

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

WILCOX MEMORIAL HOSPITAL

Employer identification number

99-0074365

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>82774304.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

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

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

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

Sign Here ▶

Signature of officer

Date

5/11/10

▶ VP/SYSTEM CONTROLLER
Title

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

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

ERO's Use Only

ERO's signature

Date

5/13/10

Check if also paid preparer

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. 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

Firm's name (or yours if self-employed), address, and ZIP code

Date

Check if self-employed

Preparer's SSN or PTIN

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 WILCOX MEMORIAL HOSPITAL		D Employer identification number 99-0074365
		Doing Business As		E Telephone number (808) 245-1100
		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 \$ 83,386,808.
		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: KATHLEEN CLARK 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.WILCOXHEALTH.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: 1936		M State of legal domicile: HI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: WILCOX MEMORIAL HOSPITAL IS A NONPROFIT HOSPITAL WHOSE MISSION IS TO SERVE THE KAUA'I COMMUNITY WITH ACCESSIBLE, QUALITY HEALTH CARE THAT SURPASSES EXPECTATIONS.		
	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	581
	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
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)	760,495.	533,582.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,444,558.	80,001,837.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	510,632.	246,580.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,731,986.	1,992,305.
	12		78,447,671.	82,774,304.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,168,900.	32,682,897.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	16b	Total fundraising expenses, Part IX, column (D), line 25		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	44,763,586.	42,161,095.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	75,932,486.	74,843,992.
	19	Revenue less expenses. Subtract line 18 from line 12	2,515,185.	7,930,312.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	70,247,653.	63,975,275.
	22	Net assets or fund balances. Subtract line 21 from line 20	28,761,262.	25,502,189.
22		41,486,391.	38,473,086.	

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)
	Firm's name (or yours if self-employed), address, and ZIP + 4	5/15/10	<input type="checkbox"/>	34-656596
ERNST & YOUNG U. S. LLP		EIN	▶ 34-656596	
TWO NORTH CENTRAL AVENUE, STE 2300 PHOENIX, AZ 85004		Phone no.	▶ 602/322-3000	

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

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

WILCOX MEMORIAL HOSPITAL IS A NONPROFIT HOSPITAL WHOSE MISSION IS TO SERVE THE KAUA'I COMMUNITY WITH ACCESSIBLE, QUALITY HEALTH CARE THAT SURPASSES EXPECTATIONS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 8,868,089. including grants of \$) (Revenue \$ 12,723,212.)

OUTPATIENT ER. WILCOX MEMORIAL HOSPITAL HAS A 20-BED EMERGENCY DEPARTMENT THAT SERVES ALL KAUA'I RESIDENTS AND VISITORS. IN FISCAL YEAR 2009, IT HAD 22,573 ER VISITS, AND IS CURRENTLY WORKING TOWARD A TRAUMA III DESIGNATION. WILCOX IS ALSO STRIVING FOR A TRIAGE BEST PRACTICE CALLED "RAPID TRIAGE AND IMMEDIATE BED PLACEMENT" TO DECREASE BOTH DOOR-TO-BED AND DOOR-TO-DOC TIMES. THIS ALLOWS NEWLY ARRIVING PATIENTS TO BYPASS THE TRIAGE AREA, AS WELL AS NURSE ASSESSMENT AND ER PHYSICIAN EVALUATION TO OCCUR SIMULTANEOUSLY. THE PHILOSOPHY IMPROVES SERVICE, QUALITY AND SAFETY FOR PATIENTS NEEDING EMERGENCY CARE.

4b (Code:) (Expenses \$ 7,752,429. including grants of \$) (Revenue \$ 9,117,148.)

OUTPATIENT OR. WILCOX MEMORIAL HOSPITAL IS EQUIPPED WITH A STATE-OF-THE-ART SURGICAL CENTER WITH SIX SURGICAL SUITES, 20 SAME-DAY SURGERY BEDS, VOICE-ACTIVATED ROBOTICS AND COMPUTER-ASSISTED TECHNOLOGY. IN FISCAL YEAR 2009, THE WILCOX SURGICAL CENTER INCREASED ITS OUTPATIENT SURGERIES TO 5,797. THE CENTER OPENED IN THE FALL OF 2006, PART OF A \$10 MILLION PROJECT AND CAPITAL CAMPAIGN.

4c (Code:) (Expenses \$ 5,258,248. including grants of \$) (Revenue \$ 3,798,897.)

OUTPATIENT INFUSION SERVICES. THE INFUSION CENTER AT WILCOX PROVIDES COMPREHENSIVE, CUSTOMIZED TREATMENT REGIMENS AND PROCEDURES, INCLUDING CHEMOTHERAPY AND PALLIATIVE CARE FOR ONCOLOGY AND OTHER SERVICES, SUCH AS BLOOD/PLATELET TRANSFUSIONS; IV INFUSIONS OF IV ANTIBIOTICS, ALBUMIN, IRON, REMICAIDE, RECLAST AND IVIG; IV HYDRATION; AND PHLEBOTOMY. THE HIGHLY TRAINED AND CARING STAFF HAS ACQUIRED ADVANCED CERTIFICATIONS IN ONCOLOGY AND/OR PALLIATIVE SUPPORT AND COORDINATES MEDICAL CARE WITH PRIMARY CARE PHYSICIANS, ONCOLOGISTS, NURSES, AND COMMUNITY RESOURCES.

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

(Expenses \$ 41,170,566. including grants of \$) (Revenue \$ 56,055,464.)

4e Total program service expenses \$ 63,049,332. (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

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 (10); 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? (No); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9a Does the organization have local chapters, branches, or affiliates? (No); 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? (No); 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 (Yes); 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 (No).

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 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 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? (Yes); 15b Other officers or key employees of the organization? (Yes); 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? (No); 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? (No).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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: (DONNA MASUDA-KAM 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 808-535-7355).

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	533,582.				
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above . .	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			533,582.			
Program Service Revenue				Business Code			
	2a NET PATIENT SERVICE REVENUE		900099	79,071,306.	79,071,306.		
	b RENTAL INCOME FROM AFFILIATE		900099	779,307.	779,307.		
	c RENTAL INCOME RELATED TO PROGRAM SERVICE		900099	151,224.	151,224.		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			80,001,837.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			560,105.			560,105.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE			
	5 Royalties ▶			NONE			
		(i) Real	(ii) Personal				
	6a Gross Rents		98,991.				
	b Less: rental expenses		29,256.				
	c Rental income or (loss)		69,735.				
	d Net rental income or (loss) ▶			69,735.			69,735.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		168,943.	100,780.			
	b Less: cost or other basis and sales expenses		252,782.	330,466.			
	c Gain or (loss)		-83,839.	-229,686.			
	d Net gain or (loss) ▶				-313,525.	-229,686.	-83,839.
	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 CAFETERIA SALES		722210	983,619.	983,619.			
b CATERING SPECIAL EVENTS		900099	591,963.	591,963.			
c PLANT OPERATIONS		900099	227,022.	227,022.			
d All other revenue		900099	119,966.	119,966.			
e Total. Add lines 11a-11d ▶			1,922,570.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			82,774,304.	81,694,721.	NONE	546,001.	

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 . . .	NONE			
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	26,299,403.	24,388,892.	1,910,511.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	569,464.	516,811.	52,653.	
9 Other employee benefits	3,851,247.	3,326,403.	524,844.	
10 Payroll taxes	1,962,783.	1,822,148.	140,635.	
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	NONE			
c Accounting	208,852.	NONE	208,852.	
d Lobbying	1,899.	NONE	1,899.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	-304.	NONE	-304.	
g Other	8,351,659.	5,608,998.	2,742,661.	
12 Advertising and promotion	29,545.	73.	29,472.	
13 Office expenses	12,635,703.	12,381,210.	254,493.	
14 Information technology	1,011,828.	226,167.	785,661.	
15 Royalties	NONE			
16 Occupancy	215,086.	208,189.	6,897.	
17 Travel	42,136.	26,620.	15,516.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	10,659.	5,420.	5,239.	
20 Interest	1,592,561.	1,592,561.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	5,567,167.	5,378,014.	189,153.	
23 Insurance	1,431,298.	1,265,652.	165,646.	
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 -----	4,606,802.	NONE	4,606,802.	
b BAD DEBT EXPENSE -----	3,232,977.	3,232,977.	NONE	
c UTILITIES -- OTHER -----	2,303,123.	2,295,605.	7,518.	
d OTHER PURCHASED SERVICES -----	907,046.	769,689.	137,357.	
e ALL OTHER EXPENSES -----	13,058.	3,903.	9,155.	
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	74,843,992.	63,049,332.	11,794,660.	
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	-798,302.	1	-492,793.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,705,580.	4	9,131,947.
	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	1,738,493.	8	2,048,575.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 98,341,497.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 58,223,253.	43,688,216.	10c 40,118,244.
	11 Investments - publicly traded securities	5,623,713.	11	5,671,630.
	12 Investments - other securities. See Part IV, line 11	642,393.	12	484,952.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,647,560.	15	7,012,720.
16 Total assets. Add lines 1 through 15 (must equal line 34)	70,247,653.	16	63,975,275.	
Liabilities	17 Accounts payable and accrued expenses	3,615,594.	17	3,051,346.
	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	25,145,668.	25	22,450,843.
	26 Total liabilities. Add lines 17 through 25.	28,761,262.	26	25,502,189.
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	35,382,830.	27	32,433,649.
	28 Temporarily restricted net assets	3,172,993.	28	3,121,769.
	29 Permanently restricted net assets	2,930,568.	29	2,917,668.
	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	41,486,391.	33	38,473,086.
	34 Total liabilities and net assets/fund balances	70,247,653.	34	63,975,275.

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?		
2c			
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
3a			
b	If "Yes," did the organization undergo the required audit or audits?		
3b			

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>WILCOX MEMORIAL HOSPITAL</u>	Employer identification number <u>99-0074365</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		1,899.
j Total lines 1c through 1i			1,899.
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.

OTHER LOBBYING ACTIVITIES

SCH C - PART 11, B1(I)

LOBBYING FEES INCLUDED IN 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

WILCOX MEMORIAL HOSPITAL

99-0074365

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 include: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d 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. b 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					
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 ▶ _____ %
 - 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 | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		1,112,104.		1,112,104.
b Buildings		64,858,065.	33,411,695.	31,446,370.
c Leasehold improvements		417,000.	417,000.	NONE
d Equipment		24,702,915.	21,300,891.	3,402,024.
e Other		7,251,413.	3,093,667.	4,157,746.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				40,118,244.

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

SCHEDULE D, PART XIV

EFFECTIVE 7/1/2007, WILCOX MEMORIAL HOSPITAL 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, WILCOX MEMORIAL HOSPITAL 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

WILCOX MEMORIAL HOSPITAL

99-0074365

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

WILCOX MEMORIAL HOSPITAL

Employer identification number

99-0074365

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 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:

WARREN CHAIKO	\$18,712
CHARLES R. CHING	\$40,512
KATHLEEN CLARK	\$21,852
ARTHUR GLADSTONE	\$26,000
EARL INOUE	\$29,872
GAIL LERCH	\$53,872
TERRY LONG	\$21,650
SUSAN MASUMOTO-NONAKA	\$15,393

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.

DAVID OKABE \$61,866

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

STEVEN ROBERTSON \$37,886

HILTON RAETHEL \$25,760

KENNETH B. ROBBINS, M.D. \$70,369

CHARLES A. STED \$171,539

PAULA DIAS \$21,395

LYNNE JOSEPH \$14,974

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 EMPLOYEES BASED ON SYSTEM GOALS THAT ARE

NOT BASED ON A PERCENTAGE OF NET EARNINGS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WILCOX MEMORIAL HOSPITAL

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

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

Employer identification number

99-0074365

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) KATHLEEN CLARK	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) KATHLEEN CLARK	187,975.	35,196.	NONE	32,280.	5,018.	260,469.	91,050.
(i) JOHN CULLINEY, M. D.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) JOHN CULLINEY, M. D.	451,560.	25,900.	NONE	9,200.	11,830.	498,490.	235,025.
(i) CHRISTOPHER JORDAN MD	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) CHRISTOPHER JORDAN MD	275,899.	35,000.	NONE	9,200.	8,070.	328,169.	139,769.
(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) 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) 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) 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) STEVEN ROBERTSON	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) STEVEN ROBERTSON	271,581.	64,488.	1.	79,020.	25,383.	440,473.	132,500.
(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) 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) 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.
(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) 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) 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.

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

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

Continuation Sheet for Schedule J (Form 990)

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

(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) 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) KENT KIKUCHI	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(ii) KENT KIKUCHI	144,919.	11,947.	NONE	7,519.	11,099.	175,484.	NONE
(i) LINDA ROZELLE	135,587.	10,189.	1,200.	8,364.	816.	156,156.	68,131.
(ii) LINDA ROZELLE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) JOHN HARLACHER	96,977.	4,963.	NONE	5,918.	10,978.	118,836.	NONE
(ii) JOHN HARLACHER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) PAULA DIAS	176,490.	25,762.	17,804.	31,879.	10,843.	262,778.	105,300.
(ii) PAULA DIAS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) LYNNE JOSEPH	151,357.	27,792.	NONE	26,400.	17,410.	222,959.	39,378.
(ii) LYNNE JOSEPH	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i) [Blank]							
(ii) [Blank]							
(i) [Blank]							
(ii) [Blank]							
(i) [Blank]							
(ii) [Blank]							
(i) [Blank]							
(ii) [Blank]							
(i) [Blank]							
(ii) [Blank]							
(i) [Blank]							
(ii) [Blank]							
(i) [Blank]							
(ii) [Blank]							
(i) [Blank]							
(ii) [Blank]							
(i) [Blank]							
(ii) [Blank]							
(i) [Blank]							
(ii) [Blank]							

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

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

Employer Identification number

WILCOX MEMORIAL HOSPITAL

99-0074365

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			
PAUL DOUGLASS CHAIR, BOARD OF DIRECTOR	1.	X		X				NONE	NONE	NONE
LYLE TABATA VICE CHAIR, BOARD OF DIRECTOR	1.	X		X				NONE	NONE	NONE
SHIRLEY AKITA BOARD OF DIRECTOR	1.	X						NONE	NONE	NONE
TERENCE CAROLAN, M. D. BOARD OF DIRECTOR	1.	X						NONE	NONE	NONE
KATHLEEN CLARK PRESIDENT & CEO, BOARD OF DIR	60.	X		X				NONE	223,171.	37,298.
JOHN CULLINEY, M. D. BOARD OF DIRECTOR	1.	X						NONE	477,460.	21,030.
RAMON DE LA PENA BOARD OF DIRECTOR	1.	X						NONE	NONE	NONE
DOUGLAS DUVAUCHELLE, M. D. BOARD OF DIRECTOR	1.	X						NONE	NONE	NONE
WAYNE RICHARDSON III BOARD OF DIRECTOR	1.	X						NONE	NONE	NONE
CHRISTOPHER JORDAN MD BOARD OF DIRECTOR (EX OFFICIO)	1.	X						NONE	310,899.	17,270.
CHARLES A. STED BOARD OF DIRECTOR	8.	X						NONE	1,094,570.	275,201.
DAVID OKABE EVP, CFO & TREASURER	3.			X				NONE	496,310.	127,411.
KENNETH B. ROBBINS, M. D. EVP & CMO	1.			X				NONE	516,480.	152,219.
GAIL LERCH EVP	1.			X				NONE	412,285.	125,040.
CHARLES R. CHING EVP, GEN. COUNSEL & SECRETARY	5.			X				NONE	369,306.	93,530.
VIRGINIA PRESSLER-FISHER, M. D. EVP	2.			X				NONE	378,706.	103,219.
STEVEN ROBERTSON EVP & CIO	8.			X				NONE	336,070.	104,403.
EARL INOUYE VP & SYSTEM CONTROLLER	12.			X				NONE	263,160.	56,245.
TERRY LONG VP	16.			X				NONE	219,177.	53,362.
HILTON RAETHEL VP	5.			X				NONE	215,367.	36,616.
WARREN CHAIKO VP	5.			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 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

WILCOX MEMORIAL HOSPITAL

Employer Identification number

99-0074365

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN MASUMOTO-NONAKA VP	9.			X				NONE	204,732.	47,775.
ARTHUR GLADSTONE VP & CNE	1.			X				NONE	335,804.	55,604.
MELINDA ASHTON, M.D. MEDICAL DIRECTOR	1.			X				NONE	239,213.	22,356.
DAVID FOX PRIVACY/INFO. SECURITY OFFICER	4.			X				NONE	101,691.	14,487.
JESSICA BRUGGEMANN ASSISTANT CORPORATE SECRETARY	4.			X				NONE	80,794.	8,337.
KEOKI CLEMENTE COMPLIANCE OFFICER	1.			X				NONE	91,485.	12,564.
KENT KIKUCHI DIR PHARMACY	34.				X			NONE	156,866.	18,618.
LINDA ROZELLE DIR CLINICAL SVC LINE	40.					X		146,976.	NONE	9,180.
LINDA LEAVITT DIR CLINICAL SVC LINE	40.					X		132,463.	NONE	16,870.
TERRY TAYLOR PHARMACIST	40.					X		131,390.	NONE	12,045.
CLYDE MILLER LEAD PHARMACIST	40.					X		130,753.	NONE	12,009.
JOEL EHRLICH PHARMACIST	40.					X		128,058.	NONE	17,902.
JOHN HARLACHER FORMER OFFICER	1.						X	101,940.	NONE	16,896.
PAULA DIAS FORMER OFFICER	1.						X	NONE	220,056.	42,722.
LYNNE JOSEPH FORMER OFFICER	50.						X	NONE	179,149.	43,810.

**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

WILCOX MEMORIAL HOSPITAL

Employer identification number

99-0074365

TOTAL OTHER PROGRAM EXPENSES

FORM 990, PART III, LINE 4D

WILCOX MEMORIAL HOSPITAL WAS FOUNDED IN 1938 AND HAS BEEN TREATING THE ISLAND'S RESIDENTS AND VISITORS FOR MORE THAN SEVEN DECADES. AN AFFILIATE OF HAWAI'I PACIFIC HEALTH, THE STATE'S LARGEST HEALTH CARE PROVIDER, WILCOX IS AN ACUTE CARE HOSPITAL WITH A FULL SUITE OF SERVICES FROM EMERGENCY, OB/GYN AND PEDIATRICS TO CARDIOLOGY, GASTROENTEROLOGY, OPHTHALMOLOGY, PULMONOLOGY, NEPHROLOGY, COSMETIC SURGERY, INTERNAL MEDICINE, FAMILY PRACTICE, AND WOMEN'S SERVICES. IT HAS 71 BEDS, INCLUDING SEVEN INTENSIVE CARE BEDS, 10 BASSINETS, FIVE BIRTHING SUITES AND A 20-BED EMERGENCY DEPARTMENT. IT HAS A MEDICAL STAFF OF 170 PHYSICIANS. DURING FISCAL YEAR 2009, THE HOSPITAL ADMITTED 3,992 ACUTE CARE PATIENTS FOR A TOTAL OF 16,019 PATIENT DAYS, WITH 22,573 EMERGENCY ROOM VISITS. IT CONDUCTED 1,430 INPATIENT SURGERIES, INCREASED ITS OUTPATIENT SURGERIES TO 5,797 AND PROVIDED INFUSION SERVICES TO 3,054 PATIENTS.

WILCOX MEMORIAL HOSPITAL IS KAUA'I'S LARGEST MEDICAL FACILITY. IT IS THE ONLY HOSPITAL IN HAWAI'I TO RECEIVE THREE QUALITY PERFORMANCE AWARDS IN ONE YEAR FROM THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES PROGRAM. THE FAMILY IMAGING CENTER PROVIDES MRI, CT, NUCLEAR MEDICINE, ULTRASOUND, TELEMEDICINE, MAMMOGRAPHY, AND BONE DENSITOMETRY. A STATE-OF-THE-ART SURGICAL CENTER HAS SIX SURGICAL SUITES, 20 SAME-DAY SURGERY BEDS AND MORE THAN 22 SPECIALTIES. CARDIO-PULMONARY OFFERS STRESS TESTING AND RESPIRATORY THERAPY. REHABILITATION SERVICES ARE OFFERED IN

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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**Open to Public
Inspection**

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PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY. HOSPITALISTS ARE ON STAFF AT ALL TIMES. ALSO, PATIENTS HAVE ACCESS TO ENDOSCOPY, CARDIOVERSION, BRONCHOSCOPY AND TRANSESOPHAGEAL ECHOCARDIOGRAPHY AND OTHER SPECIALTY PROCEDURES.

WILCOX MEMORIAL HOSPITAL PLAYS AN ACTIVE ROLE IN KAUA'I'S COMMUNITY; IT IS COMMITTED TO HEALTH EDUCATION, PREVENTION AND SUPPORT. IN FISCAL YEAR 2009, THE HOSPITAL HOSTED A VARIETY OF COMMUNITY HEALTH EDUCATION EVENTS: VALENTINE IN PARADISE IN FEBRUARY IS A TELECONFERENCE ON HEART DISEASE PREVENTION; AND THE WOMEN'S HEALTH SYMPOSIUM IN NOVEMBER ATTRACTED MORE THAN 200 ATTENDEES.

IN ADDITION, WILCOX CO-SPONSORS THE ARTHRITIS WALK AND SUPPORTS THE PARADE OF LIGHTS, AMERICAN CANCER SOCIETY/RELAY FOR LIFE, KAUA'I FOODBANK, KAUA'I LIFEGUARD ASSOCIATION, TOYS FOR TOTS, ALOHA UNITED WAY WALK-A-THON, ALZHEIMER'S MEMORY WALK AND MANY MORE COMMUNITY EVENTS.

WILCOX MEMORIAL HOSPITAL TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS THE COMMUNITY'S SAFETY NET PROVIDER OF HEALTH CARE. AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES ON WHICH PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. IN FISCAL 2009, THE HOSPITAL PROVIDED MORE THAN \$2.8 MILLION WORTH OF CARE TO PATIENTS WHO WERE UNINSURED OR UNABLE TO PAY FOR THEIR CARE, AS WELL AS IN OTHER COMMUNITY BENEFITS.

Name of the organization

Employer identification number

WILCOX MEMORIAL HOSPITAL

99-0074365

TAX-EXEPT BONDS

FORM 990, PART IV, LINE 24A

WMH 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

WILCOX MEMORIAL HOSPITAL

99-0074365

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

WILCOX MEMORIAL HOSPITAL

99-0074365

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 WILCOX MEMORIAL HOSPITAL	Employer identification number 99-0074365
--	--

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 TO THE BOARD FOR THE FOLLOWING POSITIONS: THE

PRESIDENT/CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE

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

SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS

EXCEPT THE OPERATING UNIT VICE-PRESIDENTS; AS SUCH TERM IS DEFINED IN

THESE BYLAWS;

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

COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES

MATRIX ADOPTED BY THE MEMBER BOARD;

(III) AMEND THESE BYLAWS;

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

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

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

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

CORPORATION' S FUNDS SHALL BE DEPOSITED;

(VI) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET

MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;

(VII) DETERMINE AND EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE

CORPORATION AND ANY AFFILIATE;

(VIII) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE

CORPORATION' S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS;

(IX) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR

OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;

Name of the organization WILCOX MEMORIAL HOSPITAL	Employer identification number 99-0074365
--	--

(X) EXCEPT AS PROVIDED IN SECTION 3.2(C) OF THESE BYLAWS OR AS REQUIRED BY THE LAWS OF THE STATE OF HAWAI`I, SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY WILCOX MEMORIAL HOSPITAL, KAUA'I MEDICAL CLINIC, WILCOX HEALTH FOUNDATION, AND G. N. WILCOX HEALTH CENTER PROPERTIES (THE "WILCOX AFFILIATES");

(XI) EXCEPT AS PROVIDED IN SECTION 3.2(C) OF THESE BYLAWS OR AS REQUIRED BY THE LAWS OF THE STATE OF HAWAI`I, SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE WILCOX AFFILIATES WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE WILCOX AFFILIATES DURING THE PRIOR FISCAL YEAR;

(XII) CLOSE THE HOSPITAL OWNED AND OPERATED BY THE CORPORATION; PROVIDED, THAT, AFTER THE EFFECTIVE DATE OF THESE BYLAWS, ANY ELIMINATION OF A CLINICAL SERVICE PROVIDED BY THE CORPORATION MUST ALSO BE APPROVED BY THE BOARD;

(XIII) CONVERT THE HOSPITAL OWNED AND OPERATED BY THE CORPORATION INTO A FACILITY NO LONGER OFFERING INPATIENT AND OUTPATIENT SERVICES; PROVIDED, THAT, AFTER THE EFFECTIVE DATE OF THESE BYLAWS, ANY ELIMINATION OF A CLINICAL SERVICE PROVIDED BY THE CORPORATION MUST ALSO BE APPROVED BY THE BOARD;

(XIV) AFTER CONSULTING WITH THE BOARD, REMOVE THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, TREASURER, SECRETARY, OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND/OR ALL VICE PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS; PROVIDED, HOWEVER, THAT TO REMOVE OR

Name of the organization WILCOX MEMORIAL HOSPITAL	Employer identification number 99-0074365
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TERMINATE THE PRESIDENT/CHIEF EXECUTIVE OFFICER WILL REQUIRE THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE MEMBER TO FULLY COLLABORATE AND CONSULT WITH THE BOARD AND SEEK THE BOARD'S ADVANCE CONSENT FOR SUCH REMOVAL OR TERMINATION. IF THE BOARD DOES NOT CONCUR WITH THE PROPOSED REMOVAL OR TERMINATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SUCH REMOVAL OR TERMINATION WILL REQUIRE THE APPROVAL OF A MAJORITY OF THE MEMBERS ON THE MEMBER BOARD;

(XV) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION; AND

(XVI) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.

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

(I) ADD ANY DIRECTOR TO THE BOARD;

(II) REMOVE ANY DIRECTOR FROM THE BOARD;

(III) AMEND THE ARTICLES;

(IV) 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;

(V) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000);

(VI) ACQUIRE SHARES IN ANOTHER CORPORATION;

(VII) SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY THE WILCOX AFFILIATES;

Name of the organization WILCOX MEMORIAL HOSPITAL	Employer identification number 99-0074365
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- (VIII) SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE PROPERTY AND ASSETS HELD BY THE CORPORATION TO ANY ENTITY THAT IS NOT AN AFFILIATE;
- (IX) SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE WILCOX AFFILIATES WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE WILCOX AFFILIATES DURING THE PRIOR FISCAL YEAR;
- (X) MERGE THE CORPORATION WITH ANY ENTITY;
- (XI) DISSOLVE OR LIQUIDATE THE CORPORATION;
- (XII) THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER;
- (XIII) 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
- (XIV) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.

Name of the organization WILCOX MEMORIAL HOSPITAL	Employer identification number 99-0074365
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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

WILCOX MEMORIAL HOSPITAL

99-0074365

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 WILCOX MEMORIAL HOSPITAL	Employer identification number 99-0074365
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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

Name of the organization

WILCOX MEMORIAL HOSPITAL

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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 WILCOX MEMORIAL HOSPITAL	Employer identification number 99-0074365
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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

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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

WILCOX MEMORIAL HOSPITAL

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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 WILCOX MEMORIAL HOSPITAL	Employer identification number 99-0074365
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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 WILCOX MEMORIAL HOSPITAL	Employer identification number 99-0074365
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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								
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

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WILCOX MEMORIAL HOSPITAL

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	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 WILCOX MEMORIAL HOSPITAL	Employer identification number 99-0074365
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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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
h Exchange of assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input checked="" type="checkbox"/>	<input 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)	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
KAPI'OLANI MEDICAL CENTER AT PALI MOMI 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0274038	HOSPITAL	HI	501 (C) (3)	3	N/A
WILCOX 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)	(B)	(C)
Name of other organization	Transaction type (a-r)	Amount involved
(7) KAUA'I MEDICAL CLINIC	R	111,505.
(8) KAUA'I MEDICAL CLINIC	O	1,873,229.
(9) WILCOX HEALTH FOUNDATION	C	267,563.
(10) WILCOX HEALTH FOUNDATION	O	128,866.
(11) WILCOX HEALTH FOUNDATION	B	90,277.
(12) STRAUB CLINIC & HOSPITAL	P	99,587.
(13) KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	P	359,322.
(14) KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	Q	178,754.
(15) KAPI'OLANI MEDICAL CENTER AT PALI MOMI	P	65,155.
(16) KAPI'OLANI MEDICAL CENTER AT PALI MOMI	Q	138,260.
(17) PROVIDERS INSURANCE CORPORATION	Q	1,354,689.
(18) KEAHONUI' OKALANI	I	51,628.
(19)		
(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 P. O. BOX 1300 HONOLULU, HI 96807-1300	CLINICAL LABORATORY	2,093,767.
UP TO DATE CLEANERS KAUAI 3145 KIKINA ROAD KOLOA, HI 96756	LAUNDRY SERVICES	784,981.
SHIOI CONSTRUCTION, INC. 4023 HALAU STREET LIHUE, HI 96766	CONSTRUCTION SERVICE	332,486.
PHILIPS MEDICAL SYSTEMS P. O. BOX 406538 ATLANTA, GA 30384-6538	IMAGING EQUIP MAINT.	325,334.
LEO A. DALY COMPANY 1357 KAPI'OLANI BLVD HONOLULU, HI 96814-4537	PROFESSIONAL DESIGN	278,730.
TOTAL COMPENSATION		----- 3,815,298. =====