

Kapi'olani Medical Center at Pali Momi
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:	50F12F
Taxpayer Name:	KAPI'OLANI MEDICAL CENTER AT PALI MOMI
Return Type:	990
Submitted Date:	05/09/2011 09:28:37
Acknowledgement Date:	05/09/2011 10:00:58
Status:	Accepted
Submission ID:	99005220111295000000

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

2009

Department of the Treasury
Internal Revenue Service

▶ See instructions on back.

Name of exempt organization

Employer identification number

KAPI'OLANI MEDICAL CENTER AT PALI MOMI

99-0274038

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

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, 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>151450148.</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	_____

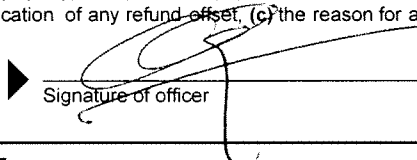
Part II Declaration of Officer

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



Signature of officer

5/9/2011

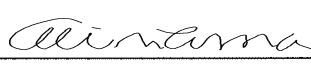
Date

VP & SYSTEM CONTROLLER

Title

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

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

ERO's Use Only	ERO's signature		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</u>								<u>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

Form header section containing organization name (KAPI'OLANI MEDICAL CENTER AT PALI MOMI), EIN (99-0274038), address (55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813), and other identifying information.

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Signature block section with declaration text, signature lines for officer and preparer, and preparer information (ERNST & YOUNG U.S. LLP).

May the IRS discuss this return with the preparer shown above? (see instructions) Yes X 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 AT PALI MOMI IS A NONPROFIT HOSPITAL BASED
IN WEST O'AHU AND DEDICATED TO THE HEALTH AND WELL-BEING OF ALL
HAWAI'I RESIDENTS.

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

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

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

4a (Code: _____) (Expenses \$ 17,603,689. including grants of \$ _____) (Revenue \$ 17,391,602.)
OUTPATIENT O.R.
KAPI'OLANI MEDICAL CENTER AT PALI MOMI ("PALI MOMI") HAS A FULLY
INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE. THE
STATE-OF-THE-ART SUITE IS EQUIPPED WITH TELEMEDICINE CAPABILITY,
TOUCH SCREEN CONTROL PANELS AT THE NURSES' STATION, A
SOPHISTICATED VOICE ACTIVATION SYSTEM, THE ABILITY TO TRANSMIT
LIVE VIDEO FEEDS TO OTHER MEDICAL CENTERS TO CONNECT TO HAWAII
SURGEONS WITH SPECIALISTS FROM AROUND THE WORLD. THESE ADVANCED
TECHNOLOGIES ENHANCE PATIENT CARE, REDUCE ANESTHESIA TIME, AND
DISTURB FEW MUSCLE TISSUES AND NERVES, RESULTING IN LESS PAIN,
FASTER RECOVERY AND SMALLER INCISION MARKS.

4b (Code: _____) (Expenses \$ 15,344,327. including grants of \$ _____) (Revenue \$ 22,589,795.)
OUTPATIENT E.R.
PALI MOMI IS THE ONLY FACILITY IN HAWAI'I THAT UTILIZES A TEAM
TRIAGE APPROACH IN ITS EMERGENCY ROOM, WHERE PATIENTS ARE PROMPTLY
EVALUATED BY AN EMERGENCY PHYSICIAN. TO MEET THE NEEDS OF THE
GROWING WEST O'AHU COMMUNITY, PALI MOMI RECENTLY TRIPLED THE SIZE
OF ITS ER AND DOUBLED THE NUMBER OF TREATMENT ROOMS, EXPANDING ITS
CAPACITY TO 40,421 PATIENT VISITS IN FISCAL 2010.

4c (Code: _____) (Expenses \$ 11,714,555. including grants of \$ _____) (Revenue \$ 9,576,784.)
INPATIENT PULMONARY
PALI MOMI'S RESPIRATORY CARE DEPARTMENT PROVIDES INPATIENT
PULMONARY THERAPY AND DIAGNOSTIC SERVICES FOR ACUTE AND CHRONIC
CARIOPULMONARY DISORDERS. THIS WIDE RANGE OF SERVICES INCLUDES
MECHANICAL VENTILATION, MEDICATED AND BLAND AEROSOL THERAPY,
PULMONARY FUNCTION TESTING, BRONCHOPULMONARY HYGIENE, CARDIAC 12
LEAD EKG, BLOOD GAS ANALYSIS AND OTHERS. THE HIGH QUALITY OF CARE
DELIVERED IS EVIDENT, WITH ONLY ONE INCIDENT OF
VENTILATOR-ASSOCIATED PNEUMONIA FROM JULY 2008 TO JANUARY 2011.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 76,724,872. including grants of \$ _____) (Revenue \$ 100,257,421.)

4e Total program service expenses ► 121,387,443.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their status (Yes/No/X).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other organizational activities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form with rows 1a through 12b, columns for Yes/No, and input fields for numerical values like 65, 0, 1,003.

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 (10), 1b (6), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11 (X), 11A, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
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			
VIOLETA ARNOBIT, R.N. VICE CHAIR, BOARD OF DIRECTOR	.20	X		X				0.	0.	0.
CARLETON CHING BOARD OF DIRECTOR	.20	X						0.	0.	0.
ANDREW DANG, M.D. BOARD OF DIRECTOR	.20	X						0.	397,613.	27,135.
MARK GRIEF, M.D. CHAIR, BOARD OF DIRECTOR	.20	X		X				0.	0.	0.
BETH HOBAN, R.N. BOARD OF DIRECTOR	.20	X						0.	0.	0.
BRYAN MATSUMOTO, M.D. BOARD OF DIRECTOR	.20	X						0.	0.	0.
GORDON NIHEI BOARD OF DIRECTOR	.20	X						0.	0.	0.
MARK PITTS, M.D. BOARD OF DIRECTOR	.20	X					24,000.	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.
DAVID OKABE EVP, CFO & TREASURER	3.00			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.
STEVEN ROBERTSON EVP & CIO	8.00			X				0.	447,932.	93,805.
CHARLES R. CHING EVP, GENERAL COUNSEL & SEC	1.00			X				0.	545,613.	79,218.
EARL INOUYE VP & SYSTEM CONTROLLER	1.00			X				0.	338,063.	33,175.

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			
ARTHUR GLADSTONE VP & SYSTEM CNE	.50			X				0.	397,128.	43,541.
JENNIE CHAHANOVICH VP & COO	55.00			X				0.	326,322.	21,396.
WARREN CHAIKO VP	10.00			X				0.	287,396.	30,756.
SUSAN MASUMOTO-NONAKA VP	8.00			X				0.	260,504.	40,021.
HILTON RAETHEL VP	5.00			X				0.	304,447.	14,688.
PRUDENCE KUSANO HPH COMPLIANCE OFFICER	5.20			X				0.	164,208.	13,630.
MELINDA ASHTON, M.D. MEDICAL DIRECTOR	2.00			X				0.	328,748.	35,227.
DAVID FOX PRIVACY & INFORMATION SECURITY	6.00			X				0.	111,240.	17,249.
JESSICA LEWIS ASSISTANT CORPORATE SECRETARY	6.00			X				0.	98,248.	11,015.
TERRY LONG VP	0.00			X				0.	250,732.	35,957.
BRIGITTE MCKALE DIRECTOR CLINICAL SERVICE LINE	40.00				X			180,015.	0.	18,619.
CHRISTI KELIPIO DIRECTOR CLINICAL SERVICE LINE	40.00				X			177,206.	0.	21,161.
LOIS NASH SYSTEM DIRECTOR OF PHARMACY	24.00				X			0.	212,071.	20,586.
1b Total CONTINUED AT SCHEDULE J-2								1,172,803.	10,606,444.	1,497,811.

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 **7**

	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 2		

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 **22**

Part VIII Statement of Revenue

99-0274038

				(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	866,915.				
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			866,915.			
Program Service Revenue	Business Code						
	2a NET PATIENT REVENUE		622110	148,273,909.	148,273,909.		
	b RENTAL INCOME		532000	966,543.	966,543.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			149,240,452.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			694,248.		0.	694,248.
	4 Income from investment of tax-exempt bond proceeds . . .			20,976.		0.	20,976.
	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			5,378,499.			
	b Less: cost or other basis and sales expenses			5,390,498.			
	c Gain or (loss)			-11,999.			
	d Net gain or (loss)				-11,999.	0.	-11,999.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events				0.			
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		125,451.				
b Less: cost of goods sold	b		72,762.				
c Net income or (loss) from sales of inventory				52,690.	0.	52,690.	
Miscellaneous Revenue			Business Code				
11a HOSPITAL PARKING			812930	468,579.	468,579.		
b FINANCIAL ASSISTANCE REIMB			900099	21,312.	21,312.		
c MEDICAL RECORD COPIES			622110	38,880.	38,880.		
d All other revenue			900099	58,095.	46,379.		11,716.
e Total. Add lines 11a-11d				586,866.			
12 Total Revenue. See instructions				151,450,148.	149,815,602.	0.	767,631.

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 . . .	0.			
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	410,378.	384,628.	25,750.	
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	49,543,386.	49,177,174.	366,212.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	7,427,889.	7,100,610.	327,279.	
10 Payroll taxes	3,669,826.	3,643,500.	26,326.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	889.		889.	
c Accounting	413,733.		413,733.	
d Lobbying	1,482.		1,482.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	131,616.		131,616.	
g Other	19,351,285.	16,573,696.	2,777,589.	
12 Advertising and promotion	75,657.	11,446.	64,211.	
13 Office expenses	24,036,559.	23,983,140.	53,419.	
14 Information technology	1,746,596.	252,318.	1,494,278.	
15 Royalties	0.			
16 Occupancy	3,034,253.	2,270,134.	764,119.	
17 Travel	26,639.	2,935.	23,704.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	5,366.	5,298.	68.	
20 Interest	4,287,055.	4,287,055.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	6,474,947.	6,089,285.	385,662.	
23 Insurance	1,241,668.	1,186,709.	54,959.	
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>CORP ALLOCATION</u> -----	7,211,328.		7,211,328.	
b <u>BAD DEBT</u> -----	5,104,200.	5,104,200.		
c <u>OTHER PURCHASES</u> -----	934,500.	656,025.	278,475.	
d <u>LOSS ON EXTINGUISHMENT OF DE</u> -----	656,863.	656,863.		
e <u>ALL OTHER EXPENSES</u> -----	185,203.	2,427.	182,776.	
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	135,971,318.	121,387,443.	14,583,875.	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	-314,881.	1	-333,410.
	2 Savings and temporary cash investments	2,966,759.	2	2,845,129.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	16,434,633.	4	17,795,906.
	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	1,820,685.	8	2,542,621.
	9 Prepaid expenses and deferred charges	15,817.	9	73,113.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 158,626,118.		
	b Less: accumulated depreciation	10b 98,566,103.	61,828,237.	10c 60,060,015.
	11 Investments - publicly traded securities	19,833,166.	11	21,266,511.
	12 Investments - other securities. See Part IV, line 11	13,769,941.	12	15,675,863.
	13 Investments - program-related. See Part IV, line 11	19,689.	13	0.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	980,084.	15	1,269,067.
16 Total assets. Add lines 1 through 15 (must equal line 34)	117,354,130.	16	121,194,815.	
Liabilities	17 Accounts payable and accrued expenses	12,166,460.	17	14,004,680.
	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	20,972,283.	25	17,359,973.
	26 Total liabilities. Add lines 17 through 25	33,138,743.	26	31,364,653.
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	84,009,358.	27	89,585,595.
	28 Temporarily restricted net assets	206,029.	28	244,567.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	84,215,387.	33	89,830,162.	
34 Total liabilities and net assets/fund balances	117,354,130.	34	121,194,815.	

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)

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: Line number, 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 <input type="checkbox"/>						

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 CENTER AT PALI MOMI	Employer identification number 99-0274038
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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: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, direct contact, rallies, and other activities.

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 questions about dues, in-house lobbying expenditures, and carryover lobbying.

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 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, aggregate amount reported, and taxable amount.

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 11-B, LINE 1I
LOBBYING FEES WERE INCLUDED IN THE ANNUAL MEMBERSHIP DUES PAID TO
HEALTHCARE ASSOCIATION OF HAWAI'I.

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 CENTER AT PALI MOMI

Employer identification number

99-0274038

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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: Amount. 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. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

3 Using the organization's 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,152,259.	39,137,464.			
b Contributions					
c Net investment earnings, gains, and losses	3,126,163.	-6,985,205.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	35,278,422.	32,152,259.			

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

- a Board designated or quasi-endowment 100.0000 %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,609,148.		9,609,148.
b Buildings		81,638,146.	46,898,140.	34,740,006.
c Leasehold improvements		1,396,232.	444,029.	952,203.
d Equipment		64,281,617.	50,416,837.	13,864,780.
e Other		1,700,975.	807,097.	893,878.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				60,060,015.

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 LIMITED PARTNERSHIPS	15,675,863.	COST

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	15,675,863.	

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

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED EQUIP PURCH PLAN	35,875.
ALLOC OF OBLIG GRP TAX EXEMPT BONDS	17,205,861.
DUE TO PROVIDERS INSURANCE CORP.	85,412.
DUE TO KAPI'OLANI HEALTH FOUNDATION	16,971.
DUE TO STRAUB FOUNDATION	15,619.
DUE TO WILCOX HEALTH FOUNDATION	234.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,359,973.

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 USE

FORM 990, SCHEDULE D, PART V

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

SCHEDULE D - FIN 48 FOOTNOTE

PART X, LINE 2

FOLLOWING IS THE FIN 48 FOOTNOTE FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF HAWAII 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.

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 CENTER AT PALI MOMI

Employer identification number

99-0274038

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"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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)		266	132,086.	0.	132,086.	.11
b Unreimbursed Medicaid (from Worksheet 3, column a)		14661	16,098,825.	15,844,485.	254,340.	.20
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)		0	0.	0.	0.	0.00
d Total Charity Care and Means-Tested Government Programs		14927	16,230,911.	15,844,485.	386,426.	.31
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	0	28,379.	0.	28,379.	.02
f Health professions education (from Worksheet 5)		0	63,047.	19,400.	43,647.	.03
g Subsidized health services (from Worksheet 6)		0	0.	0.	0.	0.00
h Research (from Worksheet 7)		0	0.	0.	0.	0.00
i Cash and in-kind contributions to community groups (from Worksheet 8)		0	15,313.	0.	15,313.	.02
j Total. Other Benefits	6	0	106,739.	19,400.	87,339.	.07
k Total. Add lines 7d and 7j	6	14927	16,337,650.	15,863,885.	473,765.	.38

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		0	2,849.	0.	2,849.	0.00
10 Total		0	2,849.	0.	2,849.	0.00

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** 1,652,570.
- 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** 104,207.
- 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** 49,158,128.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 53,951,927.
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) **7** -4,793,799.
- 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 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 7, COLUMN F:

BAD DEBT EXPENSE OF \$5,104,200 WAS SUBTRACTED FROM TOTAL EXPENSES TO COMPUTE PERCENTAGES.

PART I, LINE 7:

COST TO CHARGE RATIO AND SCHEDULE H WORKSHEET WERE USED.

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PART III, LINE 4:

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

AND THE ESTIMATE OF CHARITY CASE 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

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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.
 IN GENERAL THE POLICY INVOLVES SENDING FOLLOW UP STATEMENTS AND DOING

Part VI Supplemental Information

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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:

N/A

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
 ACKNOWLEDGES THAT HE/SHE UNDERSTANDS AVAILABLE UNINSURED PAYMENT

Part VI Supplemental Information

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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

 OFTEN PROVIDED VIA PHONE CONTACT IN THESE CASES. PAYMENT PLAN

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COMMUNITY INFORMATION:

KAPI'OLANI MEDICAL CENTER AT PALI MOMI ("PALI MOMI") IS A
 COMMUNITY-BASED, ACUTE-CARE HOSPITAL THAT OFFERS A FULL RANGE OF
 SERVICES IN CARDIOLOGY, ORTHOPEDICS, EMERGENCY MEDICINE, GENERAL
 SURGERY AND MEDICINE, OPHTHALMOLOGY, WOMEN'S SERVICES AND ONCOLOGY.
 PALI MOMI HAS DELIVERED MANY MEDICAL FIRSTS FOR THE COMMUNITY,
 INCLUDING WEST OAHU'S ONLY INTERVENTIONAL CARDIAC CATHERTERIZATION
 UNIT FOR THE DETECTION AND TREATMENT OF HEART DISEASE, A WOMEN'S
 CENTER AND THE STATE'S FIRST RETINA CENTER. IN FISCAL 2010, PALI
 MOMI HAD 91,322 IMAGING PROCEDURES, 40,421 ER VISITS, 25,815 WOMEN'S
 CENTER PROCEDURES, AND 6,251 INPATIENT ADMISSIONS. IT TREATS ALL
 PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS ONE OF
 THE COMMUNITY'S SAFETY NET PROVIDERS FOR HEALTHCARE. PALI MOMI'S
 GEOGRAPHIC SERVICE AREA IS THE ENTIRE PACIFIC BASIN, SINCE SOME
 SPECIALTIES OFFERED HAVE VERY FEW OTHER PROVIDERS IN A REGION THAT
 STRETCHES FROM THE U.S. WEST COAST TO FAR EAST ASIA. THE RETINA
 CENTER AT PALI MOMI, FOR EXAMPLE, OFFERS HIGHLY SPECIALIZED CARE THAT
 IS ACCESSED BY RESIDENTS ACROSS THE STATE AND BEYOND. DEMOGRAPHICS OF
 THE COMMUNITY IN FISCAL 2010 INCLUDE A STATE POPULATION OF 1.4

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MILLION, WITH 10.7 PERCENT OF RESIDENTS HAVING INCOMES BELOW THE FPG,
 7.6 PERCENT OF PALI MOMI 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.

COMMUNITY BUILDING ACTIVITIES:

WHEN DISCHARGING PATIENTS, PALI MOMI MEDICAL CENTER FOLLOWS THE
 GUIDELINES OF THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES.
 THE PROCEDURES INVOLVED WITH PROVIDING A SAFE DISCHARGE PLAN INCLUDE
 DESIGNATING A PERMANENT OR TRANSITIONAL DESTINATION FOR ALL PATIENTS
 LEAVING THE HOSPITAL. IN SOME CASES, PATIENTS HAVE NO INSURANCE OR
 ARE PENDING APPROVAL UNDER THE MEDICAID PROGRAM FOR PAST SERVICES
 PROVIDED. IN ADDITION, THESE PATIENTS DO NOT REQUIRE FURTHER
 HOSPITAL-GRADE CARE BUT RATHER, FOLLOW-UP CARE AT A TRANSITIONAL CARE
 FACILITY, SUCH AS A LICENSED FOSTER CARE HOME OR REHABILITATION
 CENTER, UNTIL THEY ARE READY TO BE FULLY DISCHARGED. IN THESE SPECIAL
 CIRCUMSTANCES, PALI MOMI WILL PAY AN INDEPENDENT CASE MANAGER FROM
 THE COMMUNITY, USUALLY A NURSE REPRESENTATIVE OF AN INDEPENDENT CASE

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MANAGEMENT COMPANY, TO ASSUME CARE OF THE PATIENT. THE CASE MANAGER IDENTIFIES AN APPROPRIATE FACILITY, HELPS THE PATIENT TRANSITION THERE, AND MONITORS THE PATIENT. PALI MOMI ASSUMES RESPONSIBILITY FOR THE FINANCIAL COST UNTIL INSURANCE APPROVAL UNDER MEDICAID IS ESTABLISHED. IN FISCAL 2010, THE HOSPITAL SPENT \$2,849 TO HELP THESE PATIENTS. BY DOING THIS, PALI MOMI ENSURES THAT A SAFE DISCHARGE PLAN IS BEING FOLLOWED, AS WELL AS MAKES AVAILABLE A HOSPITAL BED FOR AN ACUTE OR CRITICALLY-ILL PATIENT WHO REQUIRES HOSPITAL-GRADE CARE.

OTHER INFORMATION:

FOR FOUR CONSECUTIVE YEARS, THE AMERICAN HEART ASSOCIATION HAS RECOGNIZED PALI MOMI WITH ITS GOLD AWARD FOR EXCELLENCE IN THE TREATMENT OF CORONARY ARTERY DISEASE. PALI MOMI MAINTAINS AN OPEN MEDICAL STAFF IN ALL SPECIALTIES OFFERED. THIS ARRANGEMENT, WHICH GRANTS HOSPITAL PRIVILEGES TO NONAFFILIATED PHYSICIAN SPECIALISTS, ALSO BROADENS PALI MOMI'S ABILITY TO OFFER HIGH-QUALITY, SPECIALIZED CARE TO THE COMMUNITY. PALI MOMI 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

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- 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.

PALI MOMI FULFILLS ITS MISSION-DRIVEN GOALS. AS AN AFFILIATE OF THE

 NON-PROFIT HAWAI'I PACIFIC HEALTH NETWORK, PALI MOMI REINVESTS ALL

 SURPLUS RESOURCES BACK INTO PATIENT CARE AND TO SUBSIDIZE THOSE WHO

 CANNOT PAY. IN ADDITION, PALI MOMI FOCUSES ON THE MEDICAL NEEDS OF

 THE LEEWARD OAHU COMMUNITY. IN FISCAL 2010, PALI MOMI HOSTED A

 VARIETY OF FREE COMMUNITY EVENTS TO RAISE PUBLIC AWARENESS OF CURRENT

 HEALTH CARE AND WELLNESS ISSUES, FROM ITS FAMILY AND SENIOR HEALTH

 FAIRS TO MULTIPLE SUPPORT GROUPS. IT ALSO OFFERED FREE GLUCOSE

 MONITORING AND BLOOD PRESSURE SCREENING TWICE A MONTH.

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.

**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 CENTER AT PALI MOMI

Employer identification number
99-0274038

Part I Questions Regarding Compensation

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

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

b If 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- 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				
ANDREW DANG, M.D.	(i)	0.	0.	0.	0.	0.	0.
	(ii)	363,658.	11,292.	22,663.	9,800.	17,335.	424,748.
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.
DAVID OKABE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	410,893.	83,331.	333,915.	94,274.	15,009.	937,422.
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.
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.
STEVEN ROBERTSON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	306,299.	66,491.	75,142.	66,642.	27,163.	541,737.
CHARLES R. CHING	(i)	0.	0.	0.	0.	0.	0.
	(ii)	309,809.	61,739.	174,065.	68,962.	10,256.	624,831.
EARL INOUE	(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.
JENNIE CHAHANOVICH	(i)	0.	0.	0.	0.	0.	0.
	(ii)	237,938.	37,950.	50,434.	9,875.	11,521.	347,718.
WARREN CHAIKO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	210,889.	26,472.	50,035.	11,653.	19,103.	318,152.
SUSAN MASUMOTO-NONAKA	(i)	0.	0.	0.	0.	0.	0.
	(ii)	197,875.	24,444.	38,185.	11,637.	28,384.	300,525.
HILTON RAETHEL	(i)	0.	0.	0.	0.	0.	0.
	(ii)	203,431.	24,396.	76,620.	11,637.	3,051.	319,135.
PRUDENCE KUSANO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	164,133.	0.	75.	2,876.	10,754.	177,838.
MELINDA ASHTON, M.D.	(i)	0.	0.	0.	0.	0.	0.
	(ii)	262,570.	29,981.	36,197.	14,152.	21,075.	363,975.

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.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

AMOUNTS PAID OUT DURING THE YEAR BY RELATED ORGANIZATION:

JENNIE CHAHANOVICH	\$26,679
WARREN CHAIKO	\$26,874
CHARLES R. CHING	\$129,699
ANDREW DANG, M.D.	\$22,643
ARTHUR GLADSTONE	\$46,593
EARL INOUYE	\$52,775
GAIL LERCH	\$185,756
TERRY LONG	\$46,971

Part III Supplemental Information

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

SUSAN MASUMOTO-NONAKA	\$23,460
WILLOW MORTON	\$108,272
DAVID OKABE	\$263,953
VIRGINIA PRESSLER-FISHER, M.D.	\$145,627
HILTON RAETHEL	\$75,187
STEVEN ROBERTSON	\$25,048
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.

NON-FIXED PAYMENTS TO PERSON LISTED ON PART VII, SECTION A, LINE 1A
SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS ARE MADE TO EXECUTIVES BASED ON SYSTEM GOALS THAT ARE
NOT BASED ON A PERCENTAGE OF NET EARNINGS. NON-FIXED PAYMENTS MADE TO
PHYSICIANS ARE BASED ON CLINICAL PERFORMANCE MEASURES.

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

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 CENTER AT PALI MOMI

Employer identification number

99-0274038

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				
TERRY LONG	(i)	0.	0.	0.	0.	0.	0.
	(ii)	162,112.	26,010.	62,610.	28,137.	7,820.	286,689.
BRIGITTE MCKALE	(i)	166,928.	13,087.	0.	8,620.	9,999.	198,634.
	(ii)	0.	0.	0.	0.	0.	0.
CHRISTI KELIPIO	(i)	159,824.	17,382.	0.	8,576.	12,585.	198,367.
	(ii)	0.	0.	0.	0.	0.	0.
LOIS NASH	(i)	0.	0.	0.	0.	0.	0.
	(ii)	194,237.	17,834.	0.	10,037.	10,549.	232,657.
KEITH MIYASHIRO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	141,278.	9,859.	0.	7,299.	15,743.	174,179.
ALICIA BERTULFO	(i)	174,990.	0.	8,529.	8,779.	13,946.	206,244.
	(ii)	0.	0.	0.	0.	0.	0.
WESLEY MEDEIROS	(i)	148,606.	0.	24,400.	8,204.	5,377.	186,587.
	(ii)	0.	0.	0.	0.	0.	0.
RICHARD PISCUSA	(i)	140,481.	0.	5,151.	6,130.	10,439.	162,201.
	(ii)	0.	0.	0.	0.	0.	0.
NHELDA J. IBARRA	(i)	140,876.	1,000.	3,068.	6,944.	9,212.	161,100.
	(ii)	0.	0.	0.	0.	0.	0.
LORI HATA	(i)	137,187.	0.	7,294.	6,912.	6,182.	157,575.
	(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 CENTER AT PALI MOMI	Employer identification number 99-0274038
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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 KMCPM	747,993.	PAYMENT FOR LAUNDRY SERVICES		X
PACIFIC MEDICAL COLLECTIONS	DIR. IS OFFICER OF KMCPM	103,105.	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 CENTER AT PALI MOMI

Employer identification number

99-0274038

ATTACHMENT 1

DESCRIPTION OF OTHER PROGRAM SERVICES ACTIVITIES

FORM 990, PART III, LINE 4D

PALI MOMI WAS FOUNDED IN 1989 AND HAS BEEN IMPROVING AND ADVOCATING FOR THE HEALTH OF INDIVIDUALS AND FAMILIES FOR THE PAST TWO DECADES. AN AFFILIATE OF HAWAI'I PACIFIC HEALTH, THE STATE'S LARGEST HEALTH CARE PROVIDER, PALI MOMI IS A COMMUNITY-BASED ACUTE CARE HOSPITAL THAT DELIVERS TOP-QUALITY CARE AND OFFERS A FULL RANGE OF SERVICES IN CARDIOLOGY, ORTHOPEDICS, EMERGENCY MEDICINE, GENERAL SURGERY AND MEDICINE, OPHTHALMOLOGY, WOMEN'S SERVICES AND ONCOLOGY. IT HAS 116 ACUTE CARE BEDS AND EMPLOYS 938 EMPLOYEES, 370 PHYSICIANS ARE ON THE PALI MOMI MEDICAL STAFF. IN ADDITION, 80 PEOPLE VOLUNTEERED THERE. DURING FISCAL YEAR 2010, THE HOSPITAL ADMITTED 6,451 PATIENTS FOR A TOTAL OF 37,267 PATIENT DAYS. EMERGENCY VISITS HAVE INCREASED TO 40,421 PATIENTS, WITH 7,293 SURGERY CASES. OUTPATIENT ENCOUNTERS (THOSE NOT FOR EMERGENCIES OR SURGERIES) INCREASED TO 108,427 IN FISCAL 2010.

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

Name of the organization KAPI'OLANI MEDICAL CENTER AT PALI MOMI	Employer identification number 99-0274038
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ATTACHMENT 1 (CONT'D)

CORONARY ARTERY DISEASE.

THE STAFF AT PALI MOMI WORK HARD TO SERVE THE MEDICAL NEEDS OF THE COMMUNITY, AND ARE VALUED COMMUNITY PARTNERS. IN FISCAL YEAR 2010, THE HOSPITAL HOSTED A VARIETY OF FREE COMMUNITY EVENTS TO RAISE PUBLIC AWARENESS OF CURRENT HEALTH CARE AND WELLNESS ISSUES - FROM ITS FAMILY AND SENIOR HEALTH FAIRS TO MULTIPLE SUPPORT GROUPS. IT ALSO OFFERED FREE GLUCOSE MONITORINGS AND BLOOD PRESSURE SCREENINGS TWICE A MONTH.

PALI MOMI TREATS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS ONE OF THE COMMUNITY'S SAFETY NET PROVIDERS OF HEALTH CARE. AN ESTABLISHED CHARITY CARE POLICY SETS GUIDEDLINES IN WHICH PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. IN FISCAL YEAR 2010, THE HOSPITAL PROVIDED APPROXIMATELY \$.5 MILLION WORTH OF CARE TO INDIVIDUALS, 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 AT PALI MOMI IS A MEMBER OF THE HAWAI'I PACIFIC HEALTH OBLIGATED GROUP, WHICH HAS ISSUED VARIOUS BOND ISSUES AND IS REPORTED ON THE HAWAI'I PACIFIC HEALTH 990.

MEMBERS AND RIGHTS

FORM 990, PART VI, 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

Name of the organization

KAPI'OLANI MEDICAL CENTER AT PALI MOMI

Employer identification number

99-0274038

ATTACHMENT 1 (CONT'D)

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

DESCRIPTION OF CLASSES OF PERSONS AND 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 MEMBER, 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 THESE BYLAWS;
- (II) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER BOARD;
- (III) AMEND THE BYLAWS;
- (IV) THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING

Name of the organization KAPI'OLANI MEDICAL CENTER AT PALI MOMI	Employer identification number 99-0274038
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ATTACHMENT 1 (CONT'D)

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 OPERATED BY THE CORPORATION;

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

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

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

Name of the organization KAPI'OLANI MEDICAL CENTER AT PALI MOMI	Employer identification number 99-0274038
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ATTACHMENT 1 (CONT'D)

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 EACH SUBSIDIARY UNIT OF HPH AND ARE PHYSICALLY LOCATED AT EACH FACILITY'S SITE FOR THE BOARD MEMBER TO REVIEW PRIOR TO FILING. THE 990S WILL BE POSTED TO HPH'S WEB SITE FOR PUBLIC ACCESS AFTER THE FILING OF THE RETURNS WITH THE IRS.

MONITORING & ENFORCING OF 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

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<u>ATTACHMENT 1 (CONT'D)</u>	

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 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

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ATTACHMENT 1 (CONT'D)

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
HPH COMPENSATION COMMITTEE, WHICH IS COMPOSED SOLELY OF INDEPENDENT,
COMMUNITY-BASED MEMBERS OF THE HPH BOARD OF DIRECTORS. ON AN ANNUAL
BASIS, THE HAWAI'I PACIFIC HEALTH ("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
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 STANDARDS OF CONDUCT ARE AVAILABLE ON

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ATTACHMENT 1 (CONT'D)

THE HAWAI'I PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC VIA THE HAWAI'I PACIFIC HEALTH WEBSITE.

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

RAETHAL 15.0

ROBERTSON 15.0

STED 32.0

VARA 5.0

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ATTACHMENT 1 (CONT'D)

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

VARA 5.0

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN

ASHTON 2.0

C.R. CHING 4.0

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ATTACHMENT 1 (CONT'D)

CHAIKO 15.0

FOX 10.4

GLADSTONE .5

INOUYE 5.0

KUSANO 8.7

LERCH 6.0

LEWIS 10.8

MASUMOTO-NONAKA 10.0

OKABE 4.0

PRESSLER-FISHER 1.0

RAETHAL 10.0

ROBERTSON 12.0

STED 2.0

VARA 10.0

KAPI'OLANI MEDICAL SPECIALISTS

C.R. CHING 3.0

CHAIKO 1.0

INOUYE 2.0

KUSANO .9

LERCH 1.0

LEWIS 1.3

OKABE 1.0

RAETHAL 5.0

ROBERTSON 1.0

Name of the organization

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ATTACHMENT 1 (CONT'D)

STED 1.0

PROVIDERS INSURANCE CORPORATION

ASHTON .1

C.R. CHING 2.0

OKABE 1.0

RAETHAL 5.0

ROBERTSON 1.0

STED 1.0

STRAUB CLINIC & HOSPITAL

ASHTON 2.0

C.R. CHING 3.0

CHAIKO 5.0

FOX 10.0

GLADSTONE 50.0

INOUYE 6.0

KUSANO 20.0

LERCH 6.0

LEWIS 15.0

MASUMOTO-NONAKA 12.0

MIYASHIRO 16.0

OKABE 6.0

PRESSLER-FISHER 2.0

RAETHAL 10.0

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

ATTACHMENT 1 (CONT'D)

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

INOUYE .5

LEWIS .5

OKABE .5

PRESSLER-FISHER 1.0

STED 1.0

WILCOX MEMORIAL HOSPITAL

ASHTON 1.0

C.R. CHING 5.0

CHAIKO 5.0

FOX 4.2

GLADSTONE .5

Name of the organization KAPI'OLANI MEDICAL CENTER AT PALI MOMI	Employer identification number 99-0274038
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ATTACHMENT 1 (CONT'D)

INOUYE 12.0

LERCH 1.0

LEWIS 3.9

MASUMOTO-NONAKA 4.0

OKABE 3.0

PRESSLER-FISHER 2.0

RAETHAL 5.0

ROBERTSON 8.0

STED 8.0

METHOD USED TO DETERMINE THE VALUE OF SERVICES, CASH AND OTHER ASSETS

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CLINICAL LABORATORIES OF HAWAI'I, LLP MAIL CODE 600300 P.O. BOX 1300 HONOLULU, HI 96807	MEDICAL SERVICES	3,170,596.
GE HEALTH CARE P.O. BOX 843553 DALLAS, TX 75284	EQUIP, INSTAL & MAIN	2,109,634.
HAWAI'I HOSPITAL PHYSICIANS, INC 98-1079 MOANALUA RD RM 437 AIEA, HI 96701	PHYSICIAN SERVICES	1,026,769.
FRESENIUS MEDICAL CARE-N AMERICA MAIL CODE 61123 P.O. BOX 1300 HONOLULU, HI 96807	MEDICAL SERVICES	887,464.

Name of the organization KAPI'OLANI MEDICAL CENTER AT PALI MOMI	Employer identification number 99-0274038
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ATTACHMENT 2 (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>
UNITED LAUNDRY SERVICES, INC 2291 ALAHAO PLACE HONOLULU, HI 96819	LAUNDRY SERVICES	690,745.
TOTAL COMPENSATION		<u>7,885,208.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **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.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KAPI'OLANI MEDICAL CENTER AT PALI MOMI

Employer identification number

99-0274038

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 99-0246363 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOLDING CO.	HI	501 (C) (3)	11B TYPE II	N/A
PROVIDERS INSURANCE CORPORATION 71-0893000 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	NFP INSURANCE	HI	501 (C) (3)	11B TYPE II	N/A
KAPI'OLANI MEDICAL CENTER WOMEN CHILDREN 99-0177350 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501 (C) (3)	3	N/A
KAPI'OLANI HEALTH FOUNDATION 99-0246364 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	FUNDRAISING	HI	501 (C) (3)	7	N/A
KAPI'OLANI MEDICAL SPECIALISTS 99-0322406 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HEALTHCARE	HI	501 (C) (3)	9	N/A
WILCOX MEMORIAL HOSPITAL 99-0074365 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOSPITAL	HI	501 (C) (3)	3	N/A
WILCOX HEALTH FOUNDATION 99-0204242 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	FUNDRAISING	HI	501 (C) (3)	7	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
HAWAI'I PACIFIC HEALTH PARTNERS INC& SUB ___ 99-0318588 ___ 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOLDING COMPANY	HI	N/A	C CORP	0.	0.	0.0000

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) KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	P	1,671,224.
(2) KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	R	1,237,732.
(3) KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	N	1,819,952.
(4) KAPI'OLANI MEDICAL CTR FOR WOMEN & CHILDREN	O	1,402,119.
(5) PROVIDERS INSURANCE CORPORATION	Q	1,227,385.
(6) KAPI'OLANI HEALTH FOUNDATION	C	91,597.

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) STRAUB CLINIC & HOSPITAL	P	1,196,983.
(8) STRAUB CLINIC & HOSPITAL	R	425,952.
(9) STRAUB CLINIC & HOSPITAL	N	214,854.
(10) STRAUB CLINIC & HOSPITAL	Q	55,580.
(11) WILCOX MEMORIAL HOSPITAL	R	130,556.
(12) WILCOX MEMORIAL HOSPITAL	O	65,984.
(13) KAPI'OLANI MEDICAL SPECIALISTS		0.
(14) WILCOX HEALTH FOUNDATION		0.
(15) STRAUB FOUNDATION		0.
(16) HAWAI'I PACIFIC HEALTH PARTNERS, INC. & SUB		0.
(17) KAUA'I MEDICAL CLINIC		0.
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

