

Kapi'olani Medical Center for Women & Children
Instructions for E-filed
Form 990 - Exempt Organization
For the period ended June 30, 2010

Signature ...

The file copy and public inspection copy of the returns should be signed by an officer, title indicated, and dated on page 1.

Filing ...

The federal copy of the return was e-filed by us on your behalf. Do not separately file a copy of the Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

Payment of tax ...

No payment of tax is required.

Cumulative e-File History 2009	
FED	
Locator:	50F12E
Taxpayer Name:	KAPI'OLANI MEDICAL CTR WOMEN CHILDREN
Return Type:	990
Submitted Date:	05/09/2011 09:28:39
Acknowledgement Date:	05/09/2011 10:01:01
Status:	Accepted
Submission ID:	99005220111295000005

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning 07/01, 2009, and ending 06/30, 20 10

2009

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

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

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

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. 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.

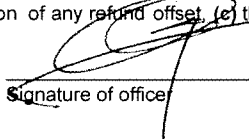
1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>262172941.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	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 2009 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 ▶  Date 5/9/2011 Title VP & SYSTEM CONTROLLER

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

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

ERO's Use Only	ERO's signature ▶ <u></u>	Date <u>5/9/2011</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>ERNST & YOUNG U.S. LLP</u>				EIN <u>34-6565596</u>
	<u>55 MERCHANT ST., SUITE 1900, C-120</u>	<u>HONOLULU HI 96813</u>	Phone no. <u>808-531-2037</u>		

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

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

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 MERCHANT STREET, 24TH FLOOR City or town, state or country, and ZIP + 4 HONOLULU, HI 96813	D Employer identification number 99-0177350
	F Name and address of principal officer: RAYMOND P. VARA, JR. 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813		E Telephone number (808) 983-6000
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 274,484,570.	
J Website: ▶ WWW.KAPIOLANI.ORG/WOMEN-AND-CHILDREN		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)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1976 M State of legal domicile: HI	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS A NONPROFIT HOSPITAL WHOSE MISSION IS TO IMPROVE AND ADVOCATE FOR THE HEALTH AND WELL-BEING OF WOMEN AND CHILDREN OF HAWAI'I AND THE PACIFIC REGION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of employees (Part V, line 2a)	5	1,539
	6	Total number of volunteers (estimate if necessary)	6	500
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,812.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-353.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,389,038.	1,952,071.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	243,777,137.	257,232,494.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-910,941.	1,711,771.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,343,860.	1,276,605.
	12		246,599,094.	262,172,941.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,286.	35,113.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	101,462,397.	107,478,492.
	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses, Part IX, column (D), line 25 ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	111,784,804.	117,041,764.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	213,259,487.	224,555,369.	
19	Revenue less expenses. Subtract line 18 from line 12	33,339,607.	37,617,572.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	168,207,446.	184,104,875.
	22	Net assets or fund balances. Subtract line 21 from line 20	29,450,960.	27,617,364.
		138,756,486.	156,487,511.	

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____
	Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature ▶ <i>Ernst & Young</i>	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ 34-6565596 Phone no. ▶ 808-531-2037
	Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG U.S. LLP 55 MERCHANT ST., SUITE 1900, C-120 HONOLULU, HI 96813			

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** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS A NONPROFIT
HOSPITAL WHOSE MISSION IS TO IMPROVE AND ADVOCATE FOR THE HEALTH AND
WELL-BEING OF WOMEN AND CHILDREN OF HAWAI'I AND THE PACIFIC REGION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 45,350,671. including grants of \$ 0.) (Revenue \$ 39,675,446.)
ATTACHMENT 2

4b (Code: _____) (Expenses \$ 36,879,953. including grants of \$ 0.) (Revenue \$ 59,913,814.)
PEDIATRIC NEONATE. KAPI'OLANI IS THE ONLY HOSPITAL IN HAWAI'I
SPECIALIZING IN NEWBORN CARE. ITS LEVEL IIIB NEONATAL INTENSIVE
CARE UNIT PROVIDES THE HIGHEST LEVEL OF CARE FOR MORE THAN 900
PREMATURE AND CRITICALLY-ILL BABIES EACH YEAR. IT IS THE ONLY
HOSPITAL IN THE STATE STAFFED BY A DEDICATED TEAM OF
NEONATOLOGISTS, ON-SITE 24 HOURS A DAY. MORE THAN 150 NEWBORN
BABIES REQUIRING THIS SPECIAL CARE ARE TRANSFERRED TO KAPI'OLANI
FROM THROUGHOUT HAWAI'I HOSPITALS EVERY YEAR. KAPI'OLANI IS A
MAJOR TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAI'I JOHN A.
BURNS SCHOOL OF MEDICINE'S PEDIATRIC RESIDENCY TRAINING PROGRAM.

4c (Code: _____) (Expenses \$ 20,947,881. including grants of \$ 0.) (Revenue \$ 20,476,954.)
ATTACHMENT 3

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 98,635,477. including grants of \$ 0.) (Revenue \$ 138,247,615.)

4e Total program service expenses **▶** 201,813,982.

Part IV Checklist of Required Schedules

Table with 20 rows of questions and Yes/No columns. Questions cover various organizational requirements and reporting obligations. Includes a sub-table for question 12A with Yes/No columns.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a 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 lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
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?		
25 a 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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 sections 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b 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?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH MATSUMOTO, M.D. CHAIR, BOARD OF DIRECTOR	.30	X		X				0.	0.	0.
CHARLES A. STED PRESIDENT, BOARD OF DIRECTOR	2.00	X		X				0.	2,010,991.	283,726.
RAYMOND P. VARA JR. EVP & CEO OF OPERATIONS, BOD	10.00	X		X				0.	1,389,883.	182,347.
STEVEN AI BOARD OF DIRECTOR	.30	X						0.	0.	0.
CHRIS ELDRIDGE BOARD OF DIRECTOR	.30	X						0.	0.	0.
BEN GODSEY BOARD OF DIRECTOR	.30	X						0.	0.	0.
DOUGLAS KWOCK, M.D. BOARD OF DIRECTOR	.30	X					12,000.	0.	0.	0.
STEPHEN LIN, M.D. BOARD OF DIRECTOR	.30	X					41,500.	0.	0.	0.
PETER MCNALLY, M.D. BOARD OF DIRECTOR	.30	X					12,000.	0.	0.	0.
JENNIFER SABAS BOARD OF DIRECTOR	.30	X					0.	0.	0.	0.
SHELLEY WILSON BOARD OF DIRECTOR	.30	X					0.	0.	0.	0.
DAVID OKABE EVP, CFO & TREASURER	4.00			X				0.	828,139.	109,283.
GAIL LERCH EVP	6.00			X				0.	623,021.	100,175.
VIRGINIA PRESSLER-FISHER, M.D. EVP	1.00			X				0.	587,408.	106,744.
CHARLES R. CHING EVP, GEN'L COUNSEL & SECRETARY	4.00			X				0.	545,613.	79,218.
STEVEN ROBERTSON EVP & CIO	12.00			X				0.	447,932.	93,805.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(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			
EARL INOUE VP & SYSTEM CONTROLLER	5.00			X				0.	338,063.	33,175.
ARTHUR GLADSTONE VP & CNE	.50			X				0.	397,128.	43,541.
MARTHA SMITH VP & COO	55.00			X				0.	444,350.	117,815.
WARREN CHAIKO VP	15.00			X				0.	287,396.	30,756.
JANA HALL VP	50.00			X				0.	53,891.	1,266.
DAWN CHING VP	50.00			X				0.	197,193.	31,081.
JOAN BURRITT, R.N. VP & CNE	40.00			X				0.	0.	0.
SUSAN MASUMOTO-NONAKA VP	10.00			X				0.	260,504.	40,021.
PAULA DIAS VP	30.00			X				0.	270,249.	25,517.
MELINDA ASHTON, M.D. VP	2.00			X				0.	328,748.	35,227.
ANN M.K. PETERS VP	1.00			X				0.	130,344.	22,657.
PRUDENCE KUSANO HPH COMPLIANCE OFFICER	8.70			X				0.	164,208.	13,630.
DAVID FOX PRIVACY&INFO SECURITY OFFICER	10.40			X				0.	111,240.	17,249.
1b Total CONTINUED AT SCHEDULE J-2								1,212,223.	10,615,328.	1,604,262.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **230**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **36**

Part VIII Statement of Revenue

99-0177350

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,917,468.				
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	34,603.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			1,952,071.			
Program Service Revenue	Business Code						
	2a NET PATIENT SERVICES		622110	249,999,659.	249,999,659.		
	b OTHER PROGRAM SERVICE REVENUE		622110	4,276,658.	4,276,658.		
	c RENTAL INCOME		531120	2,905,347.	2,905,347.		
	d PREMIUM REVENUE		622110	50,830.	50,830.		
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			257,232,494.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,739,240.			1,739,240.
	4 Income from investment of tax-exempt bond proceeds . . .			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			12,042,022.			
	b Less: cost or other basis and sales expenses			12,069,491.			
	c Gain or (loss)			-27,469.			
	d Net gain or (loss)			-27,469.			-27,469.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		23,064.			
	b Less: direct expenses	b		18,365.			
	c Net income or (loss) from fundraising events			4,699.			4,699.
	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			0.				
10a Gross sales of inventory, less returns and allowances	a		385,815.				
b Less: cost of goods sold	b		223,773.				
c Net income or (loss) from sales of inventory			162,042.			162,042.	
Miscellaneous Revenue			Business Code				
11a PARKING		812930	1,010,838.	1,010,838.			
b REIMBURSEMENTS		900099	53,190.	53,190.			
c CAFETERIA		722110	17,307.	17,307.			
d All other revenue		900099	28,529.		2,812.	25,717.	
e Total. Add lines 11a-11d			1,109,864.				
12 Total Revenue. See instructions			262,172,941.	258,313,829.	2,812.	1,904,229.	

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 . . .	35,113.	35,113.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	425,233.	377,202.	48,031.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	88,358,398.	87,546,451.	811,947.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	12,168,545.	11,299,452.	869,093.	
10 Payroll taxes	6,526,316.	6,467,477.	58,839.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	3,056.		3,056.	
c Accounting	630,283.		630,283.	
d Lobbying	4,252.		4,252.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	289,943.		289,943.	
g Other	42,193,522.	39,619,163.	2,574,359.	0.
12 Advertising and promotion	79,635.	14,253.	65,382.	
13 Office expenses	25,229,805.	25,163,079.	66,726.	
14 Information technology	3,124,121.	447,841.	2,676,280.	
15 Royalties	0.			
16 Occupancy	5,486,666.	5,197,327.	289,339.	
17 Travel	63,378.	59,214.	4,164.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	34,861.	33,361.	1,500.	
20 Interest	3,688,271.	3,688,271.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	11,512,980.	11,120,984.	391,996.	
23 Insurance	3,071,617.	3,031,312.	40,305.	
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 <u>CORPORATE ALLOCATION</u> -----	13,303,500.		13,303,500.	
b <u>BAD DEBT</u> -----	6,398,579.	6,398,579.		
c <u>OTHER PURCHASES</u> -----	1,182,725.	644,492.	538,233.	
d <u>LOSS - EXTINGUISHMENT OF DEB</u> -----	637,704.	637,704.		
e <u>ALL OTHER EXPENSES</u> -----	106,866.	32,707.	74,159.	
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	224,555,369.	201,813,982.	22,741,387.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-961,226.	1	-909,985.
	2 Savings and temporary cash investments	4,895,767.	2	4,940,814.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	33,545,112.	4	33,498,870.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 sale or use	2,675,222.	8	2,699,679.
	9 Prepaid expenses and deferred charges	231,790.	9	280,511.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 229,833,589.		
	b Less: accumulated depreciation	10b 166,260,087.	66,553,799.	10c 63,573,502.
	11 Investments - publicly traded securities	27,965,172.	11	31,976,187.
	12 Investments - other securities. See Part IV, line 11	22,704,449.	12	27,262,862.
	13 Investments - program-related. See Part IV, line 11	1,618,558.	13	1,618,557.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,978,803.	15	19,163,878.
16 Total assets. Add lines 1 through 15 (must equal line 34)	168,207,446.	16	184,104,875.	
Liabilities	17 Accounts payable and accrued expenses	22,976,572.	17	21,891,429.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	6,474,388.	25	5,725,935.
	26 Total liabilities. Add lines 17 through 25	29,450,960.	26	27,617,364.
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	129,825,107.	27	138,502,844.
	28 Temporarily restricted net assets	3,885,275.	28	12,791,157.
	29 Permanently restricted net assets	5,046,104.	29	5,193,510.
	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	138,756,486.	33	156,487,511.	
34 Total liabilities and net assets/fund balances	168,207,446.	34	184,104,875.	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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 through 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) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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 section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2009. 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 - 2008. 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 ►

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. 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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

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(c)(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 KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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%; border-collapse: collapse;"> <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. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

LOBBYING ACTIVITY

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

LOBBYING FEES WERE INCLUDED IN THE ANNUAL MEMBERSHIP DUES PAID TO

HEALTHCARE ASSOCIATION OF HAWAI'I AND NACHRI.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

Employer identification number

99-0177350

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

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

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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.

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

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

3 Using the organization's acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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 XI V and complete the following table:

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

- a Board designated or quasi-endowment 95.0000 %
b Permanent endowment 5.0000 %
c Term endowment 0.0000 %

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other BOARD DESIGNATION	27,262,862.	FMV

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	27,262,862.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
DEPOSITS & NON-CURRENT ASSETS	1,299,384.
DUE FROM GOV'T AGENCY	1,074,123.
OTHER RECEIVABLES	1,533,460.
DECORATIVE ARTWORK	166,117.
BENEFICIAL INTEREST TRUST/FDN	14,815,554.
DUE FROM KAPI'OLANI FOUNDATION	267,909.
DUE FROM STRAUB FOUNDATION	4,608.
DUE FROM WILCOX FOUNDATION	1,737.
DUE FROM KAUA'I MEDICAL CLINIC	986.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	19,163,878.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
OTHER L/T LIAB-POST RETIREMENT HLTH	158,379.
ALLOC OF OBLIG GRP TAX EXEMPT BONDS	4,806,369.
DUE TO PROVIDERS INSURANCE CORP	223,412.
DUE TO HAWAI'I PACIFIC HEALTH PTRS	2,194.
DUE TO KAPI'OLANI MEDICAL SPECIALIS	535,581.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,725,935.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS INTENDED USES

FORM 990, SCHEDULE D, PART V, LINE 4

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

FOOTNOTE EXPLANATION FOR FIN 48

FORM 990, SCHEDULE D, PART X, LINE 2

FOLLOWING IS THE FIN 48 FOOTNOTE FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF HAWAI'I PACIFIC HEALTH, THE FILING ORGANIZATION'S PARENT.

THE TAXABLE AFFILIATES OF THE COMPANY UTILIZE THE LIABILITY METHOD OF ACCOUNTING FOR INCOME TAXES. UNDER THIS METHOD, DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON DIFFERENCES BETWEEN THE FINANCIAL REPORTING AND TAX BASIS OF ASSETS AND LIABILITIES, AND ARE MEASURED USING THE CURRENTLY EXACTED TAX RATES AND LAWS. VALUATION ALLOWANCES ARE USED TO REDUCE DEFERRED TAX ASSETS TO THEIR ESTIMATED NET REALIZABLE VALUES WHEN MANAGEMENT DETERMINES ULTIMATE RECOVERY OF THE DEFERRED TAX ASSETS IS NOT MORE LIKELY THAN NOT TO OCCUR.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	0 (total number)	
Revenue	1	Gross receipts	23,064.		23,064.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	23,064.		23,064.
Direct Expenses	4	Cash prizes	405.		405.
	5	Noncash prizes	3,339.		3,339.
	6	Rent/facility costs	9,569.		9,569.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	5,052.		5,052.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				4,699.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

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

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

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

15a

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

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

17a

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

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

KAPI 'OLANI MEDICAL CTR WOMEN CHILDREN

Employer identification number

99-0177350

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
b If "Yes," is it a written policy?	X	
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 checked="" type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
<input type="checkbox"/> Applied uniformly to most 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 free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" 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"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
c If "Yes" to line 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?		X
6a Does the organization prepare an annual community benefit report?	X	
b If "Yes," does the organization make it available to the public?	X	

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)		632	482,731.		482,731.	.22
b Unreimbursed Medicaid (from Worksheet 3, column a)		41102	94,361,074.	85,115,986.	9,245,088.	4.24
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs		41734	94,843,805.	85,115,986.	9,727,819.	4.46
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	11	3919	415,091.	134,412.	280,679.	.13
f Health professions education (from Worksheet 5)			16,415,059.	1,196,697.	15,218,362.	6.98
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			35,113.		35,113.	.02
j Total Other Benefits	11	3919	16,865,263.	1,331,109.	15,534,154.	7.13
k Total. Add lines 7d and 7j	11	45653	111,709,068.	86,447,095.	25,261,973.	11.59

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

Schedule H (Form 990) 2009

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 2 Enter the amount of the organization's bad debt expense (at cost) **2** 2,642,946.
- 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 **3** 228,837.
- 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, and rationale for including other bad debt amounts in community benefit.

	Yes	No
1		X
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 3,017,983.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 3,993,535.
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) **7** -975,552.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy? **9a** X
- 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. **9b** X

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
KAPI'OLANI MED CTR FOR WOMEN & CHILDREN 1319 PUNAHOU STREET HONOLULU HI 96826	X	X	X	X			X		
WOMEN'S BREAST CENTER 1907 BERETANIA STREET, 1ST FLOOR HONOLULU HI 96826									WOMEN'S SPECIALTY CARE SERVICES
HAWAI'I COMMUNITY GENETICS 1441 KAPIOLANI BLVD, 18TH FLOOR HONOLULU HI 96814									GENETIC SERVICES
----- ----- -----									
----- ----- -----									
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Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

N/A

PART I, LINE 6A:

COMMUNITY BENEFITS ARE INCLUDED IN A REPORT PREPARED BY HAWAI'I
PACIFIC HEALTH, THE FILING ORGANIZATION'S PARENT.

PART I, LINE 7G:

N/A

PART I, LINE 7, COLUMN F:

BAD DEBT EXPENSE OF \$6,398,579 WAS SUBTRACTED FROM TOTAL EXPENSES TO
COMPUTE PERCENTAGES

PART I, LINE 7:

COST TO CHARGE RATIO AND SCHEDULE H WORKSHEET WAS USED

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4:

THE ESTIMATE OF BAD DEBT COST IS BASED ON THE COST TO CHARGE RATIO

AND THE ESTIMATE OF CHARITY CARE COST IS BASED ON THE COST TO CHARGE

RATIO ATTRIBUTED TO MANAGEMENT'S ESTIMATE OF THE PORTION OF THE

UN-INSURED PATIENT THAT COULD HAVE QUALIFIED FOR CHARITY CARE.

PER THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF HAWAI'I PACIFIC

HEALTH ("HPPH"), THE FILING ORGANIZATION'S PARENT:

THE PROVISION FOR BAD DEBTS EXPENSE IS BASED UPON MANAGEMENT'S

ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO

CONSIDERATION HISTORICAL BUSINESS AND ECONOMIC TRENDS, TRENDS IN

HEALTHCARE COVERAGES AND OTHER COLLECTION INDICATORS. PERIODICALLY

THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE

ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS TO ESTABLISH AN APPROPRIATE

ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. BAD DEBT CONSISTS OF SERVICES

FOR WHICH THE COMPANY ANTICIPATED BUT DID NOT RECEIVE PAYMENT BECAUSE

OF PATIENTS' UNWILLINGNESS TO PAY. BAD DEBT ALSO INCLUDES SERVICES

FOR MEDICALLY INDIGENT AND/OR UNINSURED PATIENTS WHO ARE UNABLE TO

PAY AND WHO MIGHT HAVE QUALIFIED FOR CHARITY CARE HAD THE PATIENT

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SELF-IDENTIFIED THEMSELVES AS MEDICALLY INDIGENT ALONG WITH PROVIDING
 INFORMATION SO THAT PROPER MEANS TESTING COULD HAVE BEEN ACCOMPLISHED
 TO QUALIFY THE PATIENT FOR CHARITY CARE.

PART III, LINE 8:

BECAUSE TAX-EXEMPT HOSPITALS MUST PARTICIPATE IN MEDICARE AND
 MEDICAID AS A CONDITION OF MAINTAINING THEIR FEDERAL TAX-EXEMPT
 STATUS, MEDICARE UNDERPAYMENTS ARE NOT OPERATING EXPENSES THAT SHOULD
 BE EXPECTED IN THE ORDINARY COURSE OF BUSINESS. BECAUSE TAX-EXEMPT
 HOSPITALS MUST ACCEPT MEDICARE RATES THAT ARE IN SOME CASES BELOW
 COST, THEY SHOULD BE ABLE TO REPORT ANY NEGATIVE DIFFERENCES BETWEEN
 MEDICARE RATES AND COST AS LOSSES INCURRED BY SERVICING THE
 COMMUNITY. TOTAL MEDICARE COSTS WERE CALCULATED IN ACCORDANCE WITH
 THE FEDERAL STANDARD FORM CMS-2552.96.

PART III, LINE 9B:

COLLECTION PROCEDURES FOR PATIENTS WHO QUALIFY FOR CHARITY CARE OR
 FINANCIAL ASSISTANCE FOLLOW THE SAME POLICY AS ALL OTHER PATIENTS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN GENERAL THE POLICY INVOLVES SENDING FOLLOW UP STATEMENTS AND DOING
 FOLLOW UP PHONE CALLS. PAYMENT OPTIONS ARE ALSO PRESENTED TO THE
 PATIENT AS PART OF THE COLLECTION PROCESS. ACCOUNTS NOT COLLECTED
 WITHIN THE SPECIFIED TIME PERIOD OUTLINED IN THE POLICY (HOSPITAL AND
 PHYSICIAN CLAIMS) ARE SENT TO A COLLECTION AGENCY FOR COLLECTIONS.

PART V:

1 WOMEN'S SPECIALITY CARE SERVICES AND 1 GENETIC SERVICES

NEEDS ASSESSMENT:

THE ORGANIZATION IS CURRENTLY IN THE PROCESS OF DEVELOPING A PLAN TO
 ASSESS THE COMMUNITY NEEDS IN ACCORDANCE WITH IRC SECTION 501(R)

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

WHEN A PATIENT PRESENTS FOR SERVICES AND THE PATIENT DOES NOT HAVE
 INSURANCE COVERAGE FOR SERVICES TO BE PROVIDED, THE PATIENT OR
 GUARANTOR IS ASKED TO SIGN THE "SELF PAY ACKNOWLEDGEMENT" LETTER.

THIS LETTER DESCRIBES THE TERMS OF THE HAWAI'I PACIFIC HEALTH ("HPH")
 UNINSURED DISCOUNT PROGRAM, AND BY SIGNING THE LETTER, THE PATIENT

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ACKNOWLEDGES THAT HE/SHE UNDERSTANDS AVAILABLE UNINSURED PAYMENT
 TERMS. IN MOST UNINSURED CASES, THE PATIENT WILL BE OFFERED A
 HAWAI'I STATE MEDICAL ASSISTANCE APPLICATION. THIS IS THE
 APPLICATION FOR THE HAWAI'I STATE MEDICAID/QUEST PROGRAM. THE
 HOSPITAL CONTRACTS WITH SERVICE PROVIDERS WHO SPECIALIZE IN ASSISTING
 PATIENTS WITH THE MEDICAID/QUEST PROGRAM APPLICATION PROCESS. IF THE
 PATIENT'S APPLICATION FOR MEDICAID/QUEST IS DENIED OR IT IS
 DETERMINED THAT THE PATIENT IS INELIGIBLE TO APPLY FOR
 MEDICAID/QUEST, THE PATIENT MAY APPLY FOR HPH FINANCIAL ASSISTANCE
 EITHER IN THE HOSPITAL FINANCIAL SERVICES DEPARTMENT OR BY MAIL
 DIRECTLY TO THE HPH BUSINESS SERVICES OFFICE. FINANCIAL COUNSELORS
 ARE AVAILABLE ON SITE TO REVIEW PAYMENT OPTIONS WITH THE PATIENT OR
 THE GUARANTOR. THESE OPTIONS INCLUDE THE AFOREMENTIONED HPH
 UNINSURED DISCOUNT PROGRAM, THE HAWAI'I STATE MEDICAID/QUEST PROGRAM,
 THE HPH FINANCIAL ASSISTANCE PROGRAM, PAYMENT PLANS AND ANY GRANT OR
 FUNDING SOURCE THAT MAY BE APPROPRIATE FOR THE SERVICES PROVIDED. IN
 SOME CASES, HPH DETERMINES THAT A PATIENT OR GUARANTOR MAY NEED
 ASSISTANCE AFTER SERVICES ARE PROVIDED, AND FINANCIAL ASSISTANCE
 INFORMATION IS MAILED TO THE PATIENT. EDUCATION AND ASSISTANCE IS

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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OFTEN PROVIDED VIA PHONE CONTACT IN THESE CASES. PAYMENT PLAN

ARRANGEMENTS ARE HANDLED VIA PHONE CONTACT WITH THE PATIENT.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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COMMUNITY INFORMATION:

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN ("KAPI'OLANI") HAS

BEEN TREATING WOMEN, CHILDREN AND INFANTS FOR MORE THAN A CENTURY. IT

IS HAWAII'S ONLY MATERNITY, NEWBORN AND PEDIATRIC SPECIALTY HOSPITAL.

IT IS ALSO A TERTIARY CARE, MEDICAL TEACHING AND RESEARCH FACILITY,

WITH 207 BEDS AND 66 BASSINETS. FOR WOMEN, IT PROVIDES COMPLETE

OBSTETRICAL AND GYNECOLOGICAL CARE. FOR INFANTS AND CHILDREN, IT

PROVIDES MORE THAN 100 SUBSPECIALTY PEDIATRIC PHYSICIANS IN MULTIPLE

SPECIALTY AREAS. IN FISCAL 2010, KAPI'OLANI HAD MORE THAN 54,000

IMAGING PROCEDURES, 42,000 WOMEN'S CENTER PROCEDURES, 34,000 ER

VISITS, AND ALMOST 18,000 INPATIENT ADMISSIONS. IT TREATS ALL

PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS ONE OF

THE COMMUNITY'S SAFETY NET PROVIDERS OF HEALTH CARE. KAPI'OLANI

MEDICAL CENTER'S GEOGRAPHIC SERVICE AREA IS THE ENTIRE PACIFIC BASIN,

SINCE MANY OF ITS MEDICAL SPECIALTIES ARE NOT PROVIDED ELSEWHERE IN

THIS REGION, WHICH STRETCHES FROM THE U.S. WEST COAST TO FAR EAST

ASIA. KAPI'OLANI'S PEDIATRIC INTENSIVE CARE UNIT, FOR EXAMPLE, IS THE

ONLY SUCH FACILITY BETWEEN LOS ANGELES AND HONG KONG. DEMOGRAPHICS OF

THE HAWAI'I COMMUNITY IN FISCAL 2010 INCLUDE A STATE POPULATION OF

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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1.4 MILLION, WITH 10.7 PERCENT OF STATE RESIDENTS HAVING INCOMES
 BELOW THE FPG, 7.6 PERCENT OF KAPI'OLANI PATIENTS ARE UNINSURED AND
 15.6 PERCENT ARE MEDICAID RECIPIENTS. THERE ARE 10 OTHER HOSPITALS IN
 THE STATE, AND FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS AND
 POPULATIONS ARE PRESENT.

OTHER INFORMATION:

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN ("KAPI'OLANI") IS THE
 PRIMARY PEDIATRIC AND OBSTETRIC TEACHING HOSPITAL FOR THE UNIVERSITY
 OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE. EACH YEAR, KAPI'OLANI
 INVESTS MORE THAN \$6,471,000 INTO TEACHING AND RESEARCH, INCLUDING
 CLINICAL TRIALS, TO TRAIN THE STATE'S NEXT GENERATION OF
 PEDIATRICIANS AND OBSTETRICIANS. THE RESIDENCY PROGRAMS HAVE LAUNCHED
 THE CAREERS OF HUNDREDS OF PHYSICIANS WHO WILL CARE FOR THE WOMEN AND
 CHILDREN OF HAWAI'I AND THE PACIFIC REGION. KAPI'OLANI MEDICAL CENTER
 MAINTAINS AN OPEN MEDICAL STAFF. THIS ARRANGEMENT, WHICH GRANTS
 HOSPITAL PRIVILEGES TO NONAFFILIATED PHYSICIAN SPECIALISTS, ALSO
 BROADENS KAPI'OLANI'S ABILITY TO OFFER HIGH-QUALITY, SPECIALIZED CARE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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 TO THE COMMUNITY. KAPI'OLANI IS GOVERNED BY A COMMUNITY BOARD

 COMPRISED OF PHYSICIANS, COMMUNITY MEMBERS AND KEY LEADERSHIP WITHIN

 HAWAI'I PACIFIC HEALTH. THESE VOLUNTEER, UNPAID MEMBERS ENSURE THAT

 KAPI'OLANI FULFILLS ITS MISSION-DRIVEN GOALS. AS AN AFFILIATE OF THE

 NON-PROFIT HAWAI'I PACIFIC HEALTH NETWORK, KAPI'OLANI REINVESTS ALL

 SURPLUS RESOURCES BACK INTO PATIENT CARE AND TO SUBSIDIZE THOSE WHO

 CANNOT PAY. IN ADDITION, KAPI'OLANI IS A LEADER IN COMMUNITY HEALTH

 CARE EDUCATION AND ADVOCACY. IT STRIVES TO HAVE A POSITIVE INFLUENCE

 ON PUBLIC POLICY FOR THE BENEFIT OF HAWAI'I'S WOMEN AND CHILDREN. THE

 HOSPITAL ACTIVELY SUPPORTS THE SUSAN G. KOMEN BREAST CANCER

 FOUNDATION, MARCH OF DIMES AND HAWAI'I CHILDREN'S CANCER FOUNDATION.

 THE KAPI'OLANI CHILDREN'S MIRACLE NETWORK SUPPORTS THE COST OF

 PEDIATRIC HEALTH CARE, MEDICAL EQUIPMENT, NEIGHBOR ISLAND TRAVEL,

 RESEARCH AND PUBLIC AWARENESS. THE HOSPITAL ALSO OFFERS THE SEX ABUSE

 TREATMENT CENTER, WHICH AIMS TO REDUCE SEXUAL VIOLENCE AND ENABLE THE

 STATE'S FORENSIC TEAMS TO INVESTIGATE AND PROSECUTE SEX OFFENSES, AND

 THE KAPI'OLANI CHILD PROTECTION CENTER, WHICH PROVIDES EXPERTISE IN

 RECOGNIZING AND TREATING CHILD ABUSE AND NEGLECT.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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AFFILIATED HEALTH CARE SYSTEM ROLES:

THE HAWAI'I PACIFIC HEALTH CARE SYSTEM INCLUDES FOUR AFFILIATED
 HOSPITALS, 49 OUTPATIENT CLINICS AND SERVICE SITES, AND MORE THAN
 1,300 PHYSICIANS. THE FOUR HOSPITALS PROVIDE ACUTE AND SPECIALTY CARE
 WITH 553 BEDS AND 76 BASSINETS, AND HANDLE MORE THAN 34,000
 ADMISSIONS ANNUALLY. HAWAI'I PACIFIC HEALTH, THE STATE'S LARGEST
 HEALTH CARE PROVIDER, IS COMMITTED TO PROVIDING THE HIGHEST QUALITY
 AND MOST ACCESSIBLE MEDICAL CARE AND SERVICES TO THE PEOPLE OF
 HAWAI'I AND THE PACIFIC REGION.

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

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

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

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

 FORM 990, SCHEDULE I, PART I, LINE 2

 THE ORGANIZATION AWARDS QUALIFIED STUDENTS SCHOLARSHIPS FROM THE RICHARD

 DAVI SCHOLARSHIP FUND. AN AWARD LETTER IS MAILED TO THE RECIPIENT TO

 INFORM THEM OF THIS HONOR, AND TO INSTRUCT THE RECIPIENT THAT A CHECK IN

 THE AMOUNT OF THE SCHOLARSHIP AWARD WILL BE MADE OUT TO THE SCHOOL.

 ADDITIONALLY, INSTRUCTION IS GIVEN THAT THE STUDENT SHOULD SUBMIT

 RECEIPTS FOR TUITION, BOOKS, LABS, ETC. UP TO THE TOTAL AMOUNT OF THE

 SCHOLARSHIP. A CONTACT TELEPHONE NUMBER FOR THE SCHOLARSHIP COMMITTEE IS

 PROVIDED FOR QUESTIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

Employer identification number

99-0177350

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on 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, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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? **5a** Yes No
- b** Any related organization? **5b** Yes No
- 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? **6a** Yes No
- b** Any related organization? **6b** Yes No
- 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2009

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHARLES A. STED	(i)	0.	0.	0.	0.	0.	0.
	(ii)	753,034.	189,314.	1,068,643.	271,408.	12,318.	2,294,717.
RAYMOND P. VARA JR.	(i)	0.	0.	0.	0.	0.	0.
	(ii)	601,040.	130,473.	658,370.	166,024.	16,323.	1,572,230.
DAVID OKABE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	410,893.	83,331.	333,915.	94,274.	15,009.	937,422.
GAIL LERCH	(i)	0.	0.	0.	0.	0.	0.
	(ii)	320,190.	69,507.	233,324.	82,010.	18,165.	723,196.
VIRGINIA PRESSLER-FISHER,	(i)	0.	0.	0.	0.	0.	0.
	(ii)	322,660.	63,901.	200,847.	76,480.	30,264.	694,152.
CHARLES R. CHING	(i)	0.	0.	0.	0.	0.	0.
	(ii)	309,809.	61,739.	174,065.	68,962.	10,256.	624,831.
STEVEN ROBERTSON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	306,299.	66,491.	75,142.	66,642.	27,163.	541,737.
EARL INOUYE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	229,057.	28,589.	80,417.	30,185.	2,990.	371,238.
ARTHUR GLADSTONE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	279,978.	43,298.	73,852.	21,014.	22,527.	440,669.
MARTHA SMITH	(i)	0.	0.	0.	0.	0.	0.
	(ii)	328,891.	55,558.	59,901.	94,277.	23,538.	562,165.
WARREN CHAIKO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	210,889.	26,472.	50,035.	11,653.	19,103.	318,152.
DAWN CHING	(i)	0.	0.	0.	0.	0.	0.
	(ii)	157,615.	18,840.	20,738.	9,165.	21,916.	228,274.
SUSAN MASUMOTO-NONAKA	(i)	0.	0.	0.	0.	0.	0.
	(ii)	197,875.	24,444.	38,185.	11,637.	28,384.	300,525.
PAULA DIAS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	191,240.	24,224.	54,785.	11,638.	13,879.	295,766.
MELINDA ASHTON, M.D.	(i)	0.	0.	0.	0.	0.	0.
	(ii)	262,570.	29,981.	36,197.	14,152.	21,075.	363,975.
ANN M.K. PETERS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	121,730.	8,614.	0.	6,334.	16,323.	153,001.

Schedule J (Form 990) 2009

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.

QUESTIONS REGARDING COMPENSATION

SCHEDULE J, PART I, LINE 3

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, HAWAI'I PACIFIC HEALTH ("HPH"), AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O FOR 990 PART VI, LINE 15A FOR THE PROCESS USED BY HPH TO DETERMINE COMPENSATION.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

AMOUNTS PAID OUT DURING THE YEAR BY A RELATED ORGANIZATION:

WARREN CHAIKO	\$26,874
CHARLES R. CHING	\$129,699
PAULA DIAS	\$35,942
ARTHUR GLADSTONE	\$46,593
EARL INOUE	\$52,775
GAIL LERCH	\$185,756
TERRY LONG	\$46,971
SUSAN MASUMOTO-NONAKA	\$23,460

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.

WILLOW MORTON	\$108,272
DAVID OKABE	\$263,953
VIRGINIA PRESSLER-FISHER, M.D.	\$145,627
HILTON RAETHEL	\$75,187
STEVEN ROBERTSON	\$25,048
MARTHA SMITH	\$64,255
CHARLES A. STED	\$927,278
RAYMOND P. VARA, JR.	\$558,878
RODNEY BOYCHUK, M.D.	\$29,315

IN RESPONSE TO NEW REGULATORY REQUIREMENTS ASSOCIATED WITH INTERNAL REVENUE CODE SECTIONS 409A AND 457(F). HPH PROVIDED AN OPTION TO ITS OFFICERS ON PAYING OUT ACCUMULATED BALANCES ON ITS VARIOUS NON-QUALIFIED DEFERRED COMPENSATION ARRANGEMENTS IN 2009 OR TO DEFER ITS DISTRIBUTION SUBJECT TO CLIFF VESTING IN ACCORDANCE WITH THE IRS APPROVED ONE TIME 409A TRANSITION RULE.

CERTAIN OFFICERS SELECTED THE PAY OUT OPTION ON THE ACCUMULATED BALANCE

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.

ASSOCIATED WITH THE CAPITAL ACCUMULATION PLAN AND ITS RESTORATION PLAN
DURING 2009. THE AMOUNTS PAID OUT HAVE BEEN INCLUDED IN THE W-2 OF THOSE
PARTICIPANTS ELECTING THE PAYOUT OPTION.

THE RESTORATION PLAN WAS DESIGNED TO RESTORE BENEFITS THAT ARE LOST DUE
TO LIMITS IMPOSED BY SECTIONS 401 AND 415 OF THE INTERNAL REVENUE CODE ON
COMPENSATION CONSIDERED UNDER SUCH PLANS.

THE CAPITAL ACCUMULATION ACCOUNT (CAA) IS A SECTION 457(F) PROGRAM THAT
WAS PREVIOUSLY AFFORDED TO EXECUTIVE OFFICERS OF THE ORGANIZATION TO
PROVIDE BENEFITS ON A TAX DEFERRED BASIS.

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.

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

SCHEDULE J, PART I, LINE 7

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

NOT BASED ON A PERCENTAGE OF NET EARNINGS. NON-FIXED PAYMENTS MADE TO

PHYSICIANS ARE BASED ON CLINICAL PERFORMANCE MEASURES.

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

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

Name of the organization

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

Employer identification number

99-0177350

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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				
PRUDENCE KUSANO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	164,133.	0.	75.	2,876.	10,754.	177,838.
HILTON RAETHEL	(i)	0.	0.	0.	0.	0.	0.
	(ii)	203,431.	24,396.	76,620.	11,637.	3,051.	319,135.
TERRY LONG	(i)	0.	0.	0.	0.	0.	0.
	(ii)	162,112.	26,010.	62,610.	28,137.	7,820.	286,689.
LILIA LAUREANO	(i)	165,857.	10,192.	0.	8,234.	5,096.	189,379.
	(ii)	0.	0.	0.	0.	0.	0.
MAVIS NIKAIDO	(i)	155,541.	11,711.	0.	8,001.	14,334.	189,587.
	(ii)	0.	0.	0.	0.	0.	0.
LAURA BONILLA	(i)	162,536.	11,223.	0.	8,308.	11,066.	193,133.
	(ii)	0.	0.	0.	0.	0.	0.
CHRISTINA TURNER	(i)	155,699.	8,970.	50.	7,786.	5,673.	178,178.
	(ii)	0.	0.	0.	0.	0.	0.
PAMELA GUARNERI	(i)	126,595.	7,428.	24,205.	1,008.	9,121.	168,357.
	(ii)	0.	0.	0.	0.	0.	0.
RICHARD NOVAK	(i)	145,790.	10,744.	0.	7,488.	13,583.	177,605.
	(ii)	0.	0.	0.	0.	0.	0.
KATHLEEN WHITT	(i)	149,382.	800.	0.	7,253.	15,228.	172,663.
	(ii)	0.	0.	0.	0.	0.	0.
RODNEY BOYCHUK, M.D.	(i)	0.	0.	0.	0.	0.	0.
	(ii)	196,967.	0.	116,196.	14,088.	13,002.	340,253.
WILLOW MORTON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	99,400.	23,551.	109,486.	16,822.	9,278.	258,537.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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

Schedule J-1 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Total ▶ \$ _____

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
UNITED LAUNDRY	DIR. IS DIR. OF KMCWC	1,117,856.	PAYMENT OF LAUNDRY SERVICES		X
PACIFIC MEDICAL COLLECTIONS	DIR. IS OFFICER OF KMCWC	115,108.	FEES		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

Employer identification number

99-0177350

ATTACHMENT 1

STATEMENT OF PROGRAM SERVICE ACTIVITIES

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN ("KAPI'OLANI") WAS FOUNDED AS A MATERNITY HOME BY QUEEN KAPI'OLANI IN 1890 AND AS A CHILDREN'S HOSPITAL BY ALBERT AND EMMA KAUIKEOLANI WILCOX IN 1909. THE COMBINED HOSPITAL HAS BEEN TREATING WOMEN, CHILDREN AND INFANTS FOR MORE THAN A CENTURY. AN AFFILIATE OF HAWAI'I PACIFIC HEALTH, THE STATE'S LARGEST HEALTH CARE PROVIDER, KAPI'OLANI IS HAWAII'S ONLY MATERNITY, NEWBORN AND PEDIATRIC SPECIALTY HOSPITAL. IT IS ALSO A TERTIARY CARE HOSPITAL, MEDICAL TEACHING AND RESEARCH FACILITY. IT HAS 207 BEDS AND 66 BASSINETS, EMPLOYS 1,339 EMPLOYEES AND HAS MORE THAN 600 PHYSICIANS ON ITS MEDICAL STAFF. IN ADDITION, ALMOST 500 VOLUNTEERS DONATE THEIR TIME AT THE HOSPITAL. DURING FISCAL YEAR 2010, THE HOSPITAL ADMITTED 17,949 PATIENTS FOR A TOTAL OF 68,879 PATIENT DAYS. EMERGENCY ROOM VISITS INCREASED TO 34,297, WHICH INCLUDES URGENT CARE VISITS. THERE WERE 8,348 SURGERY CASES. A TOTAL OF 6,120 NEWBORNS WERE DELIVERED HERE, REPRESENTING ALMOST 50% PERCENT OF ALL OAHU BIRTHS, IN FISCAL YEAR 2010.

CHILDREN'S SERVICES

AS THE ONLY FULL SERVICE CHILDREN'S HOSPITAL BETWEEN LOS ANGELES AND HONG KONG, KAPI'OLANI PLAYS A CRITICAL ROLE IN THE REGION. ITS COMPREHENSIVE PEDIATRIC PROGRAMS INVOLVE MORE THAN 100 SUBSPECIALTY PEDIATRIC PHYSICIANS IN MULTIPLE SPECIALTY AREAS. THE HOSPITAL MAINTAINS THE

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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ATTACHMENT 1 (CONT'D)

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

WOMEN'S SPECIALTY CARE

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

RESIDENCY PROGRAMS

KAPI'OLANI IS THE OFFICIAL PEDIATRIC AND OBSTETRIC TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE. EACH YEAR, KAPI'OLANI INVESTS MORE THAN \$6,471,000 EACH YEAR INTO TEACHING AND RESEARCH TO TRAIN THE STATE'S NEXT GENERATION OF PEDIATRICIANS AND OBSTETRICIANS. THE RESIDENCY PROGRAMS HAVE LAUNCHED THE CAREERS OF

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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ATTACHMENT 1 (CONT'D)

HUNDREDS OF PHYSICIANS WHO WILL LEAD HAWAI'I'S COMMUNITIES IN CARING AND
ADVOCATING FOR THE WOMEN AND CHILDREN OF HAWAI'I AND THE PACIFIC REGION.

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

KAPI'OLANI TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS
SERVING AS ONE OF THE COMMUNITY'S SAFETY NET PROVIDERS OF HEALTH CARE. AN
ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES IN WHICH PATIENTS QUALIFY
FOR FREE OR DISCOUNTED CARE. IN FISCAL YEAR 2010, THE HOSPITAL PROVIDED
ALMOST \$25 MILLION WORTH OF CARE TO PATIENTS WHO WERE UNINSURED OR UNABLE
TO PAY FOR THEIR CARE, AS WELL AS IN OTHER COMMUNITY BENEFITS.

TAX EXEMPT BONDS

FORM 990, PART IV, LINE 24A

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS A MEMBER OF THE HAWAI'I

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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ATTACHMENT 1 (CONT'D)

PACIFIC HEALTH OBLIGATED GROUP, WHICH HAS ISSUED VARIOUS BOND ISSUES AND IS REPORTED ON THE HAWAI'I PACIFIC HEALTH FORM 990.

MEMBERS AND RIGHTS

FORM 990, PART IV, LINE 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.

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

FORM 990, PART VI, LINE 7A

HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER AND HAS THE POWER TO ELECT DIRECTORS AND FILL VACANCIES ON THE BOARD OF THE GOVERNING BODY. HAWAI'I PACIFIC HEALTH, AS MEMEBER, ALSO HAS THE POWER TO ELECT ONE OR MORE EX OFFICIO VOTING MEMBERS OF THE GOVERNING BODY.

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

FORM 990, PART VI, LINE 7B

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

(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 THE BYLAWS;

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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ATTACHMENT 1 (CONT'D)

- (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 THE 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;
- (X) CLOSE THE ACUTE CARE HOSPITAL OWNED AND OEPRTED BY THE CORPORATION;
- (XI) AFTER CONSULTING WITH THE BOARD, REMOVE THE EXECUTIVE VICE PRESEIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, TREASURER, SECRETARY, OTHER EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIENTS, ASSISTANT SECRETARIES, AND/OR ALL VICE PRESIDENTS EXCEPT THE OPERATING UNIT VICE PRESIDENTS;
- (XII) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION;

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
<u>ATTACHMENT 1 (CONT'D)</u>	

AND

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

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

FORM 990, PART VI, LINE 11A

VARIOUS SCHEDULES OF THE 990S 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 990S OF EACH FILING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM. ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE 990S 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 (HAWAI'I PACIFIC HEALTH "HPH") BOARD PROVIDES OVERSIGHT FOR THE 990 REPORTING AND REVIEWS THE 990S FOR EACH ENTITY PRIOR TO FILING. IN ADDITION, THE 990S FOR EACH ENTITY ARE 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 990S ARE MADE AVAILABLE TO THE BOARD MEMBERS OF

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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ATTACHMENT 1 (CONT'D)

EACH SUBSIDIARY UNIT OF HPH AND ARE PHYSICALLY LOCATED AT EACH FACILITY'S
SITE FOR THE BOARD MEMBER TO REVIEW PRIOR TO FILING.

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

MONITORING & ENFORCING CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 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 CONFLICT OF INTEREST ("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

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

ATTACHMENT 1 (CONT'D)

MINUTES INCLUDE NATURE OF THE FINANCIAL INTEREST/CONFLICT, NAME(S) OF THE PERSON(S) WITH THE POTENTIAL OR ACTUAL CONFLICT, ANY ACTION TAKEN TO ASSIST IN THE DETERMINATION OF WHETHER A CONFLICT EXISTED, INCLUDING ANY 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.

OFFICES AND POSITIONS FOR WHICH PROCESS WAS USED, AND YEAR PROCESS WAS LAST COMPLETED

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

COMPENSATION FOR HPH EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE HAWAI'I PACIFIC HEALTH ("HPH") COMPENSATION COMMITTEE, WHICH IS COMPOSED SOLELY OF INDEPENDENT, COMMUNITY-BASED MEMBERS OF THE HPH BOARD OF DIRECTORS. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVES' 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, AND SUCH DECISIONS ARE DOCUMENTED IN THE COMPENSATION COMMITTEE MEETING MINUTES. 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

Name of the organization

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

Employer identification number

99-0177350

ATTACHMENT 1 (CONT'D)

DESCRIBED ABOVE ON AN ANNUAL BASIS.

DISCLOSURE OF GOV DOCS, CONFLICT OF INTEREST POLICY & FINANCIAL STMTS
FORM 990, PART VI, LINE 19

THE CONFLICT OF INTEREST POLICY AND STANDARD OF CONDUCT ARE AVAILABLE ON
THE HAWAI'I PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL
STAEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC VIA THE HAWAI'I PACIFIC
HEALTH WEBSITE.

SCHEDULE J-2, COLUMN B

INDIVIDUALS LISTED ON SCHEDULE J-2 ALSO DEVOTE TIME TO RELATED
ORGANIZATION AS LISTED BELOW:

HAWAI'I PACIFIC HEALTH

ASHTON 40.0

C.R. CHING 30.0

CHAIKO 15.0

FOX 4.0

GLADSTONE 5.0

INOUYE 25.0

LERCH 40.0

LEWIS .3

LONG 32.0

MASUMOTO-NONAKA 20.0

OKABE 35.0

PRESSLER-FISHER 45.0

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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ATTACHMENT 1 (CONT'D)

RAETHAL 15.0

ROBERTSON 15.0

STED 32.0

VARA 5.0

KAPI'OLANI HEALTH FOUNDATION

C.R. CHING .5

INOUYE .5

LEWIS .2

LONG .5

OKABE 1.0

PRESSLER-FISHER 1.0

STED 3.0

KAUA'I MEDICAL CLINIC

C.R. CHING 4.0

CHAIKO 1.0

INOUYE 4.0

LEWIS 2.4

LONG 4.0

MASUMOTO-NONAKA 1.0

OKABE 1.0

RAETHAL 5.0

ROBERTSON 1.0

STED 6.0

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

ATTACHMENT 1 (CONT'D)

VARA 5.0

KAPI'OLANI MEDICAL CENTER AT PALI MOMI

ASHTON 2.0

C.R. CHING 1.0

CHAIKO 10.0

FOX 6.0

GLADSTONE .5

INOUYE 1.0

KUSANO 5.2

LERCH 6.0

LEWIS 6.0

MASUMOTO-NONAKA 8.0

OKABE 3.0

PRESSLER-FISHER 1.0

RAETHAL 5.0

ROBERTSON 8.0

STED 2.0

VARA 10.0

KAPI'OLANI MEDICAL SPECIALISTS

C.R. CHING 3.0

CHAIKO 1.0

INOUYE 2.0

K. MATSUMOTO .2

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

ATTACHMENT 1 (CONT'D)

KUSANO .9

LERCH 1.0

LEWIS 1.3

OKABE 1.0

RAETHAL 5.0

ROBERTSON 1.0

SMITH 5.0

STED 1.0

PROVIDERS INSURANCE CORPORATION

ASHTON .1

C.R. CHING 2.0

OKABE 1.0

STED 1.0

VARA 5.0

STRAUB CLINIC & HOSPITAL

ASHTON 2.0

C.R. CHING 3.0

CHAIKO 5.0

DIAS 2.0

FOX 10.0

GLADSTONE 50.0

INOUYE 6.0

KUSANO 20.0

Name of the organization

Employer identification number

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

99-0177350

ATTACHMENT 1 (CONT'D)

LERCH 6.0

LEWIS 15.0

MASUMOTO-NONAKA 12.0

OKABE 6.0

PETERS 1.0

PRESSLER-FISHER 2.0

RAETHAL 10.0

ROBERTSON 15.0

STED 3.0

VARA 15.0

STRAUB FOUNDATION

C.R. CHING .5

LEWIS .5

OKABE .5

STED 1.0

VARA .1

WILCOX HEALTH FOUNDATION

C.R. CHING .5

LEWIS .5

OKABE .5

STED 1.0

VARA .1

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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ATTACHMENT 1 (CONT'D)

WILCOX MEMORIAL HOSPITAL

ASHTON 1.0

C.R. CHING 5.0

CHAIKO 5.0

FOX 4.2

GLADSTONE .5

INOUYE 12.0

LERCH 1.0

LEWIS 3.9

LONG 4.0

MASUMOTO-NONAKA 9.0

OKABE 3.0

PRESSLER-FISHER 2.0

RAETHAL 5.0

ROBERTSON 8.0

STED 8.0

SCHEDULE R, PART V, LINE 2

IN GENERAL, AMOUNTS REPORTED WITH RELATED ORGANIZATIONS ARE DETERMINED
BASED ON MARKET VALUES FOR SIMILAR ITEMS OR SERVICES.

ATTACHMENT 2

4A PROGRAM SERVICE

WOMEN'S SERVICES - OB/GYN. KAPI'OLANI MEDICAL CENTER FOR WOMEN &
CHILDREN ("KAPI'OLANI") IS THE ONLY HOSPITAL IN HAWAI'I
SPECIALIZING IN MATERNITY CARE. IT IS THE REGIONAL PERINATAL

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 2 (CONT'D)

CENTER FOR THE STATE. IN FISCAL YEAR 2010, THE HOSPITAL DELIVERED MORE THAN 6,100 BABIES, REPRESENTING ALMOST 50% OF ALL O'AHU BIRTHS. THE MAJORITY OF PATIENTS WILL DELIVER WITHOUT COMPLICATIONS. HOWEVER, FOR WOMEN IN HIGH-RISK PREGNANCIES DUE TO THE MOTHER'S AGE, PRE-EXISTING CONDITIONS OR OTHER COMPLICATIONS, KAPI'OLANI OFFERS THE HIGHEST LEVEL OF CARE IN THE STATE. A DEDICATED TEAM OF MATERNAL FETAL MEDICINE SPECIALISTS ARE AVAILABLE TO ASSIST BOTH IN MANAGING HIGH-RISK PREGNANCIES AND FOR THE ACTUAL DELIVERY. A HIGHLY EXPERIENCED TEAM HAS THE EXPERTISE TO MANAGE NORMAL NEWBORN DELIVERIES AND THE MOST COMPLEX MEDICAL CASES. WHEN NECESSARY, EXPECTANT MOTHERS CAN BE ADMITTED TO THE HOSPITAL TO MANAGE COMPLICATIONS AND TO HELP PREVENT PRE-TERM BIRTH. KAPI'OLANI IS A MAJOR TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE'S OB/GYN RESIDENCY TRAINING PROGRAM.

ATTACHMENT 34C PROGRAM SERVICE

OUTPATIENT O.R. KAPI'OLANI IS HOME TO HAWAII'S FIRST FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITES. THIS APPROACH PLACES COMPLETE CONTROL IN THE HANDS OF SURGEONS TO ENHANCE EFFICIENCY AND REDUCE SURGICAL TIME, THEREBY IMPROVING PATIENT CARE. IN FISCAL YEAR 2010, 6,607 OUTPATIENT PROCEDURES WERE PERFORMED. HIGHLY TRAINED PEDIATRIC ANESTHESIOLOGISTS, SURGEONS

Name of the organization

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

Employer identification number

99-0177350

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

AND STAFF PROVIDE SPECIALIZED CARE NECESSARY FOR NEWBORNS, CHILDREN AND TEENS. PEDIATRIC PROCEDURES INCLUDE THORACIC/HEART, CLEFT LIP/PALATE, EAR NOSE THROAT, ORTHOPEDIC, NEUROLOGIC, UROLOGIC, OPHTHALMOLOGIC, GASTRO-INTESTINAL, PLASTICS AND GENERAL SURGERY. KAPI'OLANI ALSO HAS A TEAM OF SPECIALISTS JUST FOR WOMEN, INCLUDING UROGYNECOLOGISTS, GYNECOLOGIC ONCOLOGISTS AND GENERAL SURGEONS. COMMON PROCEDURES INCLUDE BREAST BIOPSIES AND LUMPECTOMIES, HYSTEROSCOPIES, INTERSTIM BLADDER IMPLANT AND SUBURETHRAL SLING FOR TREATMENT OF INCONTINENCE, TUBAL LIGATION AND ENDOMETRIAL ABLATION.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNIVERSITY CLINICAL, EDUC & RES 677 ALA MOANA BLVD. STE 1003 HONOLULU, HI 96813	PHYSICIAN SVCS	4,670,556.
HAWAI'I RESIDENCY PROGRAM 1356 LUSITANA ST., 6TH FLOOR HONOLULU, HI 96813	MEDICAL SVCS	4,525,492.
CLINICAL LABORATORIES OF HI, LLP P.O. BOX 1300 HONOLULU, HI 96807	MEDICAL SVCS	4,109,084.
EMERGENCY PHYSICIANS' MEDICAL GROUP 4535 DRESSLER NW CANTON, OH 44718	PHYSICIAN SVCS	1,523,069.
SODEXHO, INC. & AFFILIATES 888 KING STREET HONOLULU, HI 96813	FOOD & ENVIRON SVCS	1,122,125.

Name of the organization KAPI'OLANI MEDICAL CTR WOMEN CHILDREN	Employer identification number 99-0177350
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ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TOTAL COMPENSATION		<u>15,950,326.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

KAPI'OLANI MEDICAL CTR WOMEN CHILDREN

Employer identification number

99-0177350

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
HAWAI'I PACIFIC HEALTH 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0246363	HOLDING CO.	HI	501 (C) (3)	11B TYPE II	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
KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501 (C) (3)	7	N/A
KAPI'OLANI MEDICAL SPECIALISTS 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501 (C) (3)	9	N/A
KAPI'OLANI MEDICAL CENTER AT PALI MOMI 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0274038	HOSPITAL	HI	501 (C) (3)	3	N/A
WILCOX MEMORIAL HOSPITAL 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0074365	HOSPITAL	HI	501 (C) (3)	3	N/A
KAUA'I MEDICAL CLINIC 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501 (C) (3)	3	N/A

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

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HAWAII PACIFIC HEALTH PARTNERS INC& SUB ___ 99-0318588 ___ 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOLDING COMPANY	HI	N/A	C CORP			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

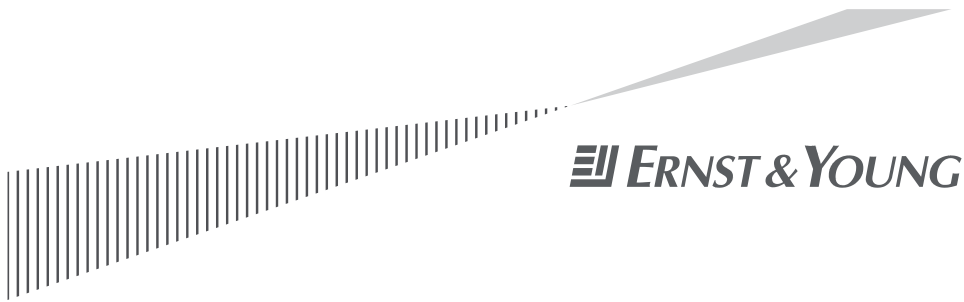
	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)	X	
r Other transfer of cash or property from other organization(s)	X	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) PROVIDERS INSURANCE CORPORATION	Q	3,284,661.
(2) KAPI'OLANI HEALTH FOUNDATION	C	743,061.
(3) KAPI'OLANI MEDICAL SPECIALISTS	P	6,113,884.
(4) KAPI'OLANI MEDICAL SPECIALISTS	O	283,955.
(5) KAPI'OLANI MEDICAL SPECIALISTS	Q	78,786.
(6) KAPI'OLANI MEDICAL CENTER AT PALI MOMI	N	1,819,652.

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) KAPI'OLANI MEDICAL CENTER AT PALI MOMI	P	1,402,119.
(8) KAPI'OLANI MEDICAL CENTER AT PALI MOMI	O	1,671,224.
(9) KAPI'OLANI MEDICAL CENTER AT PALI MOMI	Q	1,237,732.
(10) STRAUB CLINIC & HOSPITAL	P	758,965.
(11) STRAUB CLINIC & HOSPITAL	N	74,033.
(12) STRAUB CLINIC & HOSPITAL	O	432,061.
(13) STRAUB CLINIC & HOSPITAL	Q	134,469.
(14) WILCOX MEMORIAL HOSPITAL	O	277,111.
(15) KAUA'I MEDICAL CLINIC		0.
(16) STRAUB FOUNDATION		0.
(17) WILCOX HEALTH FOUNDATION		0.
(18) HAWAI'I PACIFIC HEALTH PARTNERS, INC & SUB		0.
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		



Harbor Court
Suite 1900, C-120
55 Merchant Street
Honolulu, Hawaii 96813

Phone: (808) 531-2037

Instructions for filing
KAPI'OLANI MEDICAL CTR WOMEN CHILDREN
Form 990T - Exempt Organization Business Return
for the period ended June 30, 2010

Signature...
The original return should be signed (using full name and title)
and dated on page 2 by an authorized officer of the organization.

Filing...
The signed return should be filed on or before May 16, 2011
with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Overpayment of tax...
The return shows an overpayment of \$ 280. of which \$NONE
should be refunded to you and \$ 280. has been applied to your
2010 Estimated Tax.

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

2009

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

For calendar year 2009 or other tax year beginning 07/01, 2009, and ending 06/30, 2010. See separate instructions.

Check box if address changed

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

C Book value of all assets at end of year
184,104,875.

Name of organization (Check box if name changed and see instructions.)
KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN
Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.
55 MERCHANT STREET, 24TH FLOOR
City or town, state, and ZIP code
HONOLULU, HI 96813

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

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

F Group exemption number (See instructions for Block F on page 9.)
G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>2,812.</u>			
b	Less returns and allowances <u> </u> c Balance ▶	1 c	2,812.	
2	Cost of goods sold (Schedule A, line 7)	2	3,165.	
3	Gross profit. Subtract line 2 from line 1c	3	-353.	-353.
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 10 of the instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	-353.	-353.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20		
21	Depreciation (attach Form 4562)	21	0.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 0.
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29		0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-353.
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-353.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		0.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-353.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here [X] See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ 0. (2) \$ 0. (3) \$ 0. b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34 ATCH 2 35c 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36 37 Proxy tax. See page 16 of the instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a b Other credits (see page 16 of the instructions) 40b c General business credit. Attach Form 3800 40c d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d e Total credits. Add lines 40a through 40d 40e 41 Subtract line 40e from line 39 41 42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) 42 43 Total tax. Add lines 41 and 42 43 44 a Payments: A 2008 overpayment credited to 2009 44a 0. b 2009 estimated tax payments 44b 280. c Tax deposited with Form 8868 44c d Foreign organizations: Tax paid or withheld at source (see instructions) 44d e Backup withholding (see instructions) 44e f Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 44f 45 Total payments. Add lines 44a through 44f 45 280. 46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached [] 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 280. 49 Enter the amount of line 48 you want: Credited to 2010 estimated tax 280. Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [] Yes [X] No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. [] Yes [X] No 3 Enter the amount of tax-exempt interest received or accrued during the tax year [] \$

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

1 Inventory at beginning of year 1 0. 2 Purchases 2 3 Cost of labor 3 3,165. 4 a Additional section 263A costs (attach schedule) 4a b Other costs (attach schedule) 4b 5 Total. Add lines 1 through 4b 5 3,165. 6 Inventory at end of year 6 0. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 3,165. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? [] Yes [X] No

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

Sign Here [] Signature of officer [] Date [] Title [] May the IRS discuss this return with the preparer shown below (see instructions)? [] Yes [X] No

Paid Preparer's Use Only Preparer's signature [] Date 5/9/2011 Check if self-employed [] Preparer's SSN or PTIN P00216618 Firm's name (or yours if self-employed), address, and ZIP code ERNST & YOUNG U.S. LLP 55 MERCHANT ST., SUITE 1900, C-120 HONOLULU, HI 96813 EIN 34-6565596 Phone no. 808-531-2037

HONOLULU, HI 96813

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

(see instructions on page 18)

1. Description of property

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

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Includes rows (1-4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

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

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes rows (1-4) and a Totals row.

Total dividends-received deductions included in column 8

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

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Includes rows (1-4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes rows (1-4) and summary instructions.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

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

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

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

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

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

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

NAME AND FEIN OF PARENT CORPORATION

HAWAI'I PACIFIC HEALTH
99-0246363

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T	-353.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	-353.
3	SUBTRACT LINE 2 FROM LINE 1	
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
5	SUBTRACT LINE 4 FROM LINE 3	
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
7	SUBTRACT LINE 6 FROM LINE 5	
8	ENTER 15% OF LINE 2	
9	ENTER 25% OF LINE 4	
10	ENTER 34% OF LINE 6	
11	ENTER 35% OF LINE 7	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE EXCESS OVER \$100,000 OR (B) \$11,750	
13	MEMBER'S SHARE OF ADDITONAL TAX: (A) 3% OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T	

CONTROLLED GROUP ELECTION STATEMENTS

ELECTION TO ALLOCATE \$250,000 BUSINESS ASSET EXPENSE

The undersigned corporation, component members of a controlled group of corporation, as defined in Internal Revenue Code §179(d)(7), hereby consent to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2010.

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

The undersigned corporation, component members of a controlled group of corporation (within the meaning of Internal Revenue Code §1563(a)), hereby consent under IRC §1.58-1(c)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2010.

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

The undersigned corporation, component members of a controlled group of corporation (within the meaning of Internal Revenue Code §1563(a)), hereby consent under IRC §1.58-1(c)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2010.

ELECTION TO ALLOCATE TAXABLE INCOME BRACKETS

The undersigned corporation, component members of a controlled group of corporation (within the meaning of Internal Revenue Code §1563(a)), hereby consent under IRC §1.58-1(c)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2010.

ELECTION TO ALLOCATE ACCUMULATED EARNINGS CREDIT

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

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



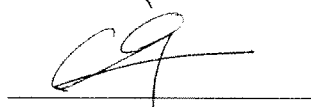


CONTROLLED GROUP ELECTION STATEMENTS

STATEMENT OF TAX BRACKET ALLOCATION

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

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

IDENTIFICATION AND SIGNATURES:

Company	Employer Number	Name and Address	Taxable Year End	Signature and Title of Officer
1	99-0318588	Hawaii Pacific Health Partners, Inc. & Subsidiaries 55 Merchant Street, 24 th Floor Honolulu, HI 96813	06/30/10	
2	99-0177350	Kapiolani Medical Center for Women and Children 55 Merchant Street, 24 th Floor Honolulu, HI 96813	06/30/10	
3	99-02474038	Kapiolani Medical Center at Pali Momi 55 Merchant Street, 24 th Floor Honolulu, HI 96813	06/30/10	
4	99-0145107	Straub Pharmacy, Inc. 55 Merchant Street, 24 th Floor Honolulu, HI 96813	06/30/10	
5	91-2151670	Straub Clinic & Hospital 55 Merchant Street, 24 th Floor Honolulu, HI 96813	06/30/10	

INSTRUCTIONS FOR FILING
FORM N-70NP
EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN
FOR
**KAPI'OLANI MEDICAL CENTER
FOR WOMEN & CHILDREN**
FOR THE YEAR ENDED
JUNE 30, 2010

SIGNATURE:

THE RETURN MUST BE SIGNED AND DATED ON PAGE 1 BY AN OFFICER OF THE ORGANIZATION (INDICATE OFFICER'S TITLE).

DUE DATE:

THE RETURN MUST BE MAILED AS SOON AS POSSIBLE.

MAIL TO:

HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3559
HONOLULU, HI 96811-3559

PAYMENT DUE:

NONE

SPECIAL INSTRUCTIONS:

WE RECOMMEND THAT YOU OBTAIN AND PRESERVE PROOF OF TIMELY FILING BY USE OF CERTIFIED MAIL WITH RETURN RECEIPTS. POSTAGE METER DATES ARE NOT CONSIDERED EVIDENCE OF TIMELY FILING.

STATE OF HAWAII - DEPARTMENT OF TAXATION
EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

DO NOT WRITE OR STAPLE IN THIS SPACE

For calendar year **2009**

or other taxable year beginning JULY 1, 2009
 and ending JUNE 30, 2010



DYT091

AMENDED Return NOL

PNT INT

PRINT OR TYPE	Name of organization <u>KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN</u> Db or C/O	● A Federal Employer I.D. No. <u>99-0177350</u> ● B Unrelated business activity code(s) <u>812900</u> ● C Hawaii Tax I.D. No.
	Address (number and street) <u>55 MERCHANT STREET, 24TH FLOOR</u>	
	City or town, State and Postal/ZIP code. If this is a foreign address, see Instructions. <u>HONOLULU, HI 96813</u>	D This organization is a (check one): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Charitable Trust

Taxable Income	ENTER APPROPRIATE AMOUNTS FROM FEDERAL FORM 990-T. Note: The sum of lines 1 - 5 DO NOT equal line 6.	
	1 Gross receipts or sales	1 ● 2,812 00
	2 Returns and allowances	2 ●
	3 Cost of goods sold and/or operations	3 ● 3,165 00
	4 Capital gain net income (see Instructions)	4 ●
	5 Other income	5 ●
	6 Total unrelated trade or business income	6 ● -353 00
	7 Total deductions	7 ●
8 Unrelated business taxable income	8 -353 00	

Tax Computation	Organizations Taxable as Corporations (See Instructions for Tax Computation)	
	9 Tax - From TAX COMPUTATION SCHEDULE on page 2, Part I, line 9	9 ●
	Trusts Taxable at Trust Rates (See Instructions for Tax Computation)	
	10 Tax - From TAX COMPUTATION SCHEDULE on page 2, Part II, line 14	10 ●
	11 Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)	11
12 Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586)	12	
13 Recapture of High Technology Business Investment Tax Credit from Form N-318, Part III (attach Form N-318)	13	
14 Recapture of Tax Credit for Flood Victims from Form N-338 (attach Form N-338)	14	

Total Income Tax	15 Total tax (add lines 9 or 10 and 11, 12, 13, and 14)	15 ●
	16 Total nonrefundable tax credits from Schedule CR, line 15	16
	17 Difference - line 15 minus line 16 (but not less than zero)	17

Total Income Tax	18 Credits and payments:	
	(a) 2008 overpayment credited to 2009	18(a) ●
	(b) Estimated tax payments	18(b) ●
	(c) Tax paid with automatic extension of time to file	18(c) ●
	(d) Total refundable credits from Schedule CR, line 24	18(d) ●

ATTACH COPY OF FEDERAL FORM 990-T

Total Income Tax	18(e) Total credits and payments (add lines 18(a) through 18(d))	18(e) ●
	19 Estimated tax penalty (see Instructions). Check if Form N-220 is attached.	19 ●
	20 TAX DUE - If line 18(e) is less than the total of lines 17 and 19, enter amount owed (see Instructions)	20 ●
	21 OVERPAYMENT - If line 18(e) is larger than the total of lines 17 and 19, enter amount overpaid	21 ●
	22 (a) Enter the amount of line 21 you want Credited to 2010 estimated tax	22(a) ●
(b) Enter the amount of line 21 you want Refunded to you (Line 21 minus line 22a)	22(b) ●	

Amended Return	23 Amount paid (overpaid) on original return - AMENDED RETURN ONLY (See Instructions)	23
	24 BALANCE DUE (REFUND) with amended return (See Instructions)	24

I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer _____ Date _____ Title _____

★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 4 of the Instructions) Yes No

This designation does not replace Form N-848, Power of Attorney.

Paid Preparer's Information	Preparer's Signature Print Preparer's Name <u>ALLISON TOMA</u>	Date <u>5/9/2011</u>	Check if self-employed <input type="checkbox"/>	Preparer's Tax ID no. ● P00216618
	Firm's name (or yours if self-employed) Address and ZIP Code <u>ERNST & YOUNG, U.S. LLP</u> <u>55 MERCHANT ST STE 1900; HONOLULU, HI</u>	Federal E.I. No. <u>34-6565596</u>	Phone no. <u>808-531-2037</u>	



DYT092

Name as shown on return

Federal Employer Identification Number

KAPIOLANI MEDICAL CENTER 99-0177350

TAX COMPUTATION SCHEDULE

PART I - Corporations

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	-353	00
2	Enter the total of other deductions (see Instructions, attach schedule)	2		
3	Difference - line 1 minus line 2	3	-353	00
4	Hawaii additions to income (see Instructions, attach schedule)	4		
5	Sum of lines 3 and 4	5	-353	00
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6		
7	Difference - line 5 minus line 6 (if less than zero, enter zero)	7		
8 (a)	Tax on net capital gain - 4% of amount on line 6	8(a)		
(b)	Tax on all other taxable income - If amount on line 7 is:			
(i)	Not over \$25,000 - Enter 4.4% of line 7	8(b)(i)		
(ii)	Over \$25,000 but not over \$100,000 - Enter 5.4% of line 7 \$ Subtract \$250 and enter difference	8(b)(ii)		
(iii)	Over \$100,000 - Enter 6.4% of line 7 \$ Subtract \$1,250 and enter difference	8(b)(iii)		
(c)	Total of lines 8(a) and 8(b)	8(c)		
(d)	Using the rates listed on line 8(b), compute tax on unrelated business taxable income as shown on line 3.	8(d)		
9	Total tax (enter lesser of amount on line 8(c) or 8(d))	9		

Also, enter this amount on page 1, line 9.

PART II - Charitable Trusts

1	Unrelated business taxable income (page 1, line 8)	1	0	00
2	Enter the total of other deductions (see Instructions, attach schedule)	2		
3	Difference - line 1 minus line 2	3		
4	Hawaii additions to income (see Instructions, attach schedule)	4		
5	Sum of lines 3 and 4	5		
6	Net capital gain taxable to the trust. Enter the smaller of line 18 or 19, col. (b), Schedule D (N-40)	6		
7	Difference - line 5 minus line 6	7		
8	Enter the greater of line 7 or \$20,000	8	20,000	00
9	Tax on amount on line 8. If line 8 is \$20,000, enter \$1,128.00	9		
10	Difference - line 3 minus line 7	10		
11	Multiply the amount on line 10 by 7.25%	11		
12	Tax. Add lines 9 and 11	12		
13	Tax on amount on line 5 above	13		
14	Enter the lesser of line 12 or line 13 here and on page 1, line 10	14		

TRUST TAX RATES FOR PERIODS AFTER 12/31/01

If the taxable income is:	The tax shall be:
Not over \$2,000	1.4% of taxable income
Over \$2,000 but not over \$4,000	\$28.00 plus 3.20% of excess over \$2,000
Over \$4,000 but not over \$8,000	\$92.00 plus 5.50% of excess over \$4,000
Over \$8,000 but not over \$12,000	\$312.00 plus 6.40% of excess over \$8,000
Over \$12,000 but not over \$16,000	\$568.00 plus 6.80% of excess over \$12,000
Over \$16,000 but not over \$20,000	\$840.00 plus 7.20% of excess over \$16,000
Over \$20,000 but not over \$30,000	\$1,128.00 plus 7.60% of excess over \$20,000
Over \$30,000 but not over \$40,000	\$1,888.00 plus 7.90% of excess over \$30,000
Over \$40,000	\$2,678.00 plus 8.25% of excess over \$40,000

**A COPY OF
THE FORM 990-T
WAS ATTACHED
TO THE
FILING COPY**