTAL INCOME		532000	668,894.	668,894.		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			137,657,182.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			1,172,944.			1,172,944.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE			
	5 Royalties ▶			NONE			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶				NONE		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			4,840,411.			
	b Less: cost or other basis and sales expenses			6,293,536.	35,102.		
	c Gain or (loss)			-1,453,125.	-35,102.		
	d Net gain or (loss) ▶				-1,488,227.		-1,488,227.
	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			116,049.				
b Less: cost of goods sold b			67,308.				
c Net income or (loss) from sales of inventory. ▶				48,740.		48,740.	
Miscellaneous Revenue			Business Code				
11a HOSPITAL PARKING			812930	493,194.	493,194.		
b FINANCIAL ASSISTANCE REIMB			900099	42,624.	42,624.		
c MEDICAL RECORD COPIES			900099	42,253.	42,253.		
d All other revenue			900099	43,738.	9,405.		34,333.
e Total. Add lines 11a-11d ▶				621,809.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶				138,947,832.	138,244,658.	NONE	-232,210.

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 . . .	500.	500.		
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	28,200.		28,200.	
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	46,383,225.	43,839,979.	2,543,246.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	1,390,003.	1,292,703.	97,300.	
9 Other employee benefits	5,685,658.	4,804,764.	880,894.	
10 Payroll taxes	3,414,860.	3,229,489.	185,371.	
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	NONE			
c Accounting	338,838.		338,838.	
d Lobbying	2,831.		2,831.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	174,322.		174,322.	
g Other	17,371,138.	12,967,974.	4,403,164.	
12 Advertising and promotion	7,109.	1,224.	5,885.	
13 Office expenses	20,844,184.	20,693,356.	150,828.	
14 Information technology	1,433,648.	197,131.	1,236,517.	
15 Royalties	NONE			
16 Occupancy	587,144.	117,115.	470,029.	
17 Travel	29,999.	3,493.	26,506.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	14,284.	12,373.	1,911.	
20 Interest	5,645,945.	5,645,945.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	6,420,069.	5,917,833.	502,236.	
23 Insurance	1,312,078.	1,149,564.	162,514.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CORP_ALLQC/ISP -----	7,701,101.		7,701,101.	
b BAD_DEBTS -----	3,998,165.	3,998,165.		
c UTILITIES -- OTHER -----	2,051,144.	2,051,144.		
d OTHER_PURCHASES -----	892,781.	633,161.	259,620.	
e OTHER_EXPENSES -----	320,789.	2,975.	317,814.	
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	126,048,015.	106,558,888.	19,489,127.	
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	-838,173.	1	-314,881.
	2 Savings and temporary cash investments	1,834,781.	2	2,966,759.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14,075,006.	4	16,434,633.
	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	1,743,696.	8	1,820,685.
	9 Prepaid expenses and deferred charges	507,441.	9	15,817.
	10a Land, buildings, and equipment: cost basis	10a 154,502,662.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 92,674,425.	62,135,576.	10c 61,828,237.
	11 Investments - publicly traded securities	18,905,704.	11	19,833,166.
	12 Investments - other securities. See Part IV, line 11	18,377,288.	12	13,769,941.
	13 Investments - program-related. See Part IV, line 11	19,691.	13	19,689.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,975,560.	15	980,084.
16 Total assets. Add lines 1 through 15 (must equal line 34)	118,736,570.	16	117,354,130.	
Liabilities	17 Accounts payable and accrued expenses	10,154,101.	17	12,166,460.
	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	20,926,169.	25	20,972,283.
	26 Total liabilities. Add lines 17 through 25.	31,080,270.	26	33,138,743.
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	87,443,516.	27	84,009,358.
	28 Temporarily restricted net assets	212,784.	28	206,029.
	29 Permanently restricted net assets		29	
	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	87,656,300.	33	84,215,387.
	34 Total liabilities and net assets/fund balances	118,736,570.	34	117,354,130.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input 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?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
 - Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
 - Section 527 organizations: Complete Part I-A only.
- If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
- If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <u>KAPI`OLANI MEDICAL CTR AT PALI MOMI</u>	Employer identification number <u>99-0274038</u>
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

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

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

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

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

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. 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				
b	Lobbying ceiling amount (150% line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
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.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV	X		2,831.
j Total lines 1c through 1i			2,831.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		X	

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

	Yes	No
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.

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

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.

LOBBYING ACTIVITY

FORM 990, SCHEDULE C, PART II-B LINE 1I

LOBBYING FEES RELATED TO DUES PAID TO HEALTHCARE ASSOCIATION OF HAWAI'I

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

KAPI OLANI MEDICAL CTR AT PALI MOMI

99-0274038

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	39,137,464.				
b Contributions					
c Investment earnings or losses	-6,985,205.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	32,152,259.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 100.0000 %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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		9,609,148.		9,609,148.
b Buildings		80,555,619.	45,305,132.	35,250,487.
c Leasehold improvements		1,061,552.	252,613.	808,939.
d Equipment		61,181,511.	46,318,336.	14,863,175.
e Other		2,094,832.	798,344.	1,296,488.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				61,828,237.

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS INTENDED USE
FORM 990, SCH D - PART V

ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR EXPENSES RELATED TO THE
EXEMPT PURPOSE OF THE HOSPITAL.

FOOTNOTE EXPLANATION FOR FIN 48
FORM 990, SCHEDULE D, PART VI-X

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

SCHEDULE H

(Form 990)

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

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

Part IV, line 20.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

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					

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAPI`OLANI MEDICAL CTR AT PALI MOMI

Employer identification number

99-0274038

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 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

JENNIE CHAHANOVICH	\$25,527
WARREN CHAIKO	\$18,712
CHARLES R. CHING	\$40,512
ANDREW DANG, M.D.	\$30,592
ARTHUR GLADSTONE	\$26,000
EARL INOUE	\$29,872
GAIL LERCH	\$53,872
TERRY LONG	\$21,650

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.

SUSAN MASUMOTO-NONAKA \$15,393

WILLOW MORTON \$10,604

DAVID OKABE \$61,866

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

HILTON RAETHEL \$25,760

STEVEN ROBERTSON \$37,886

CHARLES A. STED \$171,539

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

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

SCHEDULE J, PART I, QUESTION 7

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

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

NOT BASED ON A PERCENTAGE OF NET EARNINGS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KAPI`OLANI MEDICAL CTR AT PALI MOMI

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

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

Employer identification number

99-0274038

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) ANDREW DANG, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) ANDREW DANG, M. D.	304,739.	8,100.	19,311.	39,792.	18,658.	390,600.	159,976.
(i) CHARLES A. STED	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) CHARLES A. STED	698,977.	203,227.	192,366.	274,431.	770.	1,369,771.	528,826.
(i) RAYMOND P. VARA JR.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) RAYMOND P. VARA JR.	559,000.	130,955.	7,800.	201,705.	13,852.	913,312.	278,900.
(i) DAVID OKABE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) DAVID OKABE	383,410.	89,902.	22,998.	114,884.	12,527.	623,721.	207,098.
(i) GAIL LERCH	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) GAIL LERCH	288,188.	70,803.	53,294.	113,100.	11,940.	537,325.	195,894.
(i) CHARLES R. CHING	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) CHARLES R. CHING	281,213.	66,981.	21,112.	82,372.	11,158.	462,836.	156,921.
(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) EARL INOUYE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) EARL INOUYE	211,985.	29,339.	21,836.	55,497.	748.	319,405.	105,690.
(i) ARTHUR GLADSTONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) ARTHUR GLADSTONE	256,594.	42,345.	36,865.	36,925.	18,679.	391,408.	147,259.
(i) JENNIE CHAHANOVICH	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) JENNIE CHAHANOVICH	207,853.	40,578.	21,605.	36,452.	5,985.	312,473.	122,404.
(i) STEVEN ROBERTSON	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) STEVEN ROBERTSON	271,581.	64,488.	NONE	79,020.	25,383.	440,472.	132,500.
(i) TERRY LONG	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) TERRY LONG	191,475.	27,702.	NONE	47,654.	5,708.	272,539.	95,550.
(i) WARREN CHAIKO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) WARREN CHAIKO	191,997.	27,688.	21,609.	29,637.	14,622.	285,553.	115,709.
(i) WILLOW MORTON	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) WILLOW MORTON	169,431.	23,289.	19,601.	38,753.	16,932.	268,006.	87,450.
(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) HILTON RAETHEL	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) HILTON RAETHEL	188,279.	25,708.	1,380.	35,957.	659.	251,983.	93,190.

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

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

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

Employer identification number

99-0274038

(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) PRUDENCE KUSANO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) PRUDENCE KUSANO	150,472.	NONE	NONE	7,218.	7,482.	165,172.	64,766.
(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) ALICIA BERTULFO	175,921.	NONE	2,651.	8,544.	11,649.	198,765.	86,852.
(ii) ALICIA BERTULFO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) ODESSA RIVERA	167,909.	NONE	9,139.	8,495.	10,959.	196,502.	81,485.
(ii) ODESSA RIVERA	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) CHRISTI L KELIPIO	147,179.	20,705.	NONE	8,040.	8,021.	183,945.	81,781.
(ii) CHRISTI L KELIPIO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) WESLEY MEDEIROS	150,624.	NONE	16,020.	7,927.	4,544.	179,115.	81,113.
(ii) WESLEY MEDEIROS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) BRIGITTE MCKALE	148,615.	11,914.	NONE	7,714.	9,932.	178,175.	NONE
(ii) BRIGITTE MCKALE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) RODNEY BOYCHUK, M. D.	NONE	NONE	78,527.	29,363.	5,787.	307,189.	134,446.
(ii) RODNEY BOYCHUK, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

KAPI`OLANI MEDICAL CTR AT PALI MOMI

Employer Identification number

99-0274038

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			
MARK GRIEF, M. D. CHAIR, BOARD OF DIRECTOR	1.	X		X				600.	NONE	NONE
VIOLETA ARNOBIT, R. N. VICE CHAIR, BOARD OF DIRECTOR	1.	X		X				NONE	NONE	NONE
CARLETON CHING BOARD OF DIRECTOR	1.	X						NONE	NONE	NONE
ANDREW DANG, M. D. BOARD OF DIRECTOR	1.	X						NONE	332,150.	58,450.
BETH HOBAN, R. N. BOARD OF DIRECTOR	1.	X						NONE	NONE	NONE
GORDON NIHEI BOARD OF DIRECTOR	1.	X						NONE	NONE	NONE
BRYAN MATSUMOTO, M. D. BOARD OF DIRECTOR	1.	X						NONE	NONE	NONE
MARK PITTS, M. D. BOARD OF DIRECTOR	1.	X						3,000.	NONE	NONE
CHARLES A. STED PRESIDENT, BOARD OF DIRECTOR	2.	X		X				NONE	1,094,570.	275,201.
RAYMOND P. VARA JR. EVP & CEO OF OPERATIONS; BOD	10.	X		X				NONE	697,755.	215,557.
HUGH HAZENFIELD, M. D. BOARD OF DIRECTOR	20.	X						22,000.	NONE	NONE
DAVID OKABE EVP, CFO & TREASURER	3.			X				NONE	496,310.	127,411.
GAIL LERCH EVP	5.			X				NONE	412,285.	125,040.
CHARLES R. CHING EVP, GEN' L COUNSEL & SECRETARY	1.			X				NONE	369,306.	93,530.
VIRGINIA PRESSLER-FISHER, M. D. EVP	1.			X				NONE	378,706.	103,219.
EARL INOUYE VP & SYSTEM CONTROLLER	1.			X				NONE	263,160.	56,245.
ARTHUR GLADSTONE VP & SYSTEM CNE	1.			X				NONE	335,804.	55,604.
JENNIE CHAHANOVICH VP & COO	55.			X				NONE	270,036.	42,437.
STEVEN ROBERTSON EVP & CIO	8.			X				NONE	336,069.	104,403.
TERRY LONG VP	1.			X				NONE	219,177.	53,362.
WARREN CHAIKO VP	10.			X				NONE	241,294.	44,259.

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

Schedule J-2 (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAPI`OLANI MEDICAL CTR AT PALI MOMI

Employer identification number

99-0274038

DESCRIPTION OF PROGRAM SERVICES ACTIVITIES #1

FORM 990, PART III, LINE 4A

OUTPATIENT O. R.

KAPI'OLANI MEDICAL CENTER AT PALI MOMI HAS A FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE. THE STATE-OF-THE-ART SUITE IS EQUIPPED WITH TELEMEDICINE CAPABILITY, TOUCH SCREEN CONTROL PANELS AT THE NURSES' STATION, A SOPHISTICATED VOICE ACTIVATION SYSTEM, THE ABILITY TO TRANSMIT LIVE VIDEO FEEDS TO OTHER MEDICAL CENTERS TO CONNECT HAWAI'I SURGEONS WITH SPECIALISTS FROM AROUND THE WORLD. THESE ADVANCED TECHNOLOGIES ENHANCE PATIENT CARE, REDUCE ANESTHESIA TIME, AND DISTURB FEW MUSCLE TISSUES AND NERVES, RESULTING IN LESS PAIN, FASTER RECOVERY AND SMALLER INCISION MARKS.

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

DESCRIPTION OF PROGRAM SERVICES ACTIVITIES #2

FORM 990, PART III, LINE 4B

OUTPATIENT E. R.

PALI MOMI IS THE ONLY FACILITY IN HAWAI'I THAT UTILIZES A TEAM TRIAGE

APPROACH IN ITS EMERGENCY ROOM, WHERE PATIENTS ARE PROMPTLY EVALUATED BY

AN EMERGENCY PHYSICIAN. TO MEET THE NEEDS OF THE GROWING LEEWARD

COMMUNITY, PALI MOMI RECENTLY TRIPLED THE SIZE OF ITS ER AND DOUBLED THE

NUMBER OF TREATMENT ROOMS, EXPANDING ITS CAPACITY FROM 16,000 TO 36,000

PATIENT VISITS A YEAR.

Name of the organization KAPI`OLANI MEDICAL CTR AT PALI MOMI	Employer identification number 99-0274038
---	--

DESCRIPTION OF PROGRAM SERVICES ACTIVITIES #3

FORM 990, PART III, LINE 4C

INPATIENT GENERAL SURGERY.

FOR SURGERY PATIENTS WHOSE PROCEDURE REQUIRES AN INPATIENT STAY, IN

ADDITION TO THE SERVICES PROVIDED FOR OUTPATIENT SURGERY, PALI MOMI ALSO

OFFERS PRIVATE PATIENT ROOMS AND GEOGRAPHIC CONVENIENCE FOR BOTH PATIENTS

AND THEIR FAMILIES TO VISIT. COMMON SURGERIES PERFORMED ON INPATIENT

BASIS INCLUDE MASTECTOMY, HIP REPLACEMENT, KNEE REPLACEMENT, ABDOMINAL

SURGERY, BACK SURGERY, COLECTOMY AND BARIATRIC SURGERY.

Name of the organization KAPI`OLANI MEDICAL CTR AT PALI MOMI	Employer identification number 99-0274038
---	--

DESCRIPTION OF ALL OTHER PROGRAM SERVICES ACTIVITIES #4

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES.

KAPI'OLANI MEDICAL CENTER AT PALI MOMI WAS FOUNDED IN 1989 AND HAS BEEN IMPROVING AND ADVOCATING FOR THE HEALTH OF INDIVIDUALS AND FAMILIES FOR THE PAST TWO DECADES. AN AFFILIATE OF HAWAI'I PACIFIC HEALTH, THE STATE'S LARGEST HEALTH CARE PROVIDER, PALI MOMI IS A COMMUNITY-BASED ACUTE CARE HOSPITAL THAT DELIVERS TOP-QUALITY CARE AND OFFERS A FULL RANGE OF SERVICES IN CARDIOLOGY, ORTHOPEDICS, EMERGENCY MEDICINE, GENERAL SURGERY AND MEDICINE, OPHTHALMOLOGY, WOMEN'S SERVICES AND ONCOLOGY. IT HAS 116 ACUTE CARE BEDS AND EMPLOYS MORE THAN 905 EMPLOYEES; 386 PHYSICIANS ARE ON THE PALI MOMI MEDICAL STAFF. IN ADDITION, NEARLY 100 PEOPLE VOLUNTEER THERE EVERY YEAR. DURING FISCAL YEAR 2009, THE HOSPITAL ADMITTED 5,863 PATIENTS FOR A TOTAL OF 37,236 PATIENT DAYS. EMERGENCY VISITS HAVE INCREASED TO 37,321 PATIENTS, WITH 5,387 OUTPATIENT SURGERIES AND 1,848 INPATIENT SURGERY CASES. OUTPATIENT ENCOUNTERS (THOSE NOT FOR EMERGENCIES OR SURGERIES) INCREASED TO 107,429 IN FISCAL 2009.

KAPI'OLANI MEDICAL CENTER AT PALI MOMI HAS DELIVERED MANY MEDICAL FIRSTS FOR THE COMMUNITY, INCLUDING LEEWARD OAHU'S ONLY CARDIAC CATHETERIZATION UNIT FOR THE DETECTION OF HEART DISEASE, A FULLY INTEGRATED MINIMALLY INVASIVE SURGICAL SUITE, CT SCAN AND MRI SERVICES, EMERGENCY SERVICES, A WOMEN'S CENTER AND THE STATE'S FIRST RETINA CENTER. FOR THE THIRD YEAR IN A ROW, PALI MOMI WAS HONORED WITH A GOLD MEDAL BY THE AMERICAN HEART AND AMERICAN STROKE ASSOCIATIONS FOR THEIR GET WITH THE GUIDELINES PROGRAM. THE AWARD RECOGNIZES PALI MOMI'S COMMITMENT TO QUALITY TREATMENT OF PATIENTS HOSPITALIZED WITH CORONARY ARTERY DISEASE. IN 2009, IT WAS ONE

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

OF ONLY 118 FACILITIES ACROSS THE COUNTRY TO MEET THIS HIGH STANDARD.

THE STAFF AT PALI MOMI WORK HARD TO SERVE THE MEDICAL NEEDS OF THE

COMMUNITY, AND ARE VALUED COMMUNITY PARTNERS. IN FISCAL YEAR 2009, THE

HOSPITAL HOSTED A VARIETY OF FREE COMMUNITY EVENTS TO RAISE PUBLIC

AWARENESS OF CURRENT HEALTH CARE AND WELLNESS ISSUES - FROM ITS FAMILY

AND SENIOR HEALTH FAIRS TO MULTIPLE SUPPORT GROUPS. IT ALSO OFFERED FREE

GLUCOSE MONITORING AND BLOOD PRESSURE SCREENING TWICE A MONTH.

KAPI'OLANI MEDICAL CENTER AT PALI MOMI TREATS ALL PATIENTS, REGARDLESS OF

THEIR ABILITY TO PAY, THUS SERVING AS ONE OF THE COMMUNITY'S SAFETY NET

PROVIDERS OF HEALTH CARE. AN ESTABLISHED CHARITY CARE POLICY SETS

GUIDELINES IN WHICH PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. IN

FISCAL YEAR 2009, THE HOSPITAL PROVIDED MORE THAN \$1.8 MILLION WORTH OF

CARE TO INDIVIDUALS, WHO WERE UNINSURED OR UNABLE TO PAY FOR THEIR CARE,

AS WELL AS IN OTHER COMMUNITY BENEFITS.

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

TAX-EXEPT BONDS

FORM 990, PART IV, LINE 24A

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

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

HEALTH 990.

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

DOES THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?

FORM 990, PART VI, QUESTION 6

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

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

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

GOVERNING BOARD.

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS

FORM 990, PART VI, QUESTION 7A

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

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

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

OFFICIO VOTING MEMBERS OF THE GOVERNING BODY.

Name of the organization KAPI`OLANI MEDICAL CTR AT PALI MOMI	Employer identification number 99-0274038
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REVIEW OF THE 990'S BY THE ORGANIZATION'S GOVERNING BODY
 FORM 990, PART VI, QUESTION 10
 VARIOUS SCHEDULES OF THE 990'S ARE PREPARED PRIMARILY BY STAFF WITHIN THE
 ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF
 THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL,
 ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED INTERNALLY BASED ON
 INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING
 OFFICER / EXECUTIVE DIRECTOR OF THE REPORTING ENTITY. THE CHIEF
 OPERATING OFFICER / EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS
 AND APPROVES THE DISCLOSURE NARRATIVES WHICH DESCRIBES THE
 MISSION/PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION.

SENIOR MANAGEMENT OF THE HEALTH CARE SYSTEM REVIEWS THE 990'S OF EACH
 FILING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM. ONCE SENIOR
 MANAGEMENT HAS COMPLETED ITS REVIEW, THE 990'S ARE THEN PROVIDED TO THE
 GOVERNANCE AND NOMINATING COMMITTEE OF THE HEALTH CARE SYSTEM'S BOARD OF
 DIRECTORS FOR THEIR REVIEW.

THE GOVERNANCE AND NOMINATING COMMITTEE OF THE PARENT ENTITY'S (HPH)
 BOARD PROVIDES OVERSIGHT FOR THE 990 REPORTING AND REVIEWS THE 990'S FOR
 EACH ENTITY PRIOR TO FILING. IN ADDITION, THE 990'S FOR EACH ENTITY IS
 MADE AVAILABLE TO THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER
 PORTAL FOR REVIEW PRIOR TO THE FILING OF THE 990. COPIES OF THE 990'S
 ARE MADE AVAILABLE TO THE BOARD MEMBERS OF EACH SUBSIDIARY UNIT OF HPH
 AND IS PHYSICALLY LOCATED AT EACH FACILITY'S SITE FOR THE BOARD MEMBER TO
 REVIEW PRIOR TO FILING.

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

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

Name of the organization KAPI`OLANI MEDICAL CTR AT PALI MOMI	Employer identification number 99-0274038
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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

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

DISCUSSION OF ALTERNATIVE ARRANGEMENTS, THE BOARD'S DECISION(S) REGARDING
 THE CONFLICT AND NAMES OF PERSON PRESENT IN THE DISCUSSION AND VOTES
 RELATING TO THE TRANSACTION OR ARRANGEMENT.

Name of the organization KAPI`OLANI MEDICAL CTR AT PALI MOMI	Employer identification number 99-0274038
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PROCESSES FOR DETERMINING COMPENSATION

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

COMPENSATION FOR HPH EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE INDEPENDENT BOARD MEMBERS WHO ARE MEMBERS OF THE HPH COMPENSATION COMMITTEE. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE' S COMPENSATION AND BENEFITS. THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING. INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS. THE COMPENSATION COMMITTEE MAKES FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT' S REPORT. COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED.

CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED ORGANIZATION. PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE.

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

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

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

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

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

SCHEDULE J-2 COLUMN B

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

ORGANIZATIONS AS LISTED BELOW:

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

Name of the organization KAPI`OLANI MEDICAL CTR AT PALI MOMI	Employer identification number 99-0274038
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	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								
NIKAI DO							40				
OKABE	35	1	1	1	1	3	4	1	6	1	3
PIETSCH	1								1		
PRESSLER											
-FISHER	45		1	1	1	1	1	1	2		2
RAETHEL	15			5	5	5	10		10		5
ROBBINS	10			1	10			1	40		1
ROBERTSON	15			1	1	8	12		15		8
ROBINSON			20					6		1	
ROVINSKY					40						

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

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

Name of the organization

Employer identification number

KAPI`OLANI MEDICAL CTR AT PALI MOMI

99-0274038

LEGEND OF ACRONYMS

HPH HAWAI' I PACIFIC HEALTH

KHF KAPI'OLANI HEALTH FOUNDATION

KMS KAPI'OLANI MEDICAL SPECIALISTS

KMC KAUA' I MEDICAL CLINIC

KMCPM KAPI'OLANI MEDICAL CENTER AT PALI MOMI

KMCWC KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN

PIC PROVIDERS INSURANCE CORPORATION

SF STRAUB FOUNDATION

SCH STRAUB CLINIC & HOSPITAL

WHF WILCOX HEALTH FOUNDATION

WMH WILCOX MEMORIAL HOSPITAL

Part V Transactions With Related Organizations

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

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) SEE SCHEDULE R-1			
(2)			
(3)			
(4)			
(5)			
(6)			

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 CENTER 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
WILCOX MEMORIAL HOSPITAL 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0074365	HOSPITAL	HI	501 (C) (3)	3	N/A
WILCOX HEALTH FOUNDATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0204242	FUNDRAISING	HI	501 (C) (3)	7	N/A
KAUAI MEDICAL CLINIC 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501 (C) (3)	3	N/A
STRAUB CLINIC & HOSPITAL 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 91-2151670	HOSPITAL	HI	501 (C) (3)	3	N/A
STRAUB FOUNDATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0109350	RESEARCH/EDU	HI	501 (C) (3)	7	N/A
PROVIDERS INSURANCE CORPORATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 71-0893000	NFP INSURANCE	HI	501 (C) (3)	11B TYPE II	N/A

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) PROVIDERS INSURANCE CORPORATION	Q	1,123,135.
(8) KAPI'OLANI HEALTH FOUNDATION	C	136,976.
(9) KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	P	1,670,580.
(10) KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	R	387,543.
(11) KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	N	1,673,228.
(12) KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	O	1,416,274.
(13) STRAUB CLINIC & HOSPITAL	P	674,171.
(14) STRAUB CLINIC & HOSPITAL	R	373,310.
(15) STRAUB CLINIC & HOSPITAL	N	158,335.
(16) STRAUB CLINIC & HOSPITAL	Q	57,359.
(17) WILCOX MEMORIAL HOSPITAL	R	138,260.
(18) WILCOX MEMORIAL HOSPITAL	O	65,155.
(19) KAUA'I MEDICAL CLINIC	R	63,146.
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2008

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

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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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CLINICAL LABORATORIES OF HAWAII, LLP MAIL CODE 600300 P. O. BOX 1300 HONOLULU, HI 96807	MEDICAL SERVICES	3,469,976.
CONSTRUCTORS HAWAII , INC 740 KOHOU STREET HONOLULU, HI 96817	CONSTRUCTION SVC.	1,466,396.
HAWAII HOSPITAL PHYSICIANS , INC 98-1079 MOANALUA RD RM 437 AIEA, HI 96701	PHYSICIAN SERVICES	1,060,426.
FRESENIUS MEDICAL CARE-N AMERICA MAIL CODE 61123 P. O. BOX 1300 HONOLULU, HI 96807	MEDICAL SERVICES	1,023,603.
UNITED LAUNDRY SERVICES, INC 2291 ALAHAO PLACE HONOLULU, HI 96701	LAUNDRY SERVICES	637,429.
TOTAL COMPENSATION		----- 7,657,830. =====