

Exempt Organization Declaration and Signature for Electronic Filing

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

2008

Department of the Treasury
Internal Revenue Service

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

▶ See instructions on back.

Name of exempt organization

STRAUB FOUNDATION

Employer identification number

99-0109350

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

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

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, line 12)	1b	487,456.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	

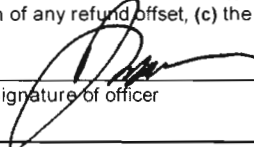
Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here



Signature of officer


Date

5/11/10

CFO
Title

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

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

ERO's Use Only	ERO's signature		Date	5/13/10	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code	ERNST & YOUNG U.S. LLP TWO NORTH CENTRAL AVENUE STE 2300 PHOENIX AZ 85004			EIN	34-6565596		Phone no.	602-322-3000	

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

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

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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 STRAUB FOUNDATION		D Employer identification number 99-0109350
		Doing Business As		E Telephone number (808) 535-7100
		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 \$ 487,456.
		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: MICHAEL ROBINSON 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.STRAUBHEALTH.ORG		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: 1962		M State of legal domicile: HI

Part I Summary

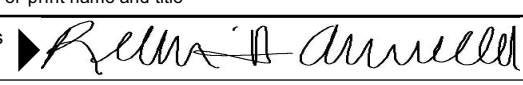
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH OF HAWAII'S PEOPLE BY PROVIDING SUPPORT TO STRAUB CLINIC & HOSPITAL.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	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	NONE
	6	Total number of volunteers (estimate if necessary)	6	6
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
7b	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)	733,162.	499,915.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	540,798.	-12,459.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,068.	NONE
	12		1,300,028.	487,456.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	232,751.	349,367.
	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)	NONE	NONE
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	16b	Total fundraising expenses, Part IX, column (D), line 25	940.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	117,091.	91,256.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	349,842.	440,623.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	950,186.	46,833.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	5,191,962.	3,880,982.
	22	Net assets or fund balances. Subtract line 21 from line 20	68,749.	70,024.
22		5,123,213.	3,810,958.	

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	Date	Check if self-employed	Preparer's identifying number (see instructions)
		5/5/10	<input type="checkbox"/>	34-656596
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no.
ERNST & YOUNG U. S. LLP TWO NORTH CENTRAL AVENUE STE 2300 PHOENIX, AZ 85004		▶ 34-656596		▶ 602-322-3000

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

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO IMPROVE THE HEALTH OF HAWAII'S PEOPLE BY PROVIDING SUPPORT TO STRAUB CLINIC & HOSPITAL.

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 \$ 351,002. including grants of \$ _____) (Revenue \$ NONE)
SEE SCHEDULE O

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

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

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

4e Total program service expenses ▶ \$ 351,002. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 27 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and Section 501(c)(3) organizations.

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

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (9); 1b Enter the number of voting members that are independent (6); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9a Does the organization have local chapters, branches, or affiliates? (X); 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (X); 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 15a The organization's CEO, Executive Director, or top management official? (X); 15b Other officers or key employees of the organization? (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed HI.
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANN HO 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813

808-527-2520

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(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			
DAVID T. PIETSCH, JR. CHAIR, BOARD OF DIRECTOR	1.	X		X			NONE	NONE	NONE	
ROBERT F. CLARKE VICE CHAIR, BOARD OF DIRECTOR	1.	X		X			NONE	NONE	NONE	
DAVID M. GRAY BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
M. LOU HEFLEY, M.D. BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
KENNETH B. ROBBINS, M.D. BOARD OF DIRECTOR	1.	X					NONE	516,480.	152,219.	
CHARLES A. STED EVP, BOARD OF DIRECTOR	1.	X		X			NONE	1,094,570.	275,201.	
RAYMOND P. VARA JR. BOARD OF DIRECTOR	1.	X					NONE	697,755.	215,557.	
EDWIN C. CADMAN, M.D. BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
MICHAEL GIBSON, ESQ. BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
B. JEANNIE HEDBERG, CPA BOARD OF DIRECTOR	1.	X					NONE	NONE	NONE	
VIRGINIA PRESSLER-FISHER, M.D. PRESIDENT & COO	1.			X			NONE	378,706.	103,219.	
CHARLES R. CHING SECRETARY	1.			X			NONE	369,306.	93,530.	
DAVID OKABE TREASURER	1.			X			NONE	496,310.	127,411.	
MICHAEL ROBINSON PRESIDENT & COO	6.			X			NONE	141,563.	9,392.	
CURTIS B. KAMIDA, M.D. PHYSICIAN						X	NONE	445,171.	40,941.	
WILLIAM T. TSUSHIMA, PH.D. PHYSICIAN						X	NONE	115,824.	12,907.	

Part VIII Statement of Revenue

99-0109350

				(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					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above . .	1f	499,915.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			499,915.			
Program Service Revenue			Business Code				
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			NONE				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			23,083.			23,083.
	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						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			-35,542.			-35,542.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a						
	b Less: direct expenses b						
c Net income or (loss) from fundraising events ▶			NONE				
9a Gross income from gaming activities. See Part IV, line 19. a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			NONE				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory. ▶			NONE				
Miscellaneous Revenue			Business Code				
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			NONE				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			487,456.			NONE	-12,459.

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 . . .	349,367.	349,367.		
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	NONE			
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	NONE			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	NONE			
c Accounting	940.			940.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	4,478.		4,478.	
g Other	61,161.		61,161.	
12 Advertising and promotion	NONE			
13 Office expenses	4,556.	1,635.	2,921.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	7,301.		7,301.	
23 Insurance	10,413.		10,413.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CORPORATE ALLOCATION -----	2,407.		2,407.	
b -----				
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	440,623.	351,002.	88,681.	940.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,000.	1	51,872.
	2 Savings and temporary cash investments	160,950.	2	NONE
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	26,359.
	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		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 402,994.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 325,351.	84,944.	10c 77,643.
	11 Investments - publicly traded securities	1,153,082.	11	434,506.
	12 Investments - other securities. See Part IV, line 11	964,629.	12	338,690.
	13 Investments - program-related. See Part IV, line 11	2,766,496.	13	2,920,659.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	60,861.	15	31,253.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,191,962.	16	3,880,982.	
Liabilities	17 Accounts payable and accrued expenses	1,123.	17	7,110.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D	56,126.	21	55,608.
	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	11,500.	25	7,306.
	26 Total liabilities. Add lines 17 through 25.	68,749.	26	70,024.
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	1,049,922.	27	1,358.
	28 Temporarily restricted net assets	1,149,569.	28	716,538.
	29 Permanently restricted net assets	2,923,722.	29	3,093,062.
	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	5,123,213.	33	3,810,958.
34 Total liabilities and net assets/fund balances	5,191,962.	34	3,880,982.	

Part XI Financial Statements and Reporting

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

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; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 95.14%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 62.21%; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

STRAUB FOUNDATION

99-0109350

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:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21? 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.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Investment earnings or losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment 96.0000 %
c Term endowment 4.0000 %

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESTMENTS-OTHER SECURITIES	338,690.	FMV

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	338,690.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
INVESTMENTS-PROGRAM RELATED	2,920,659.	FMV

Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶	2,920,659.	

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

(a) Description	(b) Book value

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount	
Federal income taxes		
DUE TO AFFILIATES	7,306.	

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	7,306.	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows for reconciliation of net assets. Columns include line numbers (1-10) and descriptions such as 'Total revenue', 'Total expenses', 'Excess or (deficit) for the year', 'Net unrealized gains', 'Donated services', 'Investment expenses', 'Prior period adjustments', 'Other', 'Total adjustments', and 'Excess or (deficit) for the year per financial statements'.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Sub-rows include 'Net unrealized gains on investments', 'Donated services and use of facilities', 'Recoveries of prior year grants', 'Other', 'Add lines 2a through 2d', 'Subtract line 2e from line 1', 'Investment expenses not included on Form 990', and 'Other'. Total revenue is calculated on line 5.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Sub-rows include 'Donated services and use of facilities', 'Prior year adjustments', 'Losses reported on Form 990', 'Other', 'Add lines 2a through 2d', 'Subtract line 2e from line 1', 'Investment expenses not included on Form 990', and 'Other'. Total expenses are calculated on line 5.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

DESCRIPTION FOR SCHEDULE D

PART IV

PART IV - ESCROW LIABILITIES REPRESENT AMOUNTS DUE UNDER CHARITABLE GIFT

ANNUITY AGREEMENTS.

DESCRIPTION OF INTENDED USES OF ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, QUESTION 4

STRAUB FOUNDATION:

ALBERT S. HARTWELL, MD MEMORIAL FUND

ESTABLISHED TO SUPPORT CARDIOLOGY RESEARCH AND EDUCATION.

AMEDEE A. CHANTELOUP ENDOWMENT FUND

ESTABLISHED BY AMEDEE A. CHANTELOUP, IN HONOR OF DAVID J. G. FERGUSSON,

MD, TO SUPPORT THE HOSPITAL'S AREA OF GREATEST NEED.

BERNI FRANCIS SCHILLER ENDOWMENT

ESTABLISHED IN 2001 IN SUPPORT OF THE SUMMER STUDENT RESEARCH PROGRAM.

BURN ENDOWMENT

ESTABLISHED TO SUPPORT BURN RESEARCH AND EDUCATION IN MEMORY OF HAWAII'S

FIREMEN WHO DIED SERVING THEIR COMMUNITY.

CHIA-LING CHANG ENDOWMENT

ESTABLISHED IN THE NAME OF CHIA-LING CHANG FOR CONTINUED EDUCATION OF THE

STRAUB BURN UNIT PHYSICIANS, NURSES AND STAFF.

Part XIV Supplemental Information (continued)

DAVID T. PIETSCH, SR. ENDOWMENT

ESTABLISHED TO SUPPORT VASCULAR RESEARCH AND ONCOLOGY PROGRAMS.

GARFIELD KING MEMORIAL ENDOWMENT

ESTABLISHED IN 1990 IN MEMORY OF GARFIELD KING TO SUPPORT VASCULAR
RESEARCH AND EDUCATION.

GUY CHAMPION AND JOHN C. MILNOR FUND

ESTABLISHED BY HAZEL MILNOR IN MEMORY OF DRS. GUY CHAMPION AND JOHN
MILNOR TO SUPPORT AN ANNUAL COMMUNITY SERVICE AWARD TO A HEALTHCARE
PROFESSIONAL, AS WELL AS THE SUMMER STUDENT RESEARCH PROGRAM.

HENRY A. WALKER, JR. ENDOWMENT

ESTABLISHED BY HENRY AND NANCY WALKER TO SUPPORT STRAUB'S OPERATIONS.
NANCY WALKER CONTINUES TO ANNUALLY SUPPORT THE SUMMER STUDENT RESEARCH
PROGRAM.

J. WALKER ENDOWMENT

THIS UNRESTRICTED ENDOWMENT SUPPORTS STRAUB'S OPERATIONS.

L. CLAGETT BECK MEMORIAL FUND

ESTABLISHED IN MEMORY OF STRAUB PHYSICIAN DR. L. CLAGETT BECK TO SUPPORT
PROJECTS IN TROPICAL MEDICINE AND ONCOLOGY.

M. LOU HEFLEY, MD ENDOWMENT

ESTABLISHED IN 1999 IN MEMORY OF DONALD C. MCGRATH AND IN SUPPORT OF

Part XIV Supplemental Information (continued)

RESEARCH AND EDUCATION PROGRAMS IN GERIATRICS.

ORTHOPEDICS ENDOWMENT

ESTABLISHED BY THE ESTATE OF THEODORA B. BETZ TO FUND ORTHOPEDIC MEDICAL RESEARCH AND EDUCATION PROJECTS.

PARRENT ENDOWMENT

ESTABLISHED TO SUPPORT STRAUB'S OPERATIONS.

PIETSCH FAMILY TRUST ENDOWMENT

ESTABLISHED IN 2001 IN SUPPORT OF THE SUMMER STUDENT RESEARCH PROGRAM.

SHARON CHENG-KEMPTON ENDOWMENT FUND

ESTABLISHED BY SHARON CHENG-KEMPTON TO PROVIDE ADDITIONAL FINANCIAL SUPPORT TO ASSIST YOUNG DOCTORS IN RESIDENCY PROGRAMS.

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

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

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

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS
 FORM 990, SCHEDULE I
 FOR THE \$349,367 REPORTED ON LINE 1, THESE ARE SPECIFIC PURPOSE
 DISBURSEMENTS AND THE FUNDS ARE ALLOCATED BASED ON THE RESTRICTIONS
 SPECIFIED BY THE DONORS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

STRAUB FOUNDATION

Employer identification number

99-0109350

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
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X

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

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) KENNETH B. ROBBINS, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) KENNETH B. ROBBINS, M. D.	376,337.	83,100.	57,043.	138,775.	13,444.	668,699.	240,142.
(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) 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) 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) 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) MICHAEL ROBINSON	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) MICHAEL ROBINSON	130,744.	10,819.	NONE	4,834.	4,558.	150,955.	NONE
(i) CURTIS B. KAMIDA, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) CURTIS B. KAMIDA, M. D.	395,313.	8,100.	41,758.	9,200.	31,741.	486,112.	209,416.
(i) WILLIAM T. TSUSHIMA, PHD.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) WILLIAM T. TSUSHIMA, PHD.	98,339.	2,400.	15,085.	4,496.	8,411.	128,731.	57,203.
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____
(i) _____	_____	_____	_____	_____	_____	_____	_____
(ii) _____	_____	_____	_____	_____	_____	_____	_____

Part III Supplemental Information

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

SCHEDULE J, PART I, QUESTION 3

QUESTIONS REGARDING COMPENSATION

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, HPH, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION.

SEE SCHEDULE O FOR 990 PART VI, LINE 15A FOR THE PROCESS USED BY HPH TO DETERMINE COMPENSATION.

SCHEDULE J, PART I, QUESTION 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

PAID BY RELATED ORGANIZATION:

CHARLES R. CHING	\$40,512
DAVID OKABE	\$61,866
VIRGINIA PRESSLER-FISHER, M.D.	\$34,084
KENNETH B. ROBBINS, M.D.	\$70,369
CHARLES A. STED	\$171,539
RAYMOND P. VARA, JR.	\$113,706

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

STRAUB FOUNDATION

99-0109350

DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4

FOR MORE THAN TWO DECADES, THE STRAUB FOUNDATION HAS FOCUSED ON

SUPPORTING THE CLINICAL RESEARCH, PUBLIC EDUCATION AND OUTREACH PROGRAMS

FOR STRAUB CLINIC & HOSPITAL, AN AFFILIATE OF HAWAI'I PACIFIC HEALTH, THE

STATE'S LARGEST HEALTH CARE PROVIDER.

IN FISCAL YEAR 2009, THE STRAUB FOUNDATION SUPPORTED FREE COMMUNITY

HEALTH EDUCATION PROGRAMS FOR THE PEOPLE OF O'AHU. THESE PROGRAMS FOCUSED

ON A VARIETY OF HEALTH TOPICS, SUCH AS HEART ATTACK PREVENTION, ARTHRITIS

TREATMENT, ASTHMA AND ALLERGY EDUCATION, WOMEN'S HEALTH AND CANCER CARE.

THE FOUNDATION FOCUSED ITS FUND RAISING EFFORTS TOWARD OBTAINING SUPPORT

OF ALL PROGRAMS AND MEDICAL SPECIALTIES AT STRAUB CLINIC & HOSPITAL SO

THAT IT IS COMMITTED TO PROGRAMS THAT WILL BENEFIT PATIENTS AND STAFF.

\$2.2 MILLION WAS INVESTED IN THE RENOVATION AND EXPANSION OF THE CANCER

CENTER AND OUTPATIENT TREATMENT CENTER WHICH SERVES BOTH CANCER AND

VARIOUS INFUSION TREATMENT PATIENTS. THROUGH THE EMPLOYEE GIVING

CAMPAIGN, STAFF AND FRIENDS SAW THE CONSTRUCTION BEGIN ON THE \$300,000

HEALING GARDEN, WHICH WILL PROVIDE A QUIET, RESTORATIVE OASIS FOR

PATIENTS AND VISITORS.

THE FOUNDATION WILL CONTINUE TO RAISE MONEY FOR THE RESEARCH, EDUCATION

AND COMMUNITY OUTREACH PROGRAMS OF HAWAI'I PACIFIC HEALTH'S CONFERENCE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

SERVICES, AS WELL AS THE CLINICAL RESEARCH PROGRAM OF ITS RESEARCH
INSTITUTE.

THE STRAUB FOUNDATION HOSTED THE ANNUAL STRAUB/KAPI'OLANI WOMEN'S 10K
RUN, WHICH IS HAWAII'S ONLY CHARITY RUN TO SPOTLIGHT AND CELEBRATE
WOMEN'S HEALTH. THE FOUNDATION ALSO CONTINUED ITS SUPPORT OF KIDS FEST,
AN EVENT THAT PROMOTES THE BENEFITS OF EXERCISE AND NUTRITION, AS WELL AS
INJURY PREVENTION AND DRUG AWARENESS.

OTHER EVENTS THE FOUNDATION CONTINUES TO SUPPORT INCLUDE: "GETTING A GRIP
ON ARTHRITIS," IN WHICH ATTENDEES LEARNED ABOUT THE DISEASE AND TREATMENT
OPTIONS; "CANCER CARE: CURRENT ISSUES," A SEMINAR THAT FEATURED
NATIONALLY RECOGNIZED EXPERTS; AND, A HEART DISEASE SEMINAR THAT FOCUSED
ON CARDIAC ISSUES AMONG ADULTS AND THE ELDERLY.

THIS YEAR, A GROUP OF COLLEGE STUDENTS TOOK PART IN THE FOUNDATION'S
SUMMER STUDENT RESEARCH PROGRAM, WHERE THEY LEARNED ABOUT THE ROLE OF
CLINICAL RESEARCH IN THE DAILY PRACTICE OF MEDICINE.

Name of the organization

Employer identification number

STRAUB FOUNDATION

99-0109350

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

STRAUB FOUNDATION

99-0109350

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 APPROVE

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

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

MEMBERS OF THE GOVERNING BODY.

Name of the organization

Employer identification number

STRAUB FOUNDATION

99-0109350

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

FORM 990, PART VI, QUESTION 7B

HAWAI' I PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING POWERS RESERVED TO

IT:

(I) NOMINATE CANDIDATES FOR THE FOLLOWING POSITIONS: TREASURER, SECRETARY,

EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, ALL OTHER EXECUTIVE

VICE-PRESIDENTS, VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ASSISTANT

TREASURERS;

(II) AFTER CONSULTATION WITH THE BOARD, REMOVE THE TREASURER, SECRETARY,

EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, ALL OTHER EXECUTIVE

VICE-PRESIDENTS, VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ASSISTANT

TREASURERS;

(III) REMOVE A DIRECTOR FROM THE BOARD;

(IV) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR

COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES

MATRIX ADOPTED BY THE MEMBER;

(V) AMEND THESE BYLAWS;

(VI) CAUSE THE CORPORATION' S PARTICIPATION IN ALL LONG TERM FINANCING

TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR ONE MILLION

DOLLARS (\$1,000,000) OR MORE;

(VII) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE

CORPORATION' S FUNDS SHALL BE DEPOSITED;

(VIII) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND

ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;

(IX) DETERMINE AND EFFECT INTER-CORPORATE FUND TRANSFERS BY AND BETWEEN

THE CORPORATION AND ANY AFFILIATE. (THE TERM "AFFILIATE" SHALL MEAN WITH

RESPECT TO ANY CORPORATION, PARTNERSHIP, OR OTHER ENTITY, AN ENTITY THAT

Name of the organization STRAUB FOUNDATION	Employer identification number 99-0109350
---	--

DIRECTLY OR INDIRECTLY, THROUGH ONE OR MORE INTERMEDIARIES, CONTROLS, OR IS CONTROLLED BY, OR IS UNDER COMMON CONTROL WITH, SUCH ENTITY.

"CONTROL," "CONTROLLED BY," OR "UNDER COMMON CONTROL WITH" SHALL MEAN THE POWER TO ELECT, THROUGH MEMBERSHIP OR OWNERSHIP, FIFTY PERCENT (50%) OR MORE OF THE GOVERNING BODY OF A CORPORATION, PARTNERSHIP, OR OTHER ENTITY. "CONTROL" SHALL ALSO INCLUDE THE POWER TO DIRECT OR CAUSE THE DIRECTION OF THE POLICIES AND MANAGEMENT OF AN ENTITY, WHETHER THROUGH CONTRACT, MEMBERSHIP INTERESTS, OWNERSHIP OF VOTING SECURITIES, A LEASE, A MANAGEMENT AGREEMENT, OR OTHER ARRANGEMENT);

(X) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S EXECUTIVE COMPENSATION AND BENEFIT PLANS;

(XI) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION; AND

(XII) DEVELOP AND PROMULGATE OVERALL CORPORATE GOALS AND THE LONG RANGE AND STRATEGIC PLAN OF THE CORPORATION.

IN ADDITION, DECISIONS OF THE GOVERNING BODY REQUIRING THE APPROVAL OF HAWAI'I PACIFIC HEALTH, AS MEMBER, INCLUDE:

(I) ELECT ANY DIRECTOR TO THE BOARD;

(II) AMEND THE ARTICLES;

(III) MERGE THE CORPORATION WITH ANY ENTITY;

(IV) DISSOLVE THE CORPORATION

(V) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS BY OR ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE;

(VI) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000) EXCEPT FOR THOSE ASSETS ACQUIRED BY GIFTS, GRANT, OR DONATION;

Name of the organization

Employer identification number

STRAUB FOUNDATION

99-0109350

(VII) ACQUIRE SHARES IN ANOTHER CORPORATION;

(VIII) SELL, LEASE, EXCHANGE, ENCUMBER OR DISPOSE OF TWENTY-FIVE PERCENT

(25%) OR MORE OF THE PROPERTY AND ASSETS HELD BY THE CORPORATION TO ANY

ENTITY THAT IS NOT AN AFFILIATE;

(IX) DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW

BUDGETS;

(X) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER;

(XI) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE

ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY

PERSON OR ENTITY; AND

(XII) DEVELOP A NEW LINE OF BUSINESS.

Name of the organization STRAUB FOUNDATION	Employer identification number 99-0109350
---	--

REVIEW OF THE 990'S BY THE ORGANIZATION'S GOVERNING BODY
 FORM 990, PART VI, QUESTION 10
 VARIOUS SCHEDULES OF THE 990'S ARE PREPARED PRIMARILY BY STAFF WITHIN THE
 ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF
 THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL,
 ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED INTERNALLY BASED ON
 INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING
 OFFICER / EXECUTIVE DIRECTOR OF THE REPORTING ENTITY. THE CHIEF
 OPERATING OFFICER / EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS
 AND APPROVES THE DISCLOSURE NARRATIVES WHICH DESCRIBES THE
 MISSION/PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION.

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

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

Name of the organization

Employer identification number

STRAUB FOUNDATION

99-0109350

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

Employer identification number

STRAUB FOUNDATION

99-0109350

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

ANNUALLY, EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE

WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS

THAT SUCH PERSON:

- RECEIVED A COPY OF THE COI POLICY;

- HAS READ AND UNDERSTANDS THE POLICY;

- AGREES TO COMPLY WITH THE POLICY; AND

- UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT

IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZATION MUST

ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS

TAX-EXEMPT PURPOSES.

THE IN-HOUSE LEGAL DEPARTMENT DISTRIBUTES THE STATEMENT REQUEST AND

REVIEWS THE COI STATEMENTS RETURNED. IDENTIFIED CONFLICTS OF INTEREST

ARE PRESENTED TO THE BOARD FOR REVIEW, DELIBERATION AND

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

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

AND EXPLAIN THE TRANSACTION OR ARRANGEMENT CAUSING THE CONFLICT. AFTER

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

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

TRANSACTION OR ARRANGEMENT.

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

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

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

Name of the organization

Employer identification number

STRAUB FOUNDATION

99-0109350

ASSIST IN THE DETERMINATION OF WHETHER A CONFLICT EXISTED, INCLUDING ANY
 DISCUSSION OF ALTERNATIVE ARRANGEMENTS, THE BOARD'S DECISION(S) REGARDING
 THE CONFLICT AND NAMES OF PERSON PRESENT IN THE DISCUSSION AND VOTES
 RELATING TO THE TRANSACTION OR ARRANGEMENT.

Name of the organization STRAUB FOUNDATION	Employer identification number 99-0109350
---	--

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

STRAUB FOUNDATION

Employer identification number

99-0109350

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

Name of the organization

Employer identification number

STRAUB FOUNDATION

99-0109350

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 STRAUB FOUNDATION	Employer identification number 99-0109350
---	--

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 STRAUB FOUNDATION	Employer identification number 99-0109350
--	--

	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
MAGELSSSEN					40						
MASUMOTO											
-NONAKA	20		1	1	8	10		12			9
MATSUMOTO			1			1					
MORTON					6	45					
NAKAMURA	1		30								
NIKAIDO						40					
OKABE	35	1	1	1	1	3	4	1	6	1	3
PIETSCH	1							1			
PRESSLER											
-FISHER	45		1	1	1	1	1	1	2		2
RAETHEL	15		5	5	5	10		10			5
ROBBINS	10		1	10				1	40		1
ROBERTSON	15		1	1	8	12		15			8
ROBINSON		20						6		1	
ROVINSKY				40							

Name of the organization

Employer identification number

STRAUB FOUNDATION

99-0109350

	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

STRAUB FOUNDATION

99-0109350

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	STRAUB CLINIC & HOSPITAL	C	240,571.
(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 HEALTH FOUNDATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501 (C) (3)	7	N/A
KAPI'OLANI MEDICAL SPECIALISTS 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501 (C) (3)	9	N/A
KAPI'OLANI MEDICAL CENTER WOMEN CHILDREN 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0177350	HOSPITAL	HI	501 (C) (3)	3	N/A
KAPI'OLANI MEDICAL CENTER AT PALI MOMI 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0274038	HOSPITAL	HI	501 (C) (3)	3	N/A
PROVIDERS INSURANCE CORPORATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 71-0893000	NFP INSURANCE	HI	501 (C) (3)	11B TYPE II	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

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)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			