

**Hawai'i Pacific Health Group Return  
Form 990  
Return of Organization Exempt From Income Tax  
For The Year Ended 6/30/19  
Copy – Retain For Your Records**

**PUBLIC INSPECTION COPY**

Ernst & Young LLP



# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2018

Open to Public Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning

07/01, 2018, and ending

06/30, 2019

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization HAWAI'I PACIFIC HEALTH GROUP RETURN			<b>D</b> Employer identification number 38-3835105	
	Doing Business As			<b>E</b> Telephone number (808) 535-7401	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 MERCHANT STREET, 24TH FLOOR			<b>G</b> Gross receipts \$ 1,330,568,919.	
	City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96813			<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>F</b> Name and address of principal officer: RAYMOND VARA 55 MERCHANT ST., 24TH FLOOR, HONOLULU, HI 96813			<b>H(c)</b> Group exemption number ▶ 5834		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ▶ WWW.HAWAIIIPACIFICHEALTH.ORG					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: <input type="checkbox"/>	
				<b>M</b> State of legal domicile:	

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN, PALI MOMI MEDICAL CENTER, STRAUB MEDICAL CENTER AND WILCOX MEDICAL CENTER'S MISSION IS TO CREATE A HEALTHIER HAWAI'I.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	40.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	26.
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	6,093.
	<b>6</b>	Total number of volunteers (estimate if necessary)	592.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	940,256.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	39,460.	
Revenue			<b>Revenue</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	3,856,374.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,249,080,035.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,428,932.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,352,177.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,270,717,518.
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,208,285.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	569,666,914.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.
Expenses			<b>Expenses</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	583,739,215.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,155,614,414.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	115,103,104.
			<b>Net Assets or Fund Balances</b>
<b>20</b>	Total assets (Part X, line 16)	959,035,227.	
<b>21</b>	Total liabilities (Part X, line 26)	162,162,015.	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	796,873,212.	

**Part II Signature Block**

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

<b>Sign Here</b>		Date 5/5/2020
	Type or print name and title ERIC INOUE VICE PRESIDENT	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOCELYNE MILLER	Preparer's signature 	Date 4/28/2020	Check <input type="checkbox"/> if self-employed	PTIN P00634378
	Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 4365 EXECUTIVE DR, STE 1600 SAN DIEGO, CA 92121			Phone no. 858-535-7200	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O.

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 70,986,561. including grants of \$ 0. ) (Revenue \$ 98,739,334. )

SEE SCHEDULE O.

**4b** (Code: \_\_\_\_\_) (Expenses \$ 61,074,026. including grants of \$ 0. ) (Revenue \$ 154,360,568. )

SEE SCHEDULE O.

**4c** (Code: \_\_\_\_\_) (Expenses \$ 55,100,050. including grants of \$ 0. ) (Revenue \$ 165,554,395. )

SEE SCHEDULE O.

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

(Expenses \$ 860,434,675. including grants of \$ 2,107,654. ) (Revenue \$ 891,647,759. )

**4e** Total program service expenses ▶ 1,047,595,312.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. [X]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (40), 1b (26), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed HI,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DAVID CHO, M.D. BOARD OF DIRECTOR	40.00 0.	X					544,089.	0.	33,894.	
(2) AMY CORLISS, M.D. BOARD OF DIRECTOR	.20 40.00	X					0.	405,396.	31,915.	
(3) PAUL EAKIN, M.D. BOARD OF DIRECTOR	.30 0.	X					0.	0.	0.	
(4) CHRIS ELDRIDGE BOARD OF DIRECTOR (PART YEAR)	.30 0.	X					0.	0.	0.	
(5) CAROL FUJIIYOSHI, M.D. BOARD OF DIRECTOR	.20 40.00	X					0.	318,599.	18,052.	
(6) BEN GODSEY BOARD OF DIRECTOR (PART YEAR)	.30 0.	X					0.	0.	0.	
(7) KEVIN HARA, M.D. BOARD OF DIRECTOR (PART YEAR)	1.20 0.	X					0.	0.	0.	
(8) MICHELLE HO BOARD OF DIRECTOR	.30 0.	X					0.	0.	0.	
(9) CLYDE KODANI BOARD OF DIRECTOR	.20 0.	X					0.	0.	0.	
(10) EMILY KURAOKA BOARD OF DIRECTOR	.20 0.	X					0.	0.	0.	
(11) SCOTT KUROSAWA BOARD OF DIRECTOR	.20 0.	X					0.	0.	0.	
(12) RICHANNE LAM BOARD OF DIRECTOR	.20 .10	X					0.	0.	0.	
(13) NEIL MANAGO, M.D. BOARD OF DIRECTOR	.20 0.	X					0.	0.	0.	
(14) AVI MANNIS BOARD OF DIRECTOR	.20 0.	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 15) GERALD MCKENNA, M.D. ----- BOARD OF DIRECTOR	.20 ----- 0.	X						0.	0.	0.
( 16) PETER MCNALLY, M.D. ----- BOARD OF DIRECTOR (PART YEAR)	.30 ----- 0.	X						0.	0.	0.
( 17) TODD MILLER ----- BOARD OF DIRECTOR	40.00 ----- 0.	X						560,103.	0.	18,226.
( 18) ELLIOT MILLS ----- BOARD OF DIRECTOR	.30 ----- .40	X						0.	0.	0.
( 19) DAWN MIURA, M.D. ----- BOARD OF DIRECTOR	.20 ----- 0.	X						0.	14,447.	0.
( 20) PATRICK O'DONNELL, M.D. ----- BOARD OF DIRECTOR	.30 ----- 40.00	X						0.	544,300.	34,788.
( 21) MICHAEL O'MALLEY, ESQ. ----- BOARD OF DIRECTOR	.30 ----- 0.	X						0.	0.	0.
( 22) FRED PAINE ----- BOARD OF DIRECTOR (PART YEAR)	.20 ----- 0.	X						0.	0.	0.
( 23) ALANA PAKKALA ----- BOARD OF DIRECTOR	.30 ----- 0.	X						0.	0.	0.
( 24) MONICA PRICE, M.D. ----- BOARD OF DIRECTOR	40.00 ----- 0.	X						222,867.	0.	31,375.
( 25) KATHY RICHARDSON ----- BOARD OF DIRECTOR	.20 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								544,089.	723,995.	83,861.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								6,182,266.	16,163,280.	5,573,608.
<b>d Total (add lines 1b and 1c)</b> . . . . .								6,726,355.	16,887,275.	5,657,469.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1838

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

**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 ► 154

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 26) MAYA ROGERS ----- BOARD OF DIRECTOR	.30 ----- 0.	X						0.	0.	0.
( 27) LYLE TABATA ----- BOARD OF DIRECTOR	.20 ----- .60	X						0.	0.	0.
( 28) CLAIRE TAMAMOTO ----- BOARD OF DIRECTOR	.20 ----- 0.	X						0.	0.	0.
( 29) JASMINE TANIOKA ----- BOARD OF DIRECTOR	.20 ----- 0.	X						0.	0.	0.
( 30) MICHAEL TAYLOR ----- BOARD OF DIRECTOR	.20 ----- 0.	X						0.	0.	0.
( 31) SHELLEY WILSON ----- BOARD OF DIRECTOR (PART YEAR)	.30 ----- 0.	X						0.	0.	0.
( 32) MARK YAMAKAWA ----- BOARD OF DIRECTOR	.30 ----- 0.	X						0.	0.	0.
( 33) LOREN YAMAMOTO, M.D. ----- BOARD OF DIRECTOR	.30 ----- 0.	X						0.	0.	0.
( 34) MICHAEL YAMANE ----- BOARD OF DIRECTOR	.20 ----- 0.	X						0.	0.	0.
( 35) JENNIE CHAHANOVICH ----- BOD, PRESIDENT & CEO	30.00 ----- 26.50	X		X				0.	620,573.	240,646.
( 36) ARTHUR GLADSTONE ----- BOD, CEO VP AND SYSTEM CNE	41.20 ----- 14.60	X		X				0.	787,642.	334,366.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1838

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

**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 ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 37) GORDON HAMMOND ----- BOARD OF DIRECTOR, CHAIR	1.20 ----- 0.	X		X				0.	0.	0.
( 38) TAD JACKSON, M.D. ----- BOARD OF DIRECTOR, CHAIR	1.20 ----- 0.	X		X				0.	0.	0.
( 39) WAYNE KATAYAMA ----- BOARD OF DIRECTOR, VICE CHAIR	.20 ----- 0.	X		X				0.	0.	0.
( 40) ANDY LEE, M.D. ----- BOD, CHIEF OF STAFF	1.00 ----- 39.00	X		X				0.	311,137.	46,336.
( 41) STEPHEN LIN, M.D. ----- BOARD OF DIRECTOR, CHAIR	1.30 ----- 0.	X		X				0.	7,512.	0.
( 42) BEAU NAKAMOTO, M.D. ----- BOARD OF DIRECTOR, VICE CHAIR	40.00 ----- 0.	X		X				305,862.	0.	11,382.
( 43) MARK PITTS, M.D. ----- BOARD OF DIRECTOR, CHAIR	1.20 ----- 0.	X		X				0.	0.	0.
( 44) JERRY PUPILLO ----- BOARD OF DIRECTOR, VICE CHAIR	.20 ----- 0.	X		X				0.	0.	0.
( 45) MARTHA SMITH ----- BOARD OF DIRECTOR, CEO	50.00 ----- 10.00	X		X				0.	775,727.	321,506.
( 46) RAYMOND P. VARA JR. ----- BOARD OF DIRECTOR, PRESIDENT	8.00 ----- 54.10	X		X				0.	1,913,937.	1,048,476.
( 47) MELINDA ASHTON, M.D. ----- EVP & CQO	6.00 ----- 43.30			X				0.	664,283.	182,169.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1838

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

**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 ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 48) JOHN BELEW ----- COO	40.00 0.			X			0.	365,430.	41,120.	
( 49) WARREN CHAIKO ----- SVP	31.00 14.00			X			0.	356,279.	121,607.	
( 50) DAWN CHING ----- VP	50.00 3.00			X			0.	296,134.	93,815.	
( 51) CHARLES R. CHING ----- EVP, GEN. COUNSEL & SECRETARY	12.00 28.00			X			0.	722,661.	299,522.	
( 52) DAWN DUNBAR ----- SVP	.10 44.90			X			0.	332,660.	89,767.	
( 53) JOEL EMPERADOR ----- VP	40.00 0.			X			0.	276,960.	70,286.	
( 54) BRANDT FARIAS ----- SVP & CHIEF MARKETING OFFICER	4.00 50.00			X			0.	294,062.	88,484.	
( 55) MAUREEN FLANNERY ----- VP	50.00 5.00			X			0.	333,374.	51,165.	
( 56) DAVID FOX ----- PRIVACY OFFICER	15.20 24.80			X			0.	151,349.	30,788.	
( 57) EARL INOUYE ----- VP & SYSTEM CONTROLLER	10.50 37.50			X			0.	349,899.	95,408.	
( 58) ALAN ITO ----- INFORMATION SECURITY OFFICER	3.00 37.00			X			0.	193,015.	31,827.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1838

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

**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 ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 59) GAIL LERCH ----- EVP	9.00 42.00			X				0.	718,560.	328,353.
( 60) JESSICA LEWIS ----- ASSISTANT CORPORATE SECRETARY	14.00 26.00			X				0.	146,994.	36,804.
( 61) LORRIE-ANN LUKE ----- VP	7.00 43.70			X				0.	236,634.	84,921.
( 62) BRIGITTE MCKALE ----- VP & CNE	50.00 0.			X				0.	296,963.	80,969.
( 63) MAVIS NIKAIDO ----- VP & CNE	49.00 1.00			X				0.	345,501.	85,560.
( 64) SUSAN MASUMOTO-NONAKA ----- VP	31.50 8.50			X				0.	349,257.	92,996.
( 65) DAVID OKABE ----- EVP, CFO & TREASURER	9.00 41.00			X				0.	893,564.	398,013.
( 66) KENNETH B. ROBBINS, M.D. ----- EVP	24.50 30.50			X				0.	908,468.	342,005.
( 67) STEVEN ROBERTSON ----- EVP & CIO	9.50 43.10			X				0.	704,627.	309,769.
( 68) MICHAEL ROBINSON ----- VP	.60 49.40			X				0.	268,791.	74,616.
( 69) GIDGET RUSCETTA, R.N. ----- COO	43.00 10.10			X				0.	355,396.	93,649.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1838

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

**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 ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 70) KATIE SHIGEMITSU ----- COMPLIANCE OFFICER	20.50 ----- 19.50			X				0.	197,801.	34,552.
( 71) DAVID STUMBAUGH ----- VP	32.00 ----- 8.00			X				0.	229,315.	66,991.
( 72) RODNEY WILLIAMS, M.D. ----- CMO	34.00 ----- 6.00			X				0.	516,009.	63,120.
( 73) JOHN J. CHO ----- PHYSICIAN	40.00 ----- 0.					X		909,041.	0.	23,394.
( 74) SCOTT N. CRAWFORD ----- PHYSICIAN	40.00 ----- 0.					X		811,073.	0.	31,394.
( 75) MARK S GERBER ----- PHYSICIAN	40.00 ----- 0.					X		911,438.	0.	18,052.
( 76) KENNETH C. LEE ----- PHYSICIAN	40.00 ----- 0.					X		927,792.	0.	14,706.
( 77) CASS K. NAKASONE ----- PHYSICIAN	40.00 ----- 0.					X		1,177,815.	0.	32,644.
( 78) DOUGLAS KWOCK, M.D. ----- FORMER OFFICER	0. ----- 40.00						X	0.	455,940.	44,559.
( 79) THOMAS MUNDELL ----- FORMER OFFICER	0. ----- 0.						X	0.	228,079.	10,006.
( 80) THOMAS J. NORDYKE, M.D. ----- FORMER OFFICER	40.00 ----- 0.						X	356,275.	0.	23,476.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1838

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

**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 ►

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	4,777,600.					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	213,377.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		78,252.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			4,990,977.				
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT REVENUES	<b>Business Code</b>	622110	1,267,081,717.	1,267,081,717.			
	<b>b</b> PREMIUM REVENUE		622110	18,566,561.	18,566,561.			
	<b>c</b> OTHER HEALTHCARE REVENUE		622110	11,735,987.	11,735,987.			
	<b>d</b> RENTAL INCOME		531120	4,223,588.	4,205,706.	17,882.		
	<b>e</b> INTER-ENTITY SERVICE REVENUE		900099	1,973,392.	1,973,392.			
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			1,303,581,245.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			2,602,961.			2,602,961.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			110,934.			110,934.	
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	179,625.					
		(ii) Personal						
	<b>b</b> Less: rental expenses . . . . .							
	<b>c</b> Rental income or (loss) . . . . .		179,625.					
	<b>d</b> Net rental income or (loss) . . . . . ▶			179,625.			179,625.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	9,698,641.	972,639.				
		(ii) Other						
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		9,615,046.	222,369.				
	<b>c</b> Gain or (loss) . . . . .		83,595.	750,270.				
	<b>d</b> Net gain or (loss) . . . . . ▶			833,865.	84,966.		748,899.	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>			0.				
	<b>b</b> Less: direct expenses . . . . . <b>b</b>			0.				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			0.					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>			0.					
<b>b</b> Less: direct expenses . . . . . <b>b</b>			0.					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0.					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		873,678.						
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>		542,690.					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			330,988.			330,988.		
Miscellaneous Revenue		<b>Business Code</b>						
<b>11a</b> PARKING REVENUE		812930	2,968,144.	2,968,144.				
<b>b</b> CAFETERIA REVENUE		722110	2,841,149.	2,841,149.				
<b>c</b> EXPENSE REIMBURSEMENT		900099	345,825.	345,825.				
<b>d</b> All other revenue . . . . .			1,403,101.	480,727.	922,374.			
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			7,558,219.					
<b>12 Total revenue.</b> See instructions. . . . . ▶			1,320,188,814.	1,310,284,174.	940,256.	3,973,407.		

**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).

Check if Schedule O contains a response or note to any line in this Part IX  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,107,654.	2,107,654.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 . . . . .	1,664,338.	1,656,016.	8,322.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	575,585.	575,585.		
7 Other salaries and wages . . . . .	475,829,089.	471,181,147.	4,647,942.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,499,733.	25,269,197.	230,536.	
9 Other employee benefits . . . . .	55,073,597.	48,245,959.	6,827,638.	
10 Payroll taxes . . . . .	32,224,846.	31,958,624.	266,222.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	2,016.	2,016.		
c Accounting . . . . .	3,180,273.		3,180,273.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	515,331.		515,331.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <b>ATCH 2</b>	181,383,791.	153,630,576.	27,753,215.	
12 Advertising and promotion . . . . .	618,988.	115,056.	503,932.	
13 Office expenses . . . . .	193,619,763.	193,287,349.	332,414.	
14 Information technology . . . . .	7,423,620.	5,168,997.	2,254,623.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	31,032,056.	29,218,672.	1,813,384.	
17 Travel . . . . .	1,313,794.	1,155,341.	158,453.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	122,601.	112,213.	10,388.	
20 Interest . . . . .	21,558,424.	21,558,424.		
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	42,085,964.	42,085,964.		
23 Insurance . . . . .	12,852,764.	12,137,929.	714,835.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CORPORATE ALLOCATION	90,139,220.		90,139,220.	
b OTHER PURCHASES	26,580,243.	7,984,905.	18,595,338.	
c AFFILIATE EXPENSES	771,424.		771,424.	
d LOSS-EXTINGUISHMENT OF DEBT	64,088.	64,088.		
e All other expenses	184,305.	79,600.	104,705.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,206,423,507.	1,047,595,312.	158,828,195.	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			



**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	-119,862.	<b>1</b>	-1,399.
	<b>2</b> Savings and temporary cash investments	715,962.	<b>2</b>	1,011,933.
	<b>3</b> Pledges and grants receivable, net	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net	156,552,335.	<b>4</b>	160,293,487.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	19,873,741.	<b>8</b>	19,691,750.
	<b>9</b> Prepaid expenses and deferred charges	2,587,378.	<b>9</b>	2,394,063.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,077,990,409.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 573,665,516.	496,575,221.	<b>10c</b> 504,324,893.
	<b>11</b> Investments - publicly traded securities	107,731,627.	<b>11</b>	104,014,829.
	<b>12</b> Investments - other securities. See Part IV, line 11	75,633,832.	<b>12</b>	89,905,233.
	<b>13</b> Investments - program-related. See Part IV, line 11	1,618,557.	<b>13</b>	1,618,557.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	97,866,436.	<b>15</b>	106,478,016.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	959,035,227.	<b>16</b>	989,731,362.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	105,335,088.	<b>17</b>	113,075,929.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	56,826,927.	<b>25</b>	60,238,800.
	<b>26 Total liabilities.</b> Add lines 17 through 25	162,162,015.	<b>26</b>	173,314,729.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	766,324,300.	<b>27</b>	777,605,662.
	<b>28</b> Temporarily restricted net assets	20,339,510.	<b>28</b>	28,412,432.
	<b>29</b> Permanently restricted net assets	10,209,402.	<b>29</b>	10,398,539.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	796,873,212.	<b>33</b>	816,416,633.
<b>34</b> Total liabilities and net assets/fund balances	959,035,227.	<b>34</b>	989,731,362.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,320,188,814.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,206,423,507.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	113,765,307.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	796,873,212.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	8,065,227.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-102,287,113.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	816,416,633.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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? . . . . .
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization HAWAI ' I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
---	--

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **HAWAII PACIFIC HEALTH GROUP RETURN**

**Employer identification number**  
38-3835105

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,775,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 50,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 615,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 450,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **HAWAII PACIFIC HEALTH GROUP RETURN**

Employer identification number  
38-3835105

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 935,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 137,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWAI ' I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	TOYS, CLOTHES, BOOKS	\$ 70,937.	VAR
5	WINES, PAINTING, WATER PARK CERT	\$ 2,480.	VAR
6	EKG MACHINE, FOOD, GIFT CARD, CLOTHING	\$ 2,200.	VAR
7	NEWBORN BEANIES, BOOKS, KOA BOWLS	\$ 2,635.	VAR
		\$	
		\$	

Name of organization HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number  
38-3835105

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**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 the filing organization made payments. 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018



**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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? . . . . .														

Yes  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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B

LOBBYING EXPENDITURES

LOBBYING EXPENSES ARE THE PORTION OF AMOUNTS PAID TO HEALTHCARE

ASSOCIATIONS THAT ENGAGED IN LEGISLATIVE LOBBYING ON BEHALF OF ITS

MEMBERS.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

HAWAI'I PACIFIC HEALTH GROUP RETURN

38-3835105

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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 value of contributions to (during year), 3 Aggregate value of 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" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax 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. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 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, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?, 9 In Part XIII, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

**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 XIII.

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" on 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 XIII 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, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on 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	195,030,697.	180,123,783.	163,374,610.	167,123,775.	170,982,165.
b Contributions				340,551.	564,521.
c Net investment earnings, gains, and losses	11,008,237.	15,061,139.	16,944,928.	-3,972,004.	-4,243,274.
d Grants or scholarships					
e Other expenditures for facilities and programs	76,723.	154,225.	195,755.	117,712.	167,884.
f Administrative expenses					11,753.
g End of year balance	205,962,211.	195,030,697.	180,123,783.	163,374,610.	167,123,775.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  99.2100 %
- b Permanent endowment  .7900 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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	X	

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,720,249.		19,720,249.
b Buildings		661,482,782.	300,082,883.	361,399,899.
c Leasehold improvements		35,558,755.	23,501,804.	12,056,951.
d Equipment		322,065,413.	246,845,031.	75,220,382.
e Other		39,163,210.	3,235,798.	35,927,412.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				504,324,893.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) BOARD DESIGNATED SECURITIES	83,965,241.	FMV
(B) INVESTMT IN UNCONSOLIDATED SUB	4,971,708.	FMV
(C) LIMITED PARTNERSHIPS	968,284.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	89,905,233.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

ATTACHMENT 1	(a) Description	(b) Book value
(1)	INT IN NET ASSETS OF FDNS	29,308,278.
(2)	BOARD DESIGNATED INVESTMENTS	18,166,124.
(3)	DEPOSITS & NON-CURRENT ASSETS	15,745,109.
(4)	OTHER RECEIVABLES	8,044,715.
(5)	INTEREST IN PERPETUAL TRUST	4,807,392.
(6)	INTERCOMPANY TRANSFERS	2,054,918.
(7)	DECORATIVE ARTWORK	1,409,603.
(8)	INVESTMENT IN JOINT VENTURES	25,000.
(9)	DUE FROM THIRD PARTY PAYORS	26,338,509.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶		106,478,016.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes ATTACHMENT 2	
(2)	OTHER LONG TERM LIABILITIES	29,513,803.
(3)	DEFERRED TIA	2,447,115.
(4)	ESCHEAT LIABILITY	420,603.
(5)	DUE TO:	
(6)	THIRD PARTY PAYORS	20,781,590.
(7)	STRAUB PHARMACY INC	4,555,887.
(8)	HAWAI'I HEALTH PARTNERS	1,157,759.
(9)	KAPI'OLANI MEDICAL SPECIALISTS	1,000,980.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		60,238,800.

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .			<b>1</b>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .			<b>2e</b>
3	Subtract line 2e from line 1 . . . . .			<b>3</b>
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 XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .			<b>4c</b>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .			<b>1</b>
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 XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .			<b>2e</b>
3	Subtract line 2e from line 1 . . . . .			<b>3</b>
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 XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .			<b>4c</b>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b>

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

SCHEDULE D, PART III, LINE 4

ARTWORK IS USED TO IMPROVE THE INTERNAL ENVIRONMENT OF THE HOSPITALS SETTING FOR BOTH FAMILIES AND PATIENTS. THIS INCLUDES CREATING AN INVITING PATIENT ATMOSPHERE IN BOTH THE ROOMS AND THE HALLS OF OUR FACILITIES. THIS ENVIRONMENT IS A KEY DIFFERENTIATING FACTOR IN IMPROVING THE OUTLOOK OF THOSE WHO UTILIZE OUR FACILITIES AS WELL AS THE STAFF WHO WORK THERE. BOTH OF WHICH LEADS TO IMPROVED PATIENT RESULTS AND POSITIVE VIEWS OF OUR SERVICES.

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS INTENDED USES

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

ATTACHMENT 1SCHEDULE D, PART IX - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
DUE FROM:	
KAUA'I MEDICAL CLINIC	195,396.
KAPI'OLANI HEALTH FOUNDATION	102,837.
PALI MOMI FOUNDATION	100,088.
HONOLULU SURGERY CENTER	64,679.
PALI MOMI FOUNDATION	60,003.
WILCOX FOUNDATION	43,901.
PROVIDER INSURANCE CORP	6,362.
HAWAI'I PACIFIC HEALTH PTRS	3,940.
STRAUB FOUNDATION	1,156.
HICORD	6.
TOTALS	<u>106,478,016.</u>

Schedule D (Form 990) 2018



**Part XIII** Supplemental Information (continued)ATTACHMENT 2SCHEDULE D, PART X - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
DUE TO:	
HAWAI'I PACIFIC HEALTH PTRS	192,788.
KEAHONUOKALANI	98,716.
STRAUB FOUNDATION	50,870.
WILCOX HEALTH FOUNDATION	10,090.
KAPI'OLANI HEALTH FOUNDATION	7,052.
PALI MOMI FOUNDATION	1,547.
TOTALS	<u>60,238,800.</u>

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG 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>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was 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	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>6b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		19809	5,573,895.		5,573,895.	.46
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		206596	273,508,606.	254,707,893.	18,800,713.	1.56
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs . . . . .		226405	279,082,501.	254,707,893.	24,374,608.	2.02
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	53	41744	2,316,851.	170,216.	2,146,635.	.18
<b>f</b> Health professions education (from Worksheet 5) . . . . .	8	1159	10,700,677.	2,337,530.	8,363,147.	.69
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	12	432	36,622,852.	13,465,772.	23,157,080.	1.92
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	17		1,950,511.		1,950,511.	.16
<b>j Total.</b> Other Benefits . . . . .	90	43335	51,590,891.	15,973,518.	35,617,373.	2.95
<b>k Total.</b> Add lines 7d and 7j . . . . .	90	269740	330,673,392.	270,681,411.	59,991,981.	4.97

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

Schedule H (Form 990) 2018

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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	2	2034	573,311.		573,311.	.05
9 Other						
10 Total	2	2034	573,311.		573,311.	.05

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	154,458,623.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	169,550,827.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-15,092,204.
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b		X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(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				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 4

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> STRAUB CLINIC & HOSPITAL 888 SOUTH KING ST HONOLULU HI 96813 WWW.HAWAIIIPACIFICHEALTH.ORG/STRAUB 32-H	X	X		X			X			A
<b>2</b> KAPI'OLANI MEDICAL CENTER FOR WOMEN 1319 PUNAHOU STREET HONOLULU HI 96826 WWW.HAWAIIIPACIFICHEALTH.ORG/KAPIOLANI 6-H	X	X	X	X			X			A
<b>3</b> PALI MOMI MEDICAL CENTER 98-1079 MOANALUA ROAD AIEA HI 96701 WWW.HAWAIIIPACIFICHEALTH.ORG/PALI-MOMI 37-H	X	X					X			A
<b>4</b> WILCOX MEMORIAL HOSPITAL 3-3420 KUHIO HIGHWAY LIHUE HI 96766-1099 WWW.HAWAIIIPACIFICHEALTH.ORG/WILCOX 23-H	X	X					X			A
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-4

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding hospital facility licensing, CHNA completion, and implementation strategies.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group   A  

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group   A  

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.		X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.		X



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, LINE 3E

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

SCHEDULE H, PART V, SECTION B, LINE 5

KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN

IN CONDUCTING KAPI'OLANI'S MOST RECENT CHNA, ISLANDER INSTITUTE CONVENED 21 COMMUNITY MEETINGS ACROSS THE ISLANDS TO ENGAGE EVERYDAY PEOPLE IN DISCUSSIONS AROUND HEALTH IN THEIR COMMUNITIES. A FULL LIST OF COMMUNITY MEETINGS CAN BE FOUND IN APPENDIX D OF THE CHNA. IN ADDITION, ISLANDER CONDUCTED INTERVIEWS WITH 200 "KEY INFORMANTS" WITH EXPERTISE IN COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS. A COMPLETE LIST OF THESE KEY INFORMANTS AND THEIR ORGANIZATIONAL AFFILIATIONS CAN BE FOUND IN APPENDIX E OF THE CHNA. COMMUNITY MEETINGS AND INTERVIEWS TOOK PLACE BETWEEN JANUARY AND DECEMBER, 2018.

COMMON THEMES FROM THE COMMUNITY MEETINGS AND KEY INFORMANT INTERVIEWS WERE DISTILLED AND USED TO DEVELOP A "NEW COMMUNITY PRESCRIPTION FOR HEALTH" IN HAWAI'I DERIVED FROM PEOPLE'S OWN DEFINITIONS OF HEALTH AND THE FACTORS THAT CONTRIBUTE TO ATTAINING AND MAINTAINING THAT HEALTH. THE CHNA REPORT WAS ORGANIZED AROUND THESE FACTORS AND USED TO IDENTIFY PRIORITY HEALTH NEEDS AND DEVELOP A STRATEGY FOR COMMUNITY HEALTH THAT

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ADDRESSES THE IMPORTANT GAPS AND TAKES ADVANTAGE OF OPPORTUNITIES TO HELP  
HAWAI'I'S PEOPLE LIVE HEALTHY, FULFILLING LIVES.

STRAUB MEDICAL CENTER

IN CONDUCTING STRAUB'S MOST RECENT CHNA, ISLANDER INSTITUTE CONVENED 21  
COMMUNITY MEETINGS ACROSS THE ISLANDS TO ENGAGE EVERYDAY PEOPLE IN  
DISCUSSIONS AROUND HEALTH IN THEIR COMMUNITIES. A FULL LIST OF COMMUNITY  
MEETINGS CAN BE FOUND IN APPENDIX D OF THE CHNA. IN ADDITION, ISLANDER  
CONDUCTED INTERVIEWS WITH 200 "KEY INFORMANTS" WITH EXPERTISE IN  
COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE  
POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR  
PARTICULAR RACIAL/ETHNIC GROUPS. A COMPLETE LIST OF THESE KEY INFORMANTS  
AND THEIR ORGANIZATIONAL AFFILIATIONS CAN BE FOUND IN APPENDIX E OF THE  
CHNA. COMMUNITY MEETINGS AND INTERVIEWS TOOK PLACE BETWEEN JANUARY AND  
DECEMBER, 2018.

COMMON THEMES FROM THE COMMUNITY MEETINGS AND KEY INFORMANT INTERVIEWS  
WERE DISTILLED AND USED TO DEVELOP A "NEW COMMUNITY PRESCRIPTION FOR  
HEALTH" IN HAWAI'I DERIVED FROM PEOPLE'S OWN DEFINITIONS OF HEALTH AND  
THE FACTORS THAT CONTRIBUTE TO ATTAINING AND MAINTAINING THAT HEALTH. THE  
CHNA REPORT WAS ORGANIZED AROUND THESE FACTORS AND USED TO IDENTIFY  
PRIORITY HEALTH NEEDS AND DEVELOP A STRATEGY FOR COMMUNITY HEALTH THAT  
ADDRESSES THE IMPORTANT GAPS AND TAKES ADVANTAGE OF OPPORTUNITIES TO HELP  
HAWAI'I'S PEOPLE LIVE HEALTHY, FULFILLING LIVES.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## PALI MOMI MEDICAL CENTER

IN CONDUCTING PALI MOMI'S MOST RECENT CHNA, ISLANDER INSTITUTE CONVENED 21 COMMUNITY MEETINGS ACROSS THE ISLANDS TO ENGAGE EVERYDAY PEOPLE IN DISCUSSIONS AROUND HEALTH IN THEIR COMMUNITIES. A FULL LIST OF COMMUNITY MEETINGS CAN BE FOUND IN APPENDIX D OF THE CHNA. IN ADDITION, ISLANDER CONDUCTED INTERVIEWS WITH 200 "KEY INFORMANTS" WITH EXPERTISE IN COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS. A COMPLETE LIST OF THESE KEY INFORMANTS AND THEIR ORGANIZATIONAL AFFILIATIONS CAN BE FOUND IN APPENDIX E OF THE CHNA. COMMUNITY MEETINGS AND INTERVIEWS TOOK PLACE BETWEEN JANUARY AND DECEMBER, 2018.

COMMON THEMES FROM THE COMMUNITY MEETINGS AND KEY INFORMANT INTERVIEWS WERE DISTILLED AND USED TO DEVELOP A "NEW COMMUNITY PRESCRIPTION FOR HEALTH" IN HAWAI'I DERIVED FROM PEOPLE'S OWN DEFINITIONS OF HEALTH AND THE FACTORS THAT CONTRIBUTE TO ATTAINING AND MAINTAINING THAT HEALTH. THE CHNA REPORT WAS ORGANIZED AROUND THESE FACTORS AND USED TO IDENTIFY PRIORITY HEALTH NEEDS AND DEVELOP A STRATEGY FOR COMMUNITY HEALTH THAT ADDRESSES THE IMPORTANT GAPS AND TAKES ADVANTAGE OF OPPORTUNITIES TO HELP HAWAI'I'S PEOPLE LIVE HEALTHY, FULFILLING LIVES.

## WILCOX MEDICAL CENTER

IN CONDUCTING WILCOX'S MOST RECENT CHNA, ISLANDER INSTITUTE CONVENED 21 COMMUNITY MEETINGS ACROSS THE ISLANDS TO ENGAGE EVERYDAY PEOPLE IN

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DISCUSSIONS AROUND HEALTH IN THEIR COMMUNITIES. A FULL LIST OF COMMUNITY MEETINGS CAN BE FOUND IN APPENDIX D OF THE CHNA. IN ADDITION, ISLANDER CONDUCTED INTERVIEWS WITH 200 "KEY INFORMANTS" WITH EXPERTISE IN COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS. A COMPLETE LIST OF THESE KEY INFORMANTS AND THEIR ORGANIZATIONAL AFFILIATIONS CAN BE FOUND IN APPENDIX E OF THE CHNA. COMMUNITY MEETINGS AND INTERVIEWS TOOK PLACE BETWEEN JANUARY AND DECEMBER, 2018.

COMMON THEMES FROM THE COMMUNITY MEETINGS AND KEY INFORMANT INTERVIEWS WERE DISTILLED AND USED TO DEVELOP A "NEW COMMUNITY PRESCRIPTION FOR HEALTH" IN HAWAI'I DERIVED FROM PEOPLE'S OWN DEFINITIONS OF HEALTH AND THE FACTORS THAT CONTRIBUTE TO ATTAINING AND MAINTAINING THAT HEALTH. THE CHNA REPORT WAS ORGANIZED AROUND THESE FACTORS AND USED TO IDENTIFY PRIORITY HEALTH NEEDS AND DEVELOP A STRATEGY FOR COMMUNITY HEALTH THAT ADDRESSES THE IMPORTANT GAPS AND TAKES ADVANTAGE OF OPPORTUNITIES TO HELP HAWAI'I'S PEOPLE LIVE HEALTHY, FULFILLING LIVES.

SCHEDULE H, PART V, SECTION B, LINES 6A & 6B

HAWAI'I PACIFIC HEALTH'S FOUR HOSPITAL FACILITIES PARTICIPATED WITH NINETEEN OTHER NONPROFIT HAWAI'I HOSPITALS TO COLLABORATE ON A CHNA IN FISCAL YEAR 2019, LED BY THE HEALTHCARE ASSOCIATION OF HAWAI'I. ISLANDER INSTITUTE, A FIRM SPECIALIZING IN GATHERING AND ANALYZING COMMUNITY INPUT FROM HAWAI'I'S COMMUNITIES, WAS RETAINED TO CONDUCT THE CHNA RESEARCH.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTICIPATING HOSPITALS WERE: ADVENTIST HEALTH CASTLE, SUTTER HEALTH KAHI MOHALA, KAHUKU MEDICAL CENTER, KAISER PERMANENTE MEDICAL CENTER, KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN, KUAKINI MEDICAL CENTER, KULA HOSPITAL, LANI COMMUNITY HOSPITAL, MAUI MEMORIAL HOSPITAL, MOLOKAI GENERAL HOSPITAL, NORTH HAWAII COMMUNITY HOSPITAL, PALI MOMI MEDICAL CENTER, REHABILITATION HOSPITAL OF THE PACIFIC, SHRINERS HOSPITALS FOR CHILDREN - HONOLULU, STRAUB MEDICAL CENTER, THE QUEEN'S MEDICAL CENTER, THE QUEEN'S MEDICAL CENTER - WEST OAHU, WAHIAWA GENERAL HOSPITAL, AND WILCOX MEDICAL CENTER.

SCHEDULE H, PART V, SECTION B, LINE 7A & 7B

COMMUNITY HEALTH NEEDS ASSESSMENT WEBSITE

HOSPITAL FACILITY'S WEBSITE WHERE THE CHNA IS MADE WIDELY AVAILABLE:

[HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/ABOUT-US/COMMUNITY/](https://www.hawaiipacifichealth.org/about-us/community/)

OTHER WEBSITE WHERE THE CHNA IS MADE AVAILABLE TO THE PUBLIC: HEALTHCARE ASSOCIATION OF HAWAII:

[HTTP://HAH.ORG/REPORTS-DATA/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](http://HAH.ORG/REPORTS-DATA/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/)

SCHEDULE H, PART V, SECTION B, LINE 10A

IMPLEMENTATION STRATEGY PLAN WEBSITE

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN

[HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/ABOUT-US/COMMUNITY/](https://www.hawaiipacifichealth.org/about-us/community/)

PALI MOMI MEDICAL CENTER

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/ABOUT-US/COMMUNITY/](https://www.hawaiipacifichealth.org/about-us/community/)

STRAUB CLINIC & HOSPITAL

[HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/ABOUT-US/COMMUNITY/](https://www.hawaiipacifichealth.org/about-us/community/)

WILCOX MEMORIAL HOSPITAL

[HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/ABOUT-US/COMMUNITY/](https://www.hawaiipacifichealth.org/about-us/community/)

SCHEDULE H, PART V, SECTION B, LINE 11

KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN

DURING FISCAL YEAR 2019, KAPI'OLANI CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH WAS ADOPTED BY THE HOSPITAL'S BOARD OF DIRECTORS ON APRIL 17, 2019. NEEDS IDENTIFIED THROUGH THIS CHNA WILL BE ADDRESSED IN FISCAL YEARS 2020 TO 2022.

IN ADDITION, THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES WERE CONDUCTED TO EXECUTE YEAR THREE OF A THREE-YEAR IMPLEMENTATION STRATEGY THAT ADDRESSES THREE PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN KAPI'OLANI'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT: ACCESS TO HEALTH SERVICES, DIABETES AND CHILD INJURY PREVENTION. KAPI'OLANI'S 2016 AND FISCAL YEAR 2019 CHNAS AND IMPLEMENTATION STRATEGIES MAY BE VIEWED ONLINE AT:

[HTTP://WWW.HAWAII PACIFIC HEALTH.ORG/ABOUT-US/COMMUNITY/](http://www.hawaiipacifichealth.org/about-us/community/)

ACCESS TO HEALTH SERVICES

BREAST AND CERVICAL CANCER CONTROL PROGRAM: OFFERED STATEWIDE IN

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTNERSHIP WITH THE STATE DEPARTMENT OF HEALTH, THE PROGRAM PROVIDES FREE MAMMOGRAMS AND PAP SMEARS TO LOW-INCOME WOMEN AGES 40-64 WHO HAVE LITTLE OR NO MEDICAL INSURANCE OR WHO CANNOT AFFORD A CO-PAYMENT. THE PROGRAM'S GOAL IS TO REDUCE MORTALITY FROM BREAST AND CERVICAL CANCER AMONG UNINSURED OR UNDERINSURED WOMEN, WITH A PRIORITY ON NATIVE HAWAIIANS, FILIPINOS, AND PACIFIC ISLANDERS, WHO HAVE A HIGHER RATE OF MORTALITY FROM THESE DISEASES THAN OTHER POPULATIONS IN HAWAI'I.

HAWAI'I COMMUNITY GENETICS PROGRAM: KAPI'OLANI PROVIDES THE ONLY PROGRAM IN THE STATE OF HAWAI'I DEDICATED TO CARING FOR INDIVIDUALS AFFECTED BY BIRTH DEFECTS, DEVELOPMENTAL CONCERNS AND GENETIC CONDITIONS. KAPI'OLANI SPECIALISTS CONDUCT MONTHLY CLINICS ON THE NEIGHBOR ISLANDS WHERE SERVICES WOULD NOT OTHERWISE BE AVAILABLE, AND ALSO OFFER TELEMEDICINE SERVICES.

MEDICAL TRANSPORT SERVICES: KAPI'OLANI PROVIDES INTER-HOSPITAL TRANSPORTS FROM THE NEIGHBOR ISLANDS TO O'AHU, WHERE KAPI'OLANI IS LOCATED, AND TO THE MAINLAND, FOR CRITICAL NEONATAL AND PEDIATRIC PATIENTS REQUIRING ACCESS TO SPECIALTY CARE NOT AVAILABLE IN THEIR COMMUNITIES. THIS PROGRAM IS SUBSIDIZED BY THE HOSPITAL.

HEALTH PROFESSIONALS EDUCATION: KAPI'OLANI PROVIDES CLINICAL TRAINING AND RESIDENCIES FOR MEDICAL STUDENTS AND RESIDENTS, NURSING STUDENTS, AND ALLIED HEALTH PROFESSIONALS TO INCREASE THE CAPACITY OF THE LOCAL HEALTH CARE WORKFORCE AND IMPROVE THE AVAILABILITY OF, AND ACCESS TO, QUALITY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SPECIALTY MEDICAL CARE IN HAWAI'I. KAPI'OLANI ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS TO ATTEND THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE.

CANCER RESEARCH CENTER OF HAWAI'I: KAPI'OLANI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAI'I PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE UNIVERSITY OF HAWAI'I'S CANCER RESEARCH CENTER OF HAWAI'I TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAI'I, SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES NEAR TO HOME.

DIABETES

THE SWEETER CHOICE DIABETIC INTERVENTION PROGRAM TARGETS HIGH-RISK PREGNANT WOMEN TO REDUCE GESTATIONAL AND PRE-GESTATIONAL DIABETES BY HELPING THEM DEVELOP HEALTHY DIET AND EXERCISE HABITS, RESULTING IN A DECREASE IN THE NUMBER OF LOW BIRTH-WEIGHT BABIES. THIS PROGRAM IS SUBSIDIZED BY THE HOSPITAL.

HEALTHY WEIGHT AND YOUR CHILD (HWYC) IS AN ADOLESCENT WEIGHT MANAGEMENT PROGRAM CONDUCTED IN PARTNERSHIP WITH THE YMCA OF HONOLULU. HWYC IS AN INTENSIVE, FAMILY-BASED PROGRAM TO COMBAT CHILDHOOD OBESITY, A LEADING CAUSE OF DIABETES, BASED ON BEST PRACTICES IDENTIFIED BY THE CDC. THE YMCA OF HONOLULU AND KAPI'OLANI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAI'I PACIFIC HEALTH, PARTNERED TO PROVIDE THE PROGRAM AT VERY LOW OR NO COST IN COMMUNITIES AROUND O'AHU WHERE VULNERABLE YOUTH WITH



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ESPECIALLY HIGH RATES OF OBESITY RESIDE, PARTICULARLY FILIPINOS, NATIVE HAWAIIANS AND PACIFIC ISLANDERS.

CHILD INJURY PREVENTION AND SAFETY

THE CHILD PASSENGER SAFETY PROGRAM PROMOTES PUBLIC AWARENESS OF THE IMPORTANCE OF USING CHILD PASSENGER RESTRAINTS AND SEAT BELTS TO PREVENT CHILD INJURIES, AND PROVIDES ASSISTANCE WITH THE PROPER FIT AND INSTALLATION OF VARIOUS CAR SEATS AND BOOSTER SEATS AT A VARIETY OF COMMUNITY EVENTS AND LOCATIONS. THE PROGRAM ALSO ASSISTS FAMILIES THAT HAVE FINANCIAL NEED TO OBTAIN LOW- OR NO-COST CHILD SAFETY SEATS.

KEIKI INJURY PREVENTION COALITION: KAPI'OLANI SPONSORS THE KEIKI INJURY PREVENTION COALITION (KIPC), WHICH INCLUDES MORE THAN 150 AGENCIES AND STAKEHOLDERS COMMITTED TO IMPROVING CHILD SAFETY. KIPC SUPPORTS COMMUNITY EVENTS AND EDUCATION FOR CHILDREN AND FAMILIES ON WAYS TO PREVENT INJURIES.

SIGNIFICANT COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED: THE FOLLOWING AREAS OF NEED IDENTIFIED IN KAPI'OLANI'S 2016 CHNA ARE NOT BEING ADDRESSED IN THE HOSPITAL'S IMPLEMENTATION STRATEGY BECAUSE THEY WERE NOT SELECTED AS THE HIGHEST PRIORITY FOR KAPI'OLANI, BASED ON THE FOLLOWING CRITERIA: MAGNITUDE/SEVERITY OF PROBLEM, OPPORTUNITY TO INTERVENE AT PREVENTION LEVEL, ALIGNMENT WITH KAPI'OLANI'S MISSION/STRENGTHS/PROGRAMS, OPPORTUNITY FOR PARTNERSHIP, SOLUTION COULD IMPACT MULTIPLE PROBLEMS, FEASIBILITY OF CHANGE, AND IMPORTANCE OF PROBLEM TO COMMUNITY:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DISABILITIES; IMMUNIZATIONS AND INFECTIOUS DISEASES; OLDER ADULTS AND AGING; MENTAL HEALTH; SUBSTANCE ABUSE; WELLNESS AND LIFESTYLE; CANCER; ENVIRONMENTAL AND OCCUPATIONAL HEALTH. MATERNAL, FETAL AND INFANT HEALTH IS KAPI'OLANI'S OVER-ARCHING MISSION, AND ALL ITS COMMUNITY BENEFITS PROGRAMS TARGET THESE POPULATIONS. EXERCISE, NUTRITION AND WEIGHT ARE CONTRIBUTING FACTORS TO DIABETES AND KAPI'OLANI'S DIABETES ACTIVITIES ADDRESS THESE ISSUES.

PALI MOMI MEDICAL CENTER

DURING FISCAL YEAR 2019, PALI MOMI MEDICAL CENTER CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH WAS ADOPTED BY THE HOSPITAL'S BOARD OF DIRECTORS ON MAY 15, 2019. NEEDS IDENTIFIED THROUGH THIS CHNA WILL BE ADDRESSED IN FISCAL YEARS 2020 TO 2022.

IN ADDITION, PALI MOMI CONDUCTED THE FOLLOWING COMMUNITY BENEFITS ACTIVITIES IN FISCAL YEAR 2019 TO EXECUTE YEAR THREE OF A THREE-YEAR IMPLEMENTATION STRATEGY THAT ADDRESSES THE TWO PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN PALI MOMI'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT: ACCESS TO HEALTH SERVICES AND DIABETES. PALI MOMI'S 2016 AND FISCAL YEAR 2019 CHNAS AND IMPLEMENTATION STRATEGIES MAY BE VIEWED ONLINE AT:  
[HTTP://WWW.HAWAIIIPACIFICHEALTH.ORG/ABOUT-US/COMMUNITY/](http://WWW.HAWAIIIPACIFICHEALTH.ORG/ABOUT-US/COMMUNITY/)

ACCESS TO HEALTH SERVICES

HEALTH PROFESSIONALS EDUCATION: PALI MOMI PROVIDED CLINICAL TRAINING AND RESIDENCIES FOR MEDICAL STUDENTS SPECIALIZING IN FAMILY PRACTICE, AND

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS TO ATTEND THE UNIVERSITY OF HAWAI'I JOHN A BURNS SCHOOL OF MEDICINE. PALI MOMI ALSO OFFERED CONTINUING MEDICAL EDUCATION FOR COMMUNITY PHYSICIANS. BOTH OF THESE HELP INCREASE THE CAPACITY OF THE LOCAL HEALTH CARE WORKFORCE AND IMPROVE THE AVAILABILITY OF, AND ACCESS TO, QUALITY MEDICAL CARE IN PALI MOMI'S SERVICE AREA.

PHYSICIAN RECRUITMENT: TO IMPROVE ACCESS TO QUALITY SPECIALTY CARE FOR RESIDENTS OF WEST O'AHU, PALI MOMI RECRUITED PHYSICIANS WITH SPECIALTIES FOR WHICH THE AREA HAS A DOCUMENTED SHORTAGE TO PRACTICE IN THE COMMUNITY.

CANCER RESEARCH CENTER OF HAWAI'I: PALI MOMI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAI'I PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE UNIVERSITY OF HAWAI'I'S CANCER RESEARCH CENTER OF HAWAI'I TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAI'I, SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES NEAR TO HOME.

WAHIAWA CENTER FOR COMMUNITY HEALTH: PALI MOMI FINANCIALLY SUPPORTED DEVELOPMENT OF THE WAHIAWA CENTER FOR COMMUNITY HEALTH (WAHIAWA HEALTH), A NEW HEALTH CENTER LOCATED IN ONE OF THE MOST ECONOMICALLY DISADVANTAGED AREAS OF O'AHU. WAHIAWA IS A FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED POPULATION AREA.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY CARE FOR HOMELESS PATIENTS: PALI MOMI GAVE FINANCIAL SUPPORT AND DONATED MEDICAL SUPPLIES TO THE HAWAI'I HOME PROJECT, A PROGRAM OF THE UH JOHN A. BURNS SCHOOL OF MEDICINE THAT PROVIDES FREE CLINICS STAFFED BY MEDICAL STUDENTS AND PHYSICIAN VOLUNTEERS AT HOMELESS SHELTERS AND FROM A MOBILE HEALTH VAN FOR HOMELESS INDIVIDUALS ON O'AHU.

## DIABETES

CHILD AND ADOLESCENT WEIGHT MANAGEMENT: HEALTHY WEIGHT AND YOUR CHILD (HWYC) IS AN INTENSIVE, FAMILY-BASED PROGRAM TO COMBAT CHILDHOOD OBESITY, A LEADING CAUSE OF DIABETES, BASED ON BEST PRACTICES IDENTIFIED BY THE CDC. THE YMCA OF HONOLULU AND PALI MOMI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAI'I PACIFIC HEALTH, PARTNERED TO PROVIDE THE PROGRAM AT VERY LOW OR NO COST IN COMMUNITIES IN WEST O'AHU WHERE VULNERABLE YOUTH WITH ESPECIALLY HIGH RATES OF OBESITY RESIDE, PARTICULARLY FILIPINOS, NATIVE HAWAIIANS AND PACIFIC ISLANDERS.

DIABETES SCREENING: PALI MOMI PARTNERED WITH PEARLRIDGE CENTER (THE COMMUNITY'S LARGEST SHOPPING MALL) TO PROVIDE FREE BI-MONTHLY BLOOD PRESSURE AND DIABETES SCREENINGS TO THE GENERAL PUBLIC. INDIVIDUALS AT RISK FOR DISEASE WERE GIVEN EDUCATIONAL MATERIALS AND RECOMMENDATIONS TO IMPROVE THEIR HEALTH.

KIDS FEST: THIS ANNUAL HEALTH FAIR FOR CHILDREN AND FAMILIES OFFERS HANDS-ON ACTIVITIES, SUCH AS A TEDDY BEAR CLINIC, KEIKI ZUMBA, BALLOON OLYMPICS, WHEEL OF NUTRITION AND FIRE SAFETY HOUSE, TO TEACH PARTICIPANTS

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ABOUT CHILD HEALTH, NUTRITION AND INJURY PREVENTION.

SCHOOL-BASED FITNESS PROGRAMS: PALI MOMI SUPPORTED DOE FITNESS DAYS ATTENDED BY STUDENTS FROM 64 PUBLIC ELEMENTARY SCHOOLS IN CENTRAL, WEST, AND WINDWARD O'AHU. THE OBJECTIVES OF THE EVENTS WERE TO PROMOTE HEALTH AND WELLNESS AMONG STUDENTS, ALIGN FITNESS AND PERFORMANCE GOALS TO NATIONAL STANDARDS, AND INCREASE STUDENT PARTICIPATION IN FITNESS ACTIVITIES. PALI MOMI PROVIDED EDUCATION ON HEALTHY EATING AND HOW TO LIVE A HEALTHY, ACTIVE LIFESTYLE.

SIGNIFICANT COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED

THE FOLLOWING AREAS OF NEED IDENTIFIED IN PALI MOMI MEDICAL CENTER'S 2016 CHNA ARE NOT BEING ADDRESSED IN ITS CURRENT IMPLEMENTATION STRATEGY BECAUSE THEY WERE NOT SELECTED AS THE HIGHEST PRIORITY FOR PALI MOMI, BASED ON THE FOLLOWING CRITERIA: PALI MOMI'S COMMUNITY BENEFIT RESOURCES AND EXPERTISE, MAGNITUDE/SEVERITY OF PROBLEM, OPPORTUNITY TO INTERVENE AT PREVENTION LEVEL, SOLUTION COULD IMPACT MULTIPLE PROBLEMS, FEASIBILITY OF CHANGE, AND IMPORTANCE OF PROBLEM TO COMMUNITY: MATERNAL, FETAL AND INFANT HEALTH; RESPIRATORY DISEASES; AND TEEN AND ADOLESCENT HEALTH.

STRAUB MEDICAL CENTER

DURING FISCAL YEAR 2019, STRAUB MEDICAL CENTER (STRAUB) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH WAS ADOPTED BY THE HOSPITAL'S BOARD OF DIRECTORS ON MAY 9, 2019. NEEDS IDENTIFIED THROUGH THIS CHNA WILL BE ADDRESSED IN FISCAL YEARS 2020 TO 2022.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN ADDITION, THE FOLLOWING COMMUNITY BENEFITS ACTIVITIES WERE CONDUCTED  
IN FISCAL YEAR 2019 TO EXECUTE YEAR THREE OF A THREE-YEAR IMPLEMENTATION  
STRATEGY THAT ADDRESSES THE TWO PRIORITY COMMUNITY HEALTH NEEDS  
IDENTIFIED IN STRAUB'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT: ACCESS TO  
HEALTH SERVICES AND DIABETES. STRAUB'S 2016 AND FISCAL YEAR 2019 CHNAS  
AND IMPLEMENTATION STRATEGIES MAY BE VIEWED ONLINE AT:  
[HTTP://WWW.HAWAIIPACIFICHEALTH.ORG/ABOUT-US/COMMUNITY/](http://www.hawaiipacifichealth.org/about-us/community/)

ACCESS TO HEALTH SERVICES

VISITING PHYSICIANS: SPECIALTY PHYSICIANS FROM STRAUB REGULARLY TRAVELED  
TO FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED POPULATION AREAS LOCATED  
THROUGHOUT THE STATE OF HAWAI'I TO PROVIDE ACCESS TO MEDICAL CARE FOR  
SPECIALTIES THAT ARE NOT OTHERWISE AVAILABLE IN THESE REGIONS. THESE  
SPECIALTIES INCLUDE: ONCOLOGISTS, VASCULAR SURGEONS,  
ELECTROPHYSIOLOGISTS, ENDOCRINOLOGISTS, RHEUMATOLOGISTS, CARDIOLOGISTS,  
AND PRIMARY CARE PHYSICIANS.

HEALTH PROFESSIONALS EDUCATION: STRAUB PROVIDED CLINICAL TRAINING AND  
RESIDENCIES FOR MEDICAL STUDENTS AND RESIDENTS, NURSING STUDENTS, AND  
ALLIED HEALTH PROFESSIONALS TO INCREASE THE CAPACITY OF THE LOCAL HEALTH  
CARE WORKFORCE AND IMPROVE THE AVAILABILITY OF, AND ACCESS TO, QUALITY  
SPECIALTY MEDICAL CARE IN HAWAI'I.

PHYSICIAN RECRUITMENT FOR MEDICALLY UNDER-SERVED AREAS: TO IMPROVE ACCESS  
TO QUALITY SPECIALTY CARE FOR HAWAI'I RESIDENTS, STRAUB ACTIVELY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RECRUITED PHYSICIANS WITH SPECIALTIES FOR WHICH HAWAI'I HAS A DOCUMENTED SHORTAGE TO SERVE THESE COMMUNITIES THROUGHOUT THE STATE.

CANCER RESEARCH CENTER OF HAWAI'I: STRAUB, TOGETHER WITH THE OTHER HOSPITALS OF HAWAI'I PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE UNIVERSITY OF HAWAI'I'S CANCER RESEARCH CENTER OF HAWAI'I TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAI'I, SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES NEAR TO HOME.

COMMUNITY CARE FOR HOMELESS PATIENTS: STRAUB GAVE FINANCIAL SUPPORT TO THE HAWAI'I HOME PROJECT, A PROGRAM OF THE UH JOHN A. BURNS SCHOOL OF MEDICINE THAT PROVIDES FREE CLINICS STAFFED BY MEDICAL STUDENTS AND PHYSICIAN VOLUNTEERS AT HOMELESS SHELTERS AND FROM A MOBILE HEALTH VAN FOR HOMELESS INDIVIDUALS ON O'AHU. STRAUB PHYSICIANS ALSO VOLUNTEER WITH THE PROJECT.

DIABETES

CHILD AND ADOLESCENT WEIGHT MANAGEMENT: HEALTHY WEIGHT AND YOUR CHILD (HWYC) IS AN INTENSIVE, FAMILY-BASED PROGRAM TO COMBAT CHILDHOOD OBESITY AND PREVENT DIABETES, USING BEST PRACTICES IDENTIFIED BY THE CDC. THE YMCA OF HONOLULU AND STRAUB, TOGETHER WITH THE OTHER HOSPITALS OF HAWAI'I PACIFIC HEALTH, PARTNERED TO PROVIDE THE PROGRAM AT VERY LOW OR NO COST IN COMMUNITIES AROUND O'AHU WHERE VULNERABLE YOUTH WITH ESPECIALLY HIGH RATES OF OBESITY RESIDE, PARTICULARLY FILIPINOS, NATIVE HAWAIIANS AND

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PACIFIC ISLANDERS.

SIGNIFICANT COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED

THE FOLLOWING AREAS OF NEED IDENTIFIED IN STRAUB'S 2016 CHNA ARE NOT BEING ADDRESSED IN THE IMPLEMENTATION STRATEGY BECAUSE THEY WERE NOT SELECTED AS THE HIGHEST PRIORITIES FOR STRAUB, BASED ON THE FOLLOWING CRITERIA: STRAUB'S COMMUNITY BENEFIT RESOURCES AND EXPERTISE, MAGNITUDE/SEVERITY OF PROBLEM, OPPORTUNITY TO INTERVENE AT PREVENTION LEVEL, SOLUTION COULD IMPACT MULTIPLE PROBLEMS, FEASIBILITY OF CHANGE, AND IMPORTANCE OF PROBLEM TO COMMUNITY: CHILDREN'S HEALTH; IMMUNIZATIONS AND INFECTIOUS DISEASES; DISABILITIES; ENVIRONMENTAL AND OCCUPATIONAL HEALTH; FAMILY PLANNING; HEART DISEASE AND STROKE; MENTAL HEALTH; OLDER ADULTS AND AGING; ORAL HEALTH; PREVENTION AND SAFETY; RESPIRATORY DISEASES; TEEN AND ADOLESCENT HEALTH; SUBSTANCE ABUSE; WOMEN'S HEALTH.

WILCOX MEDICAL CENTER

DURING FISCAL YEAR 2019, WILCOX MEDICAL CENTER (WILCOX) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH WAS ADOPTED BY THE HOSPITAL'S BOARD OF DIRECTORS ON APRIL 25, 2019. NEEDS IDENTIFIED THROUGH THIS CHNA WILL BE ADDRESSED IN FISCAL YEARS 2020 TO 2022.

IN ADDITION, THE FOLLOWING COMMUNITY BENEFITS ACTIVITIES WERE CONDUCTED IN FISCAL YEAR 2019 TO EXECUTE YEAR THREE OF A THREE-YEAR IMPLEMENTATION STRATEGY THAT ADDRESSES THE TWO PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN WILCOX'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT: ACCESS TO



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH SERVICES AND DIABETES. WILCOX'S 2016 AND FISCAL YEAR 2019 CHNAS

AND IMPLEMENTATION STRATEGIES MAY BE VIEWED ONLINE AT:

[HTTP://WWW.HAWAIIIPACIFICHEALTH.ORG/ABOUT-US/COMMUNITY/](http://WWW.HAWAIIIPACIFICHEALTH.ORG/ABOUT-US/COMMUNITY/)

ACCESS TO HEALTH SERVICES

PNEUMONIA AND FLU VACCINATION CLINICS: IMMUNIZATIONS AND INFECTIOUS DISEASES WERE IDENTIFIED AS SIGNIFICANT COMMUNITY HEALTH NEEDS IN THE 2016 CHNA. WILCOX PARTNERED WITH HO'OLA LAHUI HAWAI'I, A FEDERALLY QUALIFIED HEALTH CENTER, FOOD PANTRIES, AND SENIOR CENTERS TO PROVIDE FREE VACCINATIONS TO KAUA'I'S MOST VULNERABLE AND ECONOMICALLY DISADVANTAGED POPULATIONS, INCLUDING FREE BACTERIAL PNEUMONIA VACCINATIONS FOR ELIGIBLE SENIORS, AND FREE FLU VACCINATIONS FOR LOW-INCOME ADULTS.

PHARMACY AND NURSING PROFESSIONALS EDUCATION: WILCOX PROVIDED CLINICAL TRAINING AND PHARMACY RESIDENCIES FOR UNIVERSITY OF HAWAI'I HILO PHARMACY STUDENTS, AND CLINICAL TRAINING FOR NURSING STUDENTS FROM KAUAI COMMUNITY COLLEGE AND THE UNIVERSITY OF HAWAI'I AT MANOA, TO INCREASE THE CAPACITY OF THE LOCAL HEALTH CARE WORKFORCE AND IMPROVE THE AVAILABILITY OF, AND ACCESS TO, QUALITY SPECIALTY MEDICAL CARE IN HAWAI'I. WILCOX ALSO SUPPORTS A SCHOLARSHIP FUND THAT PROVIDES FINANCIAL ASSISTANCE FOR HAWAI'I RESIDENTS TO ATTEND THE UNIVERSITY OF HAWAI'I JOHN A BURNS SCHOOL OF MEDICINE.

CANCER RESEARCH CENTER OF HAWAI'I: WILCOX, TOGETHER WITH THE OTHER

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOSPITALS OF HAWAI'I PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE UNIVERSITY OF HAWAI'I'S CANCER RESEARCH CENTER OF HAWAI'I TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAI'I, SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES NEAR TO HOME.

## SUBSIDIZED HEALTH CARE SERVICES

CARDIAC REHABILITATION: WILCOX PROVIDED FREE PHYSICAL REHABILITATION SERVICES TO KAUA'I RESIDENTS TO SUPPORT RECOVERY FROM CONGESTIVE HEART FAILURE, CARDIAC SURGERY AND CARDIAC EVENTS. CARDIAC REHABILITATION SERVICES ARE NOT OTHERWISE AVAILABLE ON KAUA'I.

CHEMOTHERAPY: WILCOX'S CHEMOTHERAPY CENTER, SUBSIDIZED BY THE MEDICAL CENTER, IS THE ONLY ONE AVAILABLE ON THE ISLAND, LESSENING THE NEED FOR ISLAND RESIDENTS WITH CANCER TO FLY TO O'AHU OR TO THE MAINLAND FOR CARE.

AFTER HOURS PHARMACY: WILCOX'S AFTER HOURS PHARMACY IS THE ONLY PHARMACY OPEN AFTER NORMAL BUSINESS HOURS ON THE ISLAND OF KAUA'I. IT PROVIDES CRITICAL AND TIME SENSITIVE MEDICATIONS TO THE COMMUNITY WHEN THE OTHER PHARMACIES ON THE ISLAND ARE CLOSED. WILCOX SUBSIDIZES PROVISION OF SERVICE DURING THESE HOURS.

## DIABETES

ADULT WEIGHT MANAGEMENT PROGRAM: OPEN TO ALL RESIDENTS OF KAUA'I AT NO CHARGE, A HEALTHIER YOU PROGRAM HELPS PARTICIPANTS DEVELOP A HEALTHY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LIFESTYLE AND REDUCE OBESITY-RELATED CHRONIC DISEASES, INCLUDING DIABETES, BY MAKING CHANGES IN THEIR EATING AND PHYSICAL ACTIVITY.

DIABETES AWARENESS EXPO: THIS EVENT, HOSTED BY WILCOX, IS A COLLABORATIVE EFFORT WITH OTHER COMMUNITY ORGANIZATIONS TO PROVIDE DIABETES EDUCATION THROUGH INTERACTIVE BOOTHS AS WELL AS CLINICAL PRESENTATIONS AND FOOD DEMONSTRATIONS. DIABETES SCREENINGS ARE ALSO PROVIDED AND PARTICIPANTS HAVE THE OPPORTUNITY TO SPEAK WITH DIABETES CERTIFIED CLINICIANS TO RECEIVE THE LATEST INFORMATION ON ALL TYPES OF DIABETES, THE MOST ADVANCED TREATMENT OPTIONS AND HOW TO PREVENT TYPE 2 DIABETES.

KIDS SUMMER FEST: WILCOX'S ANNUAL KIDS SUMMER FEST PROVIDES HANDS-ON WORKSHOPS FOCUSED ON HEALTHY, ACTIVE LIFESTYLES, EXERCISE AND NUTRITION, AND INJURY PREVENTION, AND FREE PHYSICALS AND VISION TESTING FOR CHILDREN.

"LIVE HEALTHY KAUA'I" WEBSITE: CREATED AND MAINTAINED BY WILCOX, THE WEBSITE IS A WELLNESS RESOURCE FOR THE KAUA'I COMMUNITY, FOCUSING ON LOCAL AND CULTURALLY APPROPRIATE RESOURCES FOR HEALTH AND WELLNESS.

SIGNIFICANT COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN WILCOX'S 2016 CHNA ARE NOT BEING ADDRESSED IN ITS IMPLEMENTATION STRATEGY, BECAUSE THEY WERE NOT SELECTED AS PRIORITIES FOR WILCOX, BASED ON FACTORS INCLUDING WILCOX'S CURRENT COMMUNITY BENEFIT RESOURCES AND AREAS OF EXPERTISE,

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MAGNITUDE/SEVERITY OF PROBLEM, OPPORTUNITY TO INTERVENE AT PREVENTION LEVEL, OPPORTUNITY FOR PARTNERSHIP, SOLUTION COULD IMPACT MULTIPLE PROBLEMS, FEASIBILITY OF CHANGE, AND IMPORTANCE OF PROBLEM TO COMMUNITY: CANCER, CHILDREN'S HEALTH, ENVIRONMENTAL AND OCCUPATIONAL HEALTH, FAMILY PLANNING, MENTAL HEALTH AND MENTAL DISORDERS, OLDER ADULTS AND AGING, ORAL HEALTH, PREVENTION AND SAFETY, RESPIRATORY DISEASES, TEEN AND ADOLESCENT HEALTH, SUBSTANCE ABUSE, AND WOMEN'S HEALTH. LEVEL, OPPORTUNITY FOR PARTNERSHIP, SOLUTION COULD IMPACT MULTIPLE PROBLEMS, FEASIBILITY OF CHANGE, AND IMPORTANCE OF PROBLEM TO COMMUNITY: CANCER, CHILDREN'S HEALTH, ENVIRONMENTAL AND OCCUPATIONAL HEALTH, FAMILY PLANNING, MENTAL HEALTH AND MENTAL DISORDERS, OLDER ADULTS AND AGING, ORAL HEALTH, PREVENTION AND SAFETY, RESPIRATORY DISEASES, TEEN AND ADOLESCENT HEALTH, SUBSTANCE ABUSE, AND WOMEN'S HEALTH. ADOLESCENT HEALTH, SUBSTANCE ABUSE, AND WOMEN'S HEALTH. CURRENT COMMUNITY BENEFIT RESOURCES AND AREAS OF EXPERTISE, MAGNITUDE/SEVERITY OF PROBLEM, OPPORTUNITY TO INTERVENE AT PREVENTION LEVEL, OPPORTUNITY FOR PARTNERSHIP, SOLUTION COULD IMPACT MULTIPLE PROBLEMS, FEASIBILITY OF CHANGE, AND IMPORTANCE OF PROBLEM TO COMMUNITY: CANCER, CHILDREN'S HEALTH, ENVIRONMENTAL AND OCCUPATIONAL HEALTH, FAMILY PLANNING, MENTAL HEALTH AND MENTAL DISORDERS, OLDER ADULTS AND AGING, ORAL HEALTH, PREVENTION AND SAFETY, RESPIRATORY DISEASES, TEEN AND ADOLESCENT HEALTH, SUBSTANCE ABUSE, AND WOMEN'S HEALTH.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, LINE 16A

FINANCIAL ASSISTANCE POLICY

[HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.hawaiipacifichealth.org/patients-visitors/financial-assistance)

-PROGRAM/

SCHEDULE H, PART V, SECTION B, LINE 16B

FINANCIAL ASSISTANCE APPLICATION

[HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.hawaiipacifichealth.org/patients-visitors/financial-assistance)

-PROGRAM/

SCHEDULE H, PART V, SECTION B, LINE 16C

PLAIN LANGUAGE SUMMARY

[HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.hawaiipacifichealth.org/patients-visitors/financial-assistance)

-PROGRAM/

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 23

Name and address	Type of Facility (describe)
<b>1</b> STRAUB PEARLRIDGE CLINIC 98-151 PALI MOMI ST, SUITE 142 AIEA HI 96701	CLINIC
<b>2</b> PALI MOMI PAVILION/WOMEN'S CENTER 98-1005 MOANALUA ROAD #FS4 AIEA HI 96701	CLINIC
<b>3</b> PALI MOMI MEDICAL CENTER 98-1079 MOANLUA RD STE 480/590/630/680 AIEA HI 96701	CLINIC
<b>4</b> STRAUB MILILANI FAMILY HEALTH CENTER 95-1249 MEHEULA PKWY, UNIT 187 MILILANI HI 96789	CLINIC
<b>5</b> STRAUB HAWAI'I KAI FAMILY HEALTH CENTER 7192 KALANIANAOLE HIGHWAY SUITE A200 HONOLULU HI 96825	CLINIC
<b>6</b> KAPIOLANI WOMENS CENTER 1907 BERETANIA STREET, 1ST & 5TH FLOOR HONOLULU HI 96826	CLINIC
<b>7</b> STRAUB KANEOHE FAMILY HEALTH CENTER 46-056 KAMEHAMEHA HWY SUITE 221 KANEOHE HI 96744	CLINIC
<b>8</b> DOCS ON CALL - SHERATON 2255 KALAKAUA AVE MANOR WING 1 HONOLULU HI 96815	CLINIC
<b>9</b> STRAUB KAILUA FAMILY HEALTH CENTER 602 KAILUA ROAD, SUITE 200 KAILUA HI 96734	CLINIC
<b>10</b> STRAUB CLINIC AT FIRST INSURANCE CENTER 1100 WARD AVE STE 700 HONOLULU HI 96813	CLINIC

Schedule H (Form 990) 2018

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> PALI MOMI CANCER CENTER 98-1005 MOANALUA RD STE 4010 AIEA HI 96701	CLINIC
<b>2</b> PALI MOMI CLINIC 98-1079 MOANALUA ROAD SUITE 600 AIEA HI 96701	CLINIC
<b>3</b> ARTESIAN SATELLITE 1907 BERETANIA ST, 1ST FLOOR HONOLULU HI 96826	CLINIC
<b>4</b> STRAUB LANA'I FAMILY HEALTH CENTER 628-B SEVENTH STREET LANAI CITY HI 96763	CLINIC
<b>5</b> STRAUB CLINIC AT WATERFRONT PLAZA 500 ALA MOANA BLVD, TOWER 7, SUITE 230 HONOLULU HI 96813	CLINIC
<b>6</b> HPH CANCER CTR AT PALI MOMI MEDICAL CTR 98-1005 MOANALUA ROAD AIEA HI 96701	CLINIC
<b>7</b> STRAUB DOCTORS ON CALL - HILTON HAWAIIAN 2005 KALIA ROAD, 2ND FLOOR HONOLULU HI 96815	CLINIC
<b>8</b> STRAUB KAPOLEI CLINIC 590 FARRINGTON HIGHWAY, SUITE 526A KAPOLEI HI 96707	CLINIC
<b>9</b> OB/GYN SATELLITE 1525 KALAKAUA AVE HONOLULU HI 96814	CLINIC
<b>10</b> STRAUB HILO CLINIC 75 PUUHONU PLACE, SUITE 207 HILO HI 96720	CLINIC

Schedule H (Form 990) 2018

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> KUAKINI CLINIC 321 NORTH KUAKINI ST, SUITE 504 HONOLULU HI 96817	CLINIC
<b>2</b> STRAUB KONA CLINIC 75-240 NANI KAILUA DRIVE SUITE 6B KAILUA-KONA HI 96740	CLINIC
<b>3</b> WARD VILLAGE PRIMARY CARE CLINIC 1001 QUEEN ST, SUITE 102 HONOLULU HI 96813	CLINIC
<b>4</b>  	
<b>5</b>  	
<b>6</b>  	
<b>7</b>  	
<b>8</b>  	
<b>9</b>  	
<b>10</b>  	



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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SCHEDULE H, PART I, LINE 3C

N/A

SCHEDULE H, PART I, LINE 6A

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

SCHEDULE H, PART I, LINE 7G

NO COSTS OF A PHYSICIAN CLINIC WERE INCLUDED AS SUBSIDIZED HEALTH SERVICES.

SCHEDULE H, PART I, LINE 7

COST TO CHARGE RATIO AND SCHEDULE H WORKSHEET WAS USED TO CALCULATE THE COSTS.

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES

THE HOSPITALS OF HAWAI'I PACIFIC HEALTH ARE COMMITTED TO ATTRACTING AND

**Part VI** Supplemental Information

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RETAINING TOP-QUALITY PHYSICIANS TO SERVE HAWAI'I WHICH HAS A DOCUMENTED PHYSICIAN SHORTAGE STATEWIDE FOR MANY SPECIALITIES. ACCORDING TO THE HAWAI'I PHYSICIAN WORKFORCE ASSESSMENT PROJECT, BY 2020 HAWAI'I WILL HAVE 1,500 FEWER PHYSICIANS THAN NEEDED TO MEET THE STATE'S HEALTH CARE NEEDS. IN FY2019, HAWAI'I PACIFIC HEALTH INVESTED IN ATTRACTING PHYSICIANS WITH UNDER-REPRESENTED SPECIALTIES TO HAWAI'I TO HELP ENSURE THAT THE COMMUNITY'S HEALTH CARE NEEDS WILL BE MET.

SCHEDULE H, PART III, LINES 3 AND 4

PER THE CONSOLIDATED AUDITED FINANCIAL STATEMENT OF HAWAI'I PACIFIC HEALTH ("HPH"):

ON JULY 1, 2018, THE COMPANY ADOPTED THE NEW REVENUE STANDARD, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606), AND ELECTED TO USE THE MODIFIED RETROSPECTIVE ADOPTION METHOD. AS A PRACTICAL EXPEDIENT, THE COMPANY UTILIZES A PORTFOLIO APPROACH TO GROUP CONTRACTS WITH SIMILAR CHARACTERISTICS. UNDER THE NEW REVENUE STANDARD, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS THE PROVISION FOR BAD DEBTS IN THE CONSOLIDATED FINANCIAL STATEMENTS OF UNRESTRICTED REVENUES, EXPENSES AND OTHER CHANGES

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IN NET ASSETS IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS AND IS INCLUDED AS A REDUCTION TO NET PATIENT SERVICE REVENUE FOR THE YEAR ENDED JUNE 30, 2019. PRIOR TO THE ADOPTION OF THE NEW REVENUE STANDARD, THE PROVISION FOR BAD DEBTS WAS PRESENTED CONSISTENT WITH THE PREVIOUS REVENUE RECOGNITION STANDARDS THAT REQUIRED SUCH PROVISION TO BE PRESENTED SEPARATELY AS A COMPONENT OF NET PATIENT SERVICE REVENUE.

SCHEDULE H, 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.

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SCHEDULE H, 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 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 COLLECTION.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT

THE HOSPITALS OF HAWAI'I PACIFIC HEALTH PARTNERED WITH THE HEALTHCARE ASSOCIATION OF HAWAI'I AND THE HEALTHY COMMUNITIES INSTITUTE TO CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) FOR EACH OF THE COMMUNITIES SERVED BY THE HOSPITALS. THE CHNAS WERE COMPLETED IN MARCH 2016. OUR APPROACH FOLLOWED THE PUBLIC HEALTH MODEL OF ASSESSING AND UNDERSTANDING COMMUNITY HEALTH HOLISTICALLY. A FRAMEWORK FOR ANALYSIS WAS CONSTRUCTED BASED ON DETERMINANTS OF HEALTH; THE FRAMEWORK INCLUDED A BROAD

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DEFINITION OF COMMUNITY HEALTH THAT CONSIDERS SECONDARY DATA ON THE SOCIAL, ECONOMIC, AND PHYSICAL ENVIRONMENTS, AS WELL AS HEALTH RISKS AND OUTCOMES. SPECIAL ATTENTION WAS GIVEN TO IDENTIFYING HEALTH DISPARITIES, THE NEEDS OF VULNERABLE POPULATIONS, AND UNMET HEALTH NEEDS OR GAPS IN SERVICES. A BROAD ARRAY OF SECONDARY AND PRIMARY DATA WAS COLLECTED AND SYNTHESIZED TO DETERMINE COMMUNITY NEEDS. OVER 375 INDICATORS FROM OVER 20 SOURCES FROM A DATABASE MAINTAINED BY THE HAWAI'I DEPARTMENT OF HEALTH WERE ANALYZED USING A SYSTEMATIC AND QUANTITATIVE APPROACH THAT INCORPORATED MULTIPLE BENCHMARKS AND COMPARISONS. ADDITIONAL ANALYSIS INCLUDED PREVENTABLE CAUSES OF HOSPITALIZATION USING DATA PROVIDED BY THE HAWAI'I HEALTH INFORMATION CORPORATION, AND INFORMATION FROM RECENTLY PUBLISHED REPORTS ON ACCESS TO CARE, HEALTH DISPARITIES, PRIMARY CARE NEEDS, AND BEHAVIORAL HEALTH NEEDS. KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS HAVING SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, HEALTH DISPARITIES, AND VULNERABLE POPULATIONS IN THE IDENTIFIED COMMUNITIES.

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SCHEDULE H, PART VI, LINE 3

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. THE 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 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

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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 INFORMATION IS MAILED TO THE PATIENT. EDUCATION AND ASSISTANCE IS OFTEN PROVIDED VIA PHONE CONTACT IN THESE CASES. PAYMENT PLAN ARRANGEMENTS ARE HANDLED VIA PHONE CONTACT WITH THE PATIENT.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION

HAWAI'I PACIFIC HEALTH'S MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS SAFETY NET PROVIDERS OF HEALTH CARE FOR THE COMMUNITY. DEMOGRAPHICS OF THE STATE OF HAWAI'I INCLUDE 1.4M RESIDENTS AND 9.9M VISITORS (2018 DATA). THERE ARE MORE THAN 20 OTHER HOSPITALS IN THE STATE THAT PROVIDE ACUTE CARE SERVICES, INCLUDING THOSE THAT ARE COMMUNITY ACCESS HOSPITALS. AREAS AND POPULATIONS DESIGNATED AS MEDICALLY-UNDERSERVED BY THE FEDERAL GOVERNMENT ARE PRESENT.

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KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN HAS BEEN TREATING WOMEN, CHILDREN AND INFANTS FOR MORE THAN A CENTURY. IT IS HAWAI'I'S ONLY MATERNITY, NEWBORN AND PEDIATRIC SPECIALTY HOSPITAL WITH 253 BEDS. IT IS ALSO A TERTIARY CARE, TEACHING AND RESEARCH FACILITY. FOR WOMEN, KAPI'OLANI PROVIDES COMPLETE OBSTETRICAL AND GYNECOLOGICAL CARE. FOR INFANTS AND CHILDREN, IT HAS MORE THAN 100 PEDIATRIC SPECIALISTS AND SUBSPECIALISTS. IN FISCAL YEAR 2019, KAPI'OLANI HAD 6,125 DELIVERIES (BIRTHS), 48,661 WOMEN'S CENTER PROCEDURES, 43,447 ER VISITS, 59,713 IMAGING PROCEDURES, 572 TRANSPORTS AND 15,340 INPATIENT ADMISSIONS. ITS GEOGRAPHIC SERVICE AREA IS THE ENTIRE PACIFIC REGION AS MANY SPECIALTIES OFFERED ARE NOT AVAILABLE ELSEWHERE.

PALI MOMI MEDICAL CENTER 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, ONCOLOGY AND MORE. IT HAS DELIVERED MANY MEDICAL FIRSTS FOR THE COMMUNITY, INCLUDING WEST O'AHU'S ONLY INTERVENTIONAL CARDIAC



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CATHETERIZATION UNITS, A WOMEN'S CENTER AND RETINA CENTER, AND THE REGION'S ONLY COMPREHENSIVE CANCER CENTER. IT HAS BEEN DESIGNATED AS A LEVEL III TRAUMA CENTER BY THE STATE OF HAWAI'I AND IT IS ALSO A CERTIFIED PRIMARY STROKE CENTER. IN FISCAL YEAR 2019, PALI MOMI HAD 46,242 ER VISITS, 53,762 WOMEN'S CENTER PROCEDURES, 92,415 IMAGING PROCEDURES AND 5,683 INPATIENT ADMISSIONS. PALI MOMI'S GEOGRAPHIC SERVICE AREA IS PRIMARILY CENTRAL O'AHU, WEST O'AHU AND THE NORTH SHORE.

STRAUB MEDICAL CENTER HAS SERVED THE PEOPLE OF HAWAI'I FOR NEARLY 100 YEARS. IT IS A FULLY INTEGRATED HEALTH CARE PROVIDER WITH A 159-BED HOSPITAL IN HONOLULU, A NETWORK OF NEIGHBORHOOD CLINICS, AND A VISITING SPECIALISTS PROGRAM TO IMPROVE ACCESS TO MEDICAL SERVICES FOR NEIGHBOR ISLAND RESIDENTS. STRAUB HOUSES AN ARRAY OF PHYSICIAN SPECIALISTS UNDER ONE ROOF, ENABLING PATIENTS TO RECEIVE DIAGNOSIS AND TREATMENT IN MORE THAN 32 MEDICAL SPECIALTIES. IN FISCAL YEAR 2019, STRAUB HAD 33,195 ER VISITS, 6,148 INPATIENT ADMISSIONS, 108,707 IMAGING PROCEDURES AND 891,963 CLINIC ENCOUNTERS. STRAUB IS PROUD TO PROVIDE SERVICES THAT ARE NOT OFFERED BY ANY OTHER PROVIDERS IN THE REGION. THE BURN CENTER, FOR

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EXAMPLE, IS THE ONLY DEDICATED BURN TREATMENT FACILITY IN HAWAI'I AND TREATS MILITARY AND CIVILIAN PATIENTS THROUGHOUT THE PACIFIC REGION.

WILCOX MEDICAL CENTER HAS SERVED KAUA'I FOR 80 YEARS. THE ACUTE-CARE FACILITY OFFERS OVER 30 SPECIALTIES AND PROGRAMS, AND A FULL SUITE OF SERVICES INCLUDING CARDIOLOGY, EMERGENCY, FAMILY PRACTICE, GASTROENTEROLOGY, HEALTH MANAGEMENT, INTERNAL MEDICINE, NEUROLOGY, OB-GYN, ONCOLOGY, ORTHOPEDICS, PEDIATRICS AND UROLOGY. IN FISCAL YEAR 2019, WILCOX HAD 24,280 ER VISITS, 460 DELIVERIES (BIRTHS), 70,094 IMAGING PROCEDURES AND 3,273 INPATIENT ADMISSIONS. WILCOX'S GEOGRAPHIC SERVICE AREA IS THE ISLAND OF KAUA'I. DEMOGRAPHICS OF THE KAUA'I COMMUNITY IN FISCAL YEAR 2019 INCLUDE AN ESTIMATED POPULATION OF APPROXIMATELY 72,000 (2017 CENSUS BUREAU DATA) AND NEARLY 1.3M VISITORS ANNUALLY (2018 DATA). THERE ARE TWO OTHER HOSPITALS IN THE COMMUNITY, AND FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS ARE PRESENT.

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SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

EACH AFFILIATE HOSPITAL OF HAWAI'I PACIFIC HEALTH IS A LEADER IN COMMUNITY HEALTH CARE EDUCATION AND ADVOCACY, AND MAINTAINS AN OPEN MEDICAL STAFF; THIS ARRANGEMENT GRANTS ADMITTING PRIVILEGES TO NONAFFILIATED PHYSICIAN SPECIALISTS AND BROADENS EACH FACILITY'S ABILITY TO OFFER HIGH-QUALITY, SPECIALIZED CARE TO THEIR RESPECTIVE COMMUNITY. EACH HOSPITAL 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 EACH FACILITY FULFILLS ITS MISSION-DRIVEN GOALS. AS AFFILIATES OF THE NOT-FOR-PROFIT HAWAI'I PACIFIC HEALTH NETWORK, EACH HOSPITAL REINVESTS ALL SURPLUS RESOURCES BACK INTO PATIENT CARE AND TO SUBSIDIZE THOSE WHO CANNOT PAY.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM

HAWAI'I PACIFIC HEALTH, ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, IS COMMITTED TO PROVIDING HIGH-QUALITY, ACCESSIBLE CARE AND SERVICES TO

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THE PEOPLE OF HAWAI'I AND THE PACIFIC REGION. THE HAWAI'I PACIFIC HEALTH SYSTEM INCLUDES FOUR MEDICAL CENTERS, 70 LOCATIONS, MORE THAN 1,400 AFFILIATED PHYSICIANS AND MORE THAN 7,100 EMPLOYEES. THE MEDICAL CENTERS PROVIDE ACUTE AND SPECIALTY CARE WITH 602 BEDS AND HANDLED 30,444 ADMISSIONS IN FISCAL YEAR 2019.

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS THE PRIMARY PEDIATRIC AND OBSTETRIC TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE. KAPI'OLANI SUPPORTS THE TRAINING AND TEACHING OF HAWAI'I'S FUTURE DOCTORS, NURSES AND OTHER HEALTH CARE PROFESSIONALS, AS WELL AS CLINICAL AND COMMUNITY HEALTH RESEARCH THAT BRINGS NEW THERAPIES AND TREATMENT PROTOCOLS TO THE ISLANDS. KAPI'OLANI ACTIVELY SUPPORTS COMMUNITY ORGANIZATIONS AND EVENTS THAT ARE IN LINE WITH ITS MISSION, INCLUDING THE GREAT ALOHA RUN AND KEIKI GREAT ALOHA RUN, SUSAN G. KOMEN BREAST CANCER FOUNDATION, MARCH OF DIMES, HAWAI'I CHILDREN'S CANCER FOUNDATION AND OTHERS. THE KAPI'OLANI CHILDREN'S MIRACLE NETWORK SUPPORTS THE COST OF PEDIATRIC HEALTH CARE PROGRAMS AND SERVICES AT THE HOSPITAL, AS WELL AS MEDICAL EQUIPMENT, NEIGHBOR ISLAND TRAVEL, RESEARCH

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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 financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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.).
- 6 Affiliated health care system.** 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.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND PUBLIC AWARENESS. THE HOSPITAL ALSO OPERATES THE SEX ABUSE TREATMENT CENTER OF HAWAI'I, WHICH PROVIDES TREATMENT SERVICES FOR SURVIVORS OF SEXUAL ASSAULT, PROMOTES PREVENTION AND EDUCATION, AND ENGAGES IN PUBLIC POLICY ACTIVITIES RELATING TO SEXUAL ASSAULT, AND THE KAPI'OLANI CHILD ADVOCACY AND PROTECTION CENTER, WHICH PROVIDES EXPERTISE IN RECOGNIZING AND TREATING CHILD ABUSE AND NEGLECT.

PALI MOMI MEDICAL CENTER CONTINUES TO FOCUS ON MEETING THE NEEDS OF THE COMMUNITIES OF CENTRAL AND WEST O'AHU AND THE NORTH SHORE. IN FISCAL YEAR 2019, PALI MOMI CONTINUED TO PROVIDE SERVICES AS A DESIGNATED LEVEL III TRAUMA CENTER BY THE STATE OF HAWAI'I. PALI MOMI HOLDS THIS DESIGNATION BECAUSE OF ITS KEY GEOGRAPHIC LOCATION AND ADVANCED HOSPITAL CAPABILITIES THAT ENABLE IT TO PROVIDE THIS CRITICALLY NEEDED SERVICE TO THE COMMUNITY. IT IS ALSO CERTIFIED AS A PRIMARY STROKE CENTER IN RECOGNITION OF ITS COMMITMENT TO THE CARE OF STROKE PATIENTS. IN FISCAL YEAR 2019, PALI MOMI ALSO HOSTED AND PARTICIPATED IN FREE COMMUNITY HEALTH EVENTS, SUCH AS HPH KIDS FEST, HEALTH FAIRS AND HEALTH SCREENINGS, VIDEO CONFERENCES FOR EDUCATIONAL SPEAKERS' SERIES AND SUPPORT GROUPS.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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 financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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.).
- 6 Affiliated health care system.** 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.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

STRAUB MEDICAL CENTER HAS MANY SPECIALTY CARE UNITS. THE BURN CENTER IS THE STATE'S ONLY MULTIDISCIPLINARY BURN TREATMENT CENTER, PROVIDING VICTIMS WITH IMMEDIATE AND COMPREHENSIVE CARE CLOSE TO HOME. STRAUB PHYSICIANS PROVIDE PATIENTS WITH DIAGNOSES AND TREATMENTS FOR MORE THAN 32 DIFFERENT MEDICAL SPECIALTIES, INCLUDING BONE AND JOINT, HEART, CANCER, ENDOCRINOLOGY/DIABETES, FAMILY MEDICINE, GASTROENTEROLOGY, GERIATRIC MEDICINE, INTERNAL MEDICINE, VASCULAR AND UROLOGY. IT PROVIDES CHARITY CARE, HEALTH EDUCATION AND PREVENTIVE PROGRAMS TO THE COMMUNITY. IN FISCAL YEAR 2019, STRAUB PROVIDED FREE HEALTH EDUCATION PROGRAMS AND EVENTS ON HEART HEALTH, CANCER, ARTHRITIS, ASTHMA, ALLERGIES, HEALTHY LIFESTYLES AND INJURY PREVENTION. EVENTS INCLUDED "HPH KIDS FEST," "CANCER CARE," "VALENTINE IN PARADISE," "GETTING A GRIP ON ARTHRITIS," AND "HPH WOMEN'S 10K AND 5K FUN RUN," HAWAI'I'S PREMIER FEMALE-ONLY FITNESS EVENT.

WILCOX MEDICAL CENTER IS DEDICATED TO PROVIDING KAUA'I WITH AFFORDABLE AND ACCESSIBLE HEALTH CARE. WILCOX PHYSICIANS OFFER CARE IN 30

**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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 financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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.).
- 6 Affiliated health care system.** 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.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SPECIALTIES AND PROGRAMS. WILCOX IS AN ACTIVE COMMUNITY PARTNER. IN FISCAL YEAR 2019, ITS HEALTH EDUCATION, PREVENTION PROGRAMS AND SUPPORT GROUPS FOCUSED ON DIABETES, OBESITY, CANCER, HEART ATTACK/STROKE, IMMUNIZATION, SPORTS MEDICINE, WATER SAFETY, INJURY PREVENTION, AND HEALTH FAIRS. TOGETHER WITH KAUA'I MEDICAL CLINIC, WILCOX HOSTED OR SPONSORED A VARIETY OF COMMUNITY HEALTH EDUCATION EVENTS, AND STAFF SUPPORTED THEIR COMMUNITY BY PARTICIPATING IN ANNUAL CHARITABLE ENDEAVORS. THESE INCLUDED "KIDS SUMMER FEST," "KIDS FEST," "KAUA'I MARATHON," SEVERAL PHYSICIAN-LED COMMUNITY WALKS, "KEIKI BIKE AND SKATEBOARD SAFETY DAY," "DIABETES AWARENESS EXPO," "CANCER CARE VIDEO TELECONFERENCE," "VALENTINE IN PARADISE CARDIOLOGY VIDEO TELECONFERENCE," "GETTING A GRIP ON ARTHRITIS COMMUNITY HEALTH EVENT" AND "OLD KOLOA SUGAR MILL RUN."

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT

N/A

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HAWAI'I FOOD AND WINE FESTIVAL 3538 WAIALAE AVENUE HONOLULU, HI 96816	46-0618609	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(2)</b> MAKE A WISH HAWAI'I 223 S. KING ST, STE 100 HONOLULU, HI 96813	99-0220777	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(3)</b> UNIVERSITY OF HAWAI'I FOUNDATION 2444 DOLE STREET HONOLULU, HI 96822	99-0085260	501(C)(3)	721,176.				SCHOLARSHIP PLEDGE
<b>(4)</b> HAWAI'I CANCER CONSORTIUM 737 BISHOP ST, STE 2360 HONOLULU, HI 96813	45-2280259	501(C)(3)	1,000,000.				GENERAL SUPPORT
<b>(5)</b> PACIFIC HEALTH MINISTRY 1245 YOUNG STREET HONOLULU, HI 96814	99-0281185	501(C)(3)	7,500.				GENERAL SUPPORT
<b>(6)</b> PHILIPPINE MEDICAL ASSOCIATION OF HAWAI'I P.O. BOX 1294 PEARL CITY, HI 96782	99-0206653	501(C)(6)	8,650.				GENERAL SUPPORT
<b>(7)</b> HO'OLA NA PUA PO BOX 22551 HONOLULU, HI 96823	46-5139164	501(C)(3)	5,800.				GENERAL SUPPORT
<b>(8)</b> CHAMINADE UNIVERSITY 3140 WAIALAE AVENUE HONOLULU, HI 96816	99-0272261	501(C)(3)	18,000.				GENERAL SUPPORT
<b>(9)</b> WAHIAWA CENTER FOR COMM HLTH P.O. BOX 860339 WAHIAWA, HI 96786	45-5114944	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(10)</b> ARTHRITIS FOUNDATION 2752 WOODLAWN DR HONOLULU, HI 96822	58-1341679	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(11)</b> UNIVERSAL CLINICAL EDUCATION & RSRCH ASSOC P.O. BOX 31000 HONOLULU, HI 96813	99-0307152	501(C)(3)	250,000.				GENERAL SUPPORT
<b>(12)</b> BOYS & GIRLS CLUB OF HAWAI'I 345 QUEEN STREET HONOLULU, HI 96813	99-6055407	501(C)(3)	21,000.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HONOLULU FIREFIGHTERS FOUNDATION 1253 S BERETANIA ST 3301 HONOLULU, HI 96814	94-3432887	501(C)(3)	6,000.				GENERAL SUPPORT
(2) THE KAUA'I MARATHON PO BOX 573 KOLOA, HI 96756	26-4084075	501(C)(3)	10,000.				GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13.

3 Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) (2018)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

DESCR OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS  
 THE HAWAI'I PACIFIC HEALTH DONATIONS COMMITTEE REVIEWS AND APPROVES  
 DONATIONS TO 501(C)(3) & 501(C)(6) ORGANIZATIONS ON AN ANNUAL BASIS. NO  
 FURTHER MONITORING IS DONE FOR DONATIONS MADE TO 501(C)(3) ORGANIZATIONS.

**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" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**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 on 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <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 on 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?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID CHO, M.D. BOARD OF DIRECTOR	(i)	511,934.	13,392.	18,763.	11,000.	22,894.	577,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 AMY CORLISS, M.D. BOARD OF DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	286,124.	5,728.	113,544.	11,000.	20,915.	437,311.	0.
3 CAROL FUJIYOSHI, M.D. BOARD OF DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	279,429.	14,586.	24,584.	11,000.	7,052.	336,651.	0.
4 TODD MILLER BOARD OF DIRECTOR	(i)	505,581.	4,582.	49,940.	11,000.	7,226.	578,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 PATRICK O'DONNELL, M.D. BOARD OF DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	521,505.	4,764.	18,031.	11,000.	23,788.	579,088.	0.
6 MONICA PRICE, M.D. BOARD OF DIRECTOR	(i)	134,082.	26,745.	62,040.	8,639.	22,736.	254,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JENNIE CHAHANOVICH BOD, PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	345,039.	128,270.	147,264.	228,947.	11,699.	861,219.	121,269.
8 ARTHUR GLADSTONE BOD, CEO VP AND SYSTEM CNE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	467,136.	181,837.	138,669.	311,320.	23,046.	1,122,008.	186,612.
9 ANDY LEE, M.D. BOD, CHIEF OF STAFF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	282,132.	25,705.	3,300.	20,625.	25,711.	357,473.	0.
10 BEAU NAKAMOTO, M.D. BOARD OF DIRECTOR, VICE CHAIR	(i)	248,423.	9,403.	48,036.	11,000.	382.	317,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 MARTHA SMITH BOARD OF DIRECTOR, CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	456,311.	178,256.	141,160.	306,392.	15,114.	1,097,233.	181,252.
12 RAYMOND P. VARA JR. BOARD OF DIRECTOR, PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	983,890.	524,511.	405,536.	1,024,223.	24,253.	2,962,413.	552,114.
13 MELINDA ASHTON, M.D. EVP & CQO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	422,470.	149,439.	92,374.	167,027.	15,142.	846,452.	85,664.
14 JOHN BELEW COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	211,066.	17,345.	137,019.	22,686.	18,434.	406,550.	0.
15 WARREN CHAIKO SVP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	246,758.	60,781.	48,740.	96,354.	25,253.	477,886.	40,576.
16 DAWN CHING VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	227,980.	37,898.	30,256.	70,246.	23,569.	389,949.	35,834.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES R. CHING EVP, GEN. COUNSEL & SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	387,289.	143,240.	192,132.	277,290.	22,232.	1,022,183.	145,433.
2 DAWN DUNBAR SVP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	271,166.	49,693.	11,801.	67,020.	22,747.	422,427.	0.
3 JOEL EMPERADOR VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	218,802.	35,387.	22,771.	63,442.	6,844.	347,246.	35,297.
4 BRANDT FARIAS SVP & CHIEF MARKETING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	210,079.	53,281.	30,702.	78,939.	9,545.	382,546.	30,085.
5 MAUREEN FLANNERY VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	271,596.	31,976.	29,802.	36,671.	14,494.	384,539.	44,441.
6 DAVID FOX PRIVACY OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	149,779.	0.	1,570.	15,841.	14,947.	182,137.	0.
7 EARL INOUYE VP & SYSTEM CONTROLLER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	262,052.	46,572.	41,275.	80,579.	14,829.	445,307.	39,396.
8 ALAN ITO INFORMATION SECURITY OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	173,000.	17,349.	2,666.	18,146.	13,681.	224,842.	0.
9 GAIL LERCH EVP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	405,638.	149,264.	163,658.	318,663.	9,690.	1,046,913.	163,008.
10 JESSICA LEWIS ASSISTANT CORPORATE SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	146,994.	0.	0.	12,738.	24,066.	183,798.	0.
11 LORRIE-ANN LUKE VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	187,944.	33,615.	15,075.	60,729.	24,192.	321,555.	29,504.
12 BRIGITTE MCKALE VP & CNE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	237,700.	35,071.	24,192.	67,640.	13,329.	377,932.	39,973.
13 MAVIS NIKAIDO VP & CNE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	274,026.	44,587.	26,888.	78,375.	7,185.	431,061.	45,781.
14 SUSAN MASUMOTO-NONAKA VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	251,114.	54,790.	43,353.	78,601.	14,395.	442,253.	39,290.
15 DAVID OKABE EVP, CFO & TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	500,415.	187,300.	205,849.	383,699.	14,314.	1,291,577.	202,213.
16 KENNETH B. ROBBINS, M.D. EVP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	471,387.	159,966.	277,115.	326,911.	15,094.	1,250,473.	257,608.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN ROBERTSON EVP & CIO	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	403,975.	148,888.	151,764.	294,455.	15,314.	1,014,396.	157,506.
2 MICHAEL ROBINSON VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	212,168.	37,258.	19,365.	65,066.	9,550.	343,407.	34,211.
3 GIDGET RUSCETTA, R.N. COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	264,862.	51,901.	38,633.	80,995.	12,654.	449,045.	57,456.
4 KATIE SHIGEMITSU COMPLIANCE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	196,308.	0.	1,493.	20,666.	13,886.	232,353.	0.
5 DAVID STUMBAUGH VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	189,716.	23,870.	15,729.	45,536.	21,455.	296,306.	0.
6 RODNEY WILLIAMS, M.D. CMO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	441,796.	19,721.	54,492.	50,769.	12,351.	579,129.	74,639.
7 JOHN J. CHO PHYSICIAN	(i)	843,218.	18,972.	46,851.	11,000.	12,394.	932,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 SCOTT N. CRAWFORD PHYSICIAN	(i)	726,631.	3,818.	80,624.	11,000.	20,394.	842,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MARK S GERBER PHYSICIAN	(i)	853,008.	8,400.	50,030.	11,000.	7,052.	929,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 KENNETH C. LEE PHYSICIAN	(i)	884,355.	764.	42,673.	11,000.	3,706.	942,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 CASS K. NAKASONE PHYSICIAN	(i)	1,145,013.	3,818.	28,984.	11,000.	21,644.	1,210,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 DOUGLAS KWOCK, M.D. FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	385,035.	34,392.	36,513.	24,547.	20,012.	500,499.	0.
13 THOMAS MUNDELL FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	228,079.	0.	10,006.	238,085.	0.
14 THOMAS J. NORDYKE, M.D. FORMER OFFICER	(i)	314,133.	13,978.	28,164.	11,000.	12,476.	379,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3

SUPPLEMENTAL COMPENSATION INFORMATION

THE ORGANIZATION'S PRESIDENT 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 FORM 990 PART VI, LINE 15A FOR THE PROCESS USED BY HPH TO DETERMINE COMPENSATION.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAY

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING THE YEAR:

THOMAS MUNDELL - \$228,079

SCHEDULE J, PART I, QUESTION 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

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.

AMOUNT PAID OUT DURING THE YEAR BY RELATED ORGANIZATIONS:

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

RAYMOND P. VARA JR. - \$177,421

KENNETH B. ROBBINS, MD - \$126,800

DAVID OKABE - \$64,485

GAIL LERCH - \$51,544

ARTHUR GLADSTONE - \$50,854

MARTHA SMITH - \$48,863

CHARLES R. CHING - \$42,085

STEVEN ROBERTSON - \$46,746

JENNIE CHAHANOVICH - \$22,324

**ANNUAL AND LONG TERM INCENTIVE PLAN**

THE ANNUAL AND LONG TERM INCENTIVE PLANS ARE AFFORDED TO EXECUTIVES BASED ON ANNUAL AND LONG TERM SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS.

**AMOUNT PAID OUT DURING THE YEAR BY RELATED ORGANIZATIONS:**

RAYMOND P. VARA JR.- \$404,511

DAVID OKABE - \$147,300



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

KENNETH B. ROBBINS, M.D. - \$139,966

GAIL LERCH - \$119,264

CHARLES R. CHING - \$113,240

ARTHUR GLADSTONE - \$146,837

MARTHA SMITH - \$143,255

JENNIE CHAHANOVICH - \$108,270

STEVEN ROBERTSON - \$118,888

MELINDA ASHTON, M.D. - \$124,439

RODNEY WILLIAMS, M.D. - \$19,721

GIDGET RUSCETTA, R.N. - \$51,901

WARREN CHAIKO - \$60,780

BRANDT FARIAS - \$48,281

EARL INOUYE - \$46,572

MICHAEL ROBINSON - \$37,258

SUSAN NONAKA - \$44,790

LORRIE-ANN LUKE - \$33,615

MAVIS NIKAIDO - \$44,587

DAWN CHING - \$37,897

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BRIGITTE MCKALE - \$35,071

DAWN DUNBAR - \$49,694

DAVID STUMBAUGH - \$22,610

MAUREEN FLANNERY - \$11,976

JOEL EMPERADOR - \$35,387

JOHN BELEW - \$17,345

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open To Public Inspection**

Name of the organization: **HAWAI'I PACIFIC HEALTH GROUP RETURN** Employer identification number: **38-3835105**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . .							\$						

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**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
(1) JANNY CHEN	SEE PART V	200,376.	PHYSICIAN COMPENSATION		X
(2) HAWAI'I BIO WASTE	SEE PART V	170,000.	WASTE MGMT SERVICES		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

FORM 990, SCHEDULE L, PART IV, COLUMN B

JANNY CHEN IS A FAMILY MEMBER OF DAVID CHO, MD CURRENT BOARD OF DIRECTOR.

MICHELLE HO, CURRENT BOARD OF DIRECTOR, OWNS MORE THAN 35% DIRECTLY AND INDIRECTLY OF HAWAI'I BIO WASTE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ATCH 1 ) . . . . .		37 .	78,252 .	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

7800CQ 1018

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE M, PART I, COLUMN B

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
BOOKS	X	4.	440.	FMV
CLOTHING & HOUSEHOLD GOOD	X	5.	19,070.	FMV
WINES, PAINTING, WTR PARK	X	1.	2,480.	FMV
EKG MACHINE, FOOD, CLOTH	X	1.	2,200.	FMV
BEANIES, BOOKS, KOA BOWLS	X	1.	2,635.	FMV
OTHER	X	25.	51,427.	FMV
TOTALS		<u>37.</u>	<u>78,252.</u>	

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION

STATEMENT OF ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

HAWAI'I PACIFIC HEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM WITH OVER 70 LOCATIONS STATEWIDE INCLUDING MEDICAL CENTERS, CLINICS, PHYSICIANS AND OTHER CAREGIVERS COMMITTED TO THE ORGANIZATION'S MISSION TO CREATE A HEALTHIER HAWAI'I. ITS FOUR MEDICAL CENTERS - KAPI'OLANI, PALI MOMI, STRAUB AND WILCOX - SPECIALIZE IN INNOVATIVE PROGRAMS IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, CANCER CARE, BONE AND JOINT SERVICES AND MORE. HAWAI'I PACIFIC HEALTH IS RECOGNIZED NATIONALLY FOR ITS EXCELLENCE IN PATIENT CARE AND THE USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY AND PATIENT SAFETY.

FORM 990, PART III, LINES 4A-4D

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE #1

OUTPATIENT OPERATING ROOMS

IN FISCAL YEAR 2019, HAWAI'I PACIFIC HEALTH HOSPITALS AND CLINICS SPENT \$70,983,561 IN DIRECT EXPENSES FOR OUTPATIENT OPERATING ROOMS AND SURGICAL PROCEDURES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.

PEDIATRIC SURGERIES AT KAPI'OLANI INCLUDE THORACIC/HEART; CLEFT

LIP/PALATE; EAR, NOSE AND THROAT; ORTHOPEDIC; NEUROLOGIC; UROLOGIC;



Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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OPHTHALMOLOGIC; GASTROINTESTINAL; PLASTIC AND GENERAL PROCEDURES. WOMEN'S SURGERIES INCLUDE BREAST BIOPSIES, LUMPECTOMIES, MASTECTOMIES AND RECONSTRUCTION, HYSTEROSCOPIES, INTERSTIM BLADDER IMPLANT AND SUB URETHRAL SLING TO TREAT INCONTINENCE, TUBAL LIGATION AND ENDOMETRIAL ABLATION. KAPI'OLANI IS THE ONLY MEDICAL CENTER IN THE STATE PROVIDING DA VINCI ROBOT-AIDED PEDIATRIC SURGERY. ADDITIONALLY, THE ROBOT IS UTILIZED IN PERFORMING GYNECOLOGICAL SURGICAL SERVICES. THE MINIMALLY INVASIVE SURGERIES PERFORMED USING THE DA VINCI PROVIDE INCREASED BENEFITS FOR PATIENTS, INCLUDING LESS PAIN, LOWER RISK OF INFECTION AND LESS BLOOD LOSS. IN FISCAL YEAR 2019, KAPI'OLANI PERFORMED 5,269 OUTPATIENT SURGERIES.

PALI MOMI HAS A FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE EQUIPPED WITH TELEMEDICINE CAPABILITY, TOUCHSCREEN CONTROL PANELS AT THE NURSES' STATION, VOICE ACTIVATION SYSTEM, AND LIVE VIDEO FEED TO MEDICAL CENTERS AROUND THE WORLD. IN FISCAL YEAR 2019, PALI MOMI PERFORMED 4,107 OUTPATIENT SURGERIES. PALI MOMI UTILIZES THE DA VINCI FIREFLY ROBOT-AIDED SYSTEM TO ASSIST WITH MINIMALLY INVASIVE SURGERY. THE MINIMALLY INVASIVE SURGERIES PERFORMED USING THE DA VINCI PROVIDE INCREASED BENEFITS FOR PATIENTS INCLUDING LESS PAIN, LOWER RISK OF INFECTION AND LESS BLOOD LOSS.

STRAUB OFFERS INTEGRATED OUTPATIENT SURGERY IN A 7-ROOM SUITE, 2-ROOM PLASTIC SURGERY SUITE, 2-ROOM GENERAL SURGERY DEPARTMENT, 2-ROOM INTERVENTIONAL CARDIAC CATHETERIZATION LABORATORY, INTERVENTIONAL

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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RADIOLOGY SUITES, AND ENDOSCOPY DEPARTMENT. PROCEDURES PERFORMED RANGE FROM MINOR EXCISIONS TO COMPLEX PERIPHERAL INTRAVASCULAR TECHNIQUES. IN FISCAL YEAR 2019, STRAUB PERFORMED 3,878 OUTPATIENT SURGERIES.

WILCOX HAS A STATE-OF-THE-ART SURGICAL CENTER WITH 6 SURGICAL SUITES, 20 SAME-DAY SURGERY BEDS, VOICE-ACTIVATED ROBOTICS AND OTHER COMPUTER-ASSISTED TECHNOLOGIES. IN FISCAL YEAR 2019, WILCOX PERFORMED 3,639 OUTPATIENT SURGERIES.

ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.

PROGRAM SERVICE #2

OUTPATIENT EMERGENCY ROOMS

IN FISCAL YEAR 2019, HAWAI'I PACIFIC HEALTH HOSPITALS SAW 132,973 OUTPATIENT ER CASES AND SPENT \$61,074,026 IN DIRECT EXPENSES FOR OUTPATIENT ER SERVICES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.

IN FISCAL YEAR 2019, KAPI'OLANI CELEBRATED ITS ONE-YEAR ANNIVERSARY IN ITS NEWLY EXPANDED EMERGENCY DEPARTMENT IN THE DIAMOND HEAD TOWER. AT MORE THAN TWICE THE SIZE OF THE PREVIOUS SPACE, THE NEW ED FEATURES 24 PRIVATE TREATMENT ROOMS, INCLUDING TWO TRAUMA ROOMS AND TWO TRIAGE ROOMS; THREE ROOMS EQUIPPED AS NEGATIVE-PRESSURE ISOLATION ROOMS; ON-SITE SATELLITE RADIOLOGY SUITE FOR PLAIN X-RAYS, SEPARATE ADULT AND PEDIATRIC WAITING AREAS; CHILD-FRIENDLY DÉCOR; AND A CENTRAL, OPEN BUSINESS CENTER.

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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KAPI'OLANI'S ER IS THE ONLY ONE IN THE STATE WITH PEDIATRIC SPECIALISTS AVAILABLE 24/7. IT HAS A TEAM FOR ADULTS AND ANOTHER DEDICATED TO PEDIATRICS, WHERE BOARD-CERTIFIED PEDIATRIC EMERGENCY PHYSICIANS CAN QUICKLY DIAGNOSE AND TREAT A FULL RANGE OF MEDICAL CONDITIONS IN BABIES, CHILDREN AND TEENS, FROM RARE INFECTIONS TO SPORTS INJURIES. IN FISCAL YEAR 2019, KAPI'OLANI HAD 41,924 OUTPATIENT ER CASES.

THE PALI MOMI ER IS THE ONLY ONE IN THE STATE THAT USES A TEAM TRIAGE APPROACH, WHERE PATIENTS ARE PROMPTLY EVALUATED BY A PHYSICIAN. IN FISCAL YEAR 2019, THE PALI MOMI ER HAD 41,046 OUTPATIENT ER CASES.

THE STRAUB ER HAS BOARD-CERTIFIED EMERGENCY PHYSICIANS ON STAFF 24/7, 365 DAYS A YEAR, WITH WHEELCHAIR TRANSPORT AND VALET SERVICES AVAILABLE. IN FISCAL YEAR 2019, THE STRAUB ER HAD 28,381 OUTPATIENT ER CASES.

THE WILCOX 20-BED ER IS THE FIRST NEIGHBOR ISLAND FACILITY TO OBTAIN A LEVEL III TRAUMA DESIGNATION. IT IMPLEMENTED A TRIAGE BEST PRACTICE, "RAPID TRIAGE AND IMMEDIATE BED PLACEMENT," TO DECREASE DOOR-TO-BED AND DOOR-TO-DOC TIMES, ALLOW SOME PATIENTS TO BYPASS THE TRIAGE AREA, AND LET NURSE ASSESSMENT AND ER PHYSICIAN EVALUATION OCCUR SIMULTANEOUSLY. THIS IMPROVES SERVICE, QUALITY AND SAFETY. IN FISCAL YEAR 2019, THE WILCOX ER HAD 21,622 OUTPATIENT ER CASES.

ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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PROGRAM SERVICE #3

PEDIATRICS-NEONATAL SERVICES

IN FISCAL YEAR 2019, HAWAI'I PACIFIC HEALTH SPENT \$55,100,050 IN DIRECT EXPENSES FOR PEDIATRIC-NEONATAL SERVICES AS PART OF ITS COMMITMENT TO PROVIDE HIGH-QUALITY MEDICAL CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.

KAPI'OLANI IS RECOGNIZED AS HAWAI'I'S PEDIATRIC MEDICAL CENTER AND ALSO PROVIDES CARE THROUGHOUT THE PACIFIC REGION. IT HAS THE ONLY INTENSIVE CARE UNITS IN HAWAI'I TO TREAT CRITICALLY-ILL CHILDREN AND INFANTS. THE PEDIATRIC INTENSIVE CARE UNIT SERVES NEARLY 500 CHILDREN EACH YEAR RANGING IN AGE FROM ONE WEEK TO 21 YEARS OF AGE. SPECIAL SERVICES DELIVERED BY THE PEDIATRIC INTENSIVE CARE UNIT INCLUDE AN OPEN-HEART PROGRAM (FIVE TIMES PER YEAR), ECMO (EXTRACORPOREAL MEMBRANE OXYGENATION), DIALYSIS CRRT (CONTINUOUS RENAL REPLACEMENT THERAPY), AND TRAUMA AND TRANSPLANT COLLABORATION WITH OTHER MEDICAL CENTERS FOR POSTOPERATIVE CARE. THE NEONATAL INTENSIVE CARE UNIT CARES FOR MORE THAN 1,000 OF THE TINIEST AND MOST VULNERABLE INFANTS IN HAWAI'I EACH YEAR. SPECIALIZED PROCEDURES INCLUDE ECMO (EXTRACORPOREAL MEMBRANE OXYGENATION) AND WHOLE-BODY COOLING. KAPI'OLANI ALSO PROVIDES SPECIALTY PEDIATRIC CARE IN CARDIOLOGY, GASTROENTEROLOGY, NEUROLOGY, OPHTHALMOLOGY, UROLOGY, ONCOLOGY, SURGERY, ORTHOPEDICS, REHABILITATION AND OTHER SUPPORT SERVICES. IT IS A MAJOR TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE'S PEDIATRIC AND NEONATAL-PERINATAL MEDICINE PROGRAMS. IN FISCAL YEAR 2019, KAPI'OLANI PROVIDED SPECIALIZED

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CARE FOR 3,761 PEDIATRIC-NEONATAL PATIENTS.

WILCOX MEDICAL CENTER PROVIDES PREVENTIVE CARE AND TREATMENT SERVICES TO MEET THE HEALTH NEEDS OF KAUA'I'S CHILDREN. THROUGH KAUA'I MEDICAL CLINIC, WILCOX PROVIDES COMPREHENSIVE PEDIATRIC CARE FOR CHILDREN OF ALL AGES. PEDIATRICIANS AT WILCOX ALSO COLLABORATE WITH PHYSICIANS AT KAPI'OLANI OR OTHER HAWAI'I PACIFIC HEALTH FACILITIES WHEN KAUA'I CHILDREN NEED SPECIALIZED CARE. IN FISCAL YEAR 2019, WILCOX PROVIDED SPECIALIZED CARE FOR 144 PEDIATRIC-NEONATAL PATIENTS.

ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.

FORM 990, PART III, LINES 4A-4D CONTINUED

PROGRAM SERVICE #4

OTHER PROGRAMS

HAWAI'I PACIFIC HEALTH IS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS WITH FOUR MEDICAL CENTERS, MORE THAN 70 LOCATIONS, 1,400+ AFFILIATED PHYSICIANS, MORE THAN 7,100 EMPLOYEES, AND HUNDREDS OF VOLUNTEERS FROM THE COMMUNITY. HAWAI'I RESIDENTS AND VISITORS RELY ON HAWAI'I PACIFIC HEALTH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES. IN FISCAL YEAR 2019, THE MEDICAL CENTERS ADMITTED 30,444 PATIENTS. STRAUB CLINICS HAD 891,963 TOTAL CLINIC ENCOUNTERS, KAUA'I MEDICAL CLINIC HAD 343,176 TOTAL CLINIC ENCOUNTERS AND KAPI'OLANI MEDICAL SPECIALISTS HAD 82,753 PATIENT VISITS.

AFFILIATES AND SUBSIDIARIES

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HAWAI'I HEALTH PARTNERS IS A PHYSICIAN-LED ACCOUNTABLE CARE ORGANIZATION WITH THE GOAL OF PROVIDING HIGH-QUALITY CARE, INCREASED EFFICIENCY AND OPTIMAL PATIENT HEALTH. KAPI'OLANI MEDICAL SPECIALISTS IS A SPECIALTY PHYSICIANS GROUP ORGANIZED TO SUPPORT KAPI'OLANI MEDICAL CENTER. THE FOUNDATIONS OF HAWAI'I PACIFIC HEALTH CONSIST OF KAPI'OLANI HEALTH FOUNDATION, PALI MOMI HEALTH FOUNDATION, STRAUB FOUNDATION AND WILCOX HEALTH FOUNDATION. THESE CHARITABLE ENTITIES SUPPORT HEALTH RESEARCH, FACILITY ENHANCEMENTS, TECHNOLOGY INVESTMENTS, EDUCATIONAL PROGRAMS AND OTHER RESOURCES FOR THEIR RESPECTIVE MEDICAL CENTERS. HAWAI'I PACIFIC HEALTH PARTNERS, INC. IS A FOR-PROFIT SUBSIDIARY THAT SERVES AS THE JOINT VENTURE PARTNER WHEN HAWAI'I PACIFIC HEALTH WORKS WITH OTHER PROVIDERS. PROVIDERS INSURANCE CORPORATION IS A CAPTIVE INSURANCE COMPANY THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE FOR HAWAI'I PACIFIC HEALTH-AFFILIATED EMPLOYED PHYSICIANS.

PATIENT CARE

HAWAI'I PACIFIC HEALTH HAS STRATEGIC INITIATIVES IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, BONE & JOINT SERVICES, AND CANCER CARE. IT IS RECOGNIZED NATIONALLY FOR ITS EXCELLENCE IN HEALTH INFORMATION TECHNOLOGY, SPECIFICALLY THE USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY OF CARE AND PATIENT SAFETY.

THE HAWAI'I PACIFIC HEALTH SYSTEM INCLUDES: THE PACIFIC REGION'S ONLY FULL-SERVICE WOMEN'S AND CHILDREN'S MEDICAL CENTER AND ONLY DEDICATED

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BURN CENTER, STATE-OF-THE-ART IMAGING CENTER ON KAUA'I, WEST O'AHU'S ONLY  
CARDIAC CATHETERIZATION LABS, MINIMALLY INVASIVE BONE & JOINT CENTER,  
SLEEP DISORDERS CENTER, STATE'S FIRST WOMEN'S CENTER, STATE'S ONLY BREAST  
AND WOMEN'S CANCER CENTERS, AND OTHER SPECIALIZED SERVICES CONSIDERED  
CRITICAL TO THE REMOTE HAWAIIAN ARCHIPELAGO.

COMMUNITY ROLE/ACTIVITY

AS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, HAWAI'I PACIFIC HEALTH  
HAS A RESPONSIBILITY TO IMPROVE THE HEALTH OF HAWAI'I RESIDENTS AND,  
THROUGH ITS MISSION, IS COMMITTED TO CREATING A HEALTHIER HAWAI'I. EACH  
YEAR, IT SPONSORS HEALTH EDUCATION, TEACHING AND RESEARCH, AND SUPPORTS  
LIKE-MINDED ORGANIZATIONS. IN FISCAL YEAR 2019, HAWAI'I PACIFIC HEALTH  
SUPPORTED VARIOUS COMMUNITY BENEFIT PROGRAMS, INCLUDING THE KAPI'OLANI  
SEX ABUSE TREATMENT CENTER, KAPI'OLANI CHILD ADVOCACY AND PROTECTION  
CENTER, HEART DISEASE PREVENTION, BREAST AND CERVICAL CANCER SCREENING  
FOR UNINSURED PERSONS, WOMEN AND INFANT HEALTH AND NUTRITION,  
REHABILITATION SERVICES, SUPPORT GROUPS, FREE GLUCOSE MONITORING AND  
BLOOD PRESSURE SCREENING, HEMOPHILIA PROGRAMS, AND OTHER EDUCATION AND  
SCREENINGS FOR HAWAI'I RESIDENTS ON HEALTH, WELLNESS AND  
DISEASE-PREVENTION STRATEGIES. HAWAI'I PACIFIC HEALTH SPECIALISTS  
DELIVERED FREE PUBLIC HEALTH EDUCATION PROGRAMS THAT HELPED THOUSANDS OF  
PEOPLE LEARN WAYS TO PREVENT OR MANAGE HEART ATTACKS, CANCER, ARTHRITIS  
AND OTHER CHRONIC HEALTH CONDITIONS. THESE EVENTS INCLUDE "HPH KIDS  
FEST," "CANCER CARE," "VALENTINE IN PARADISE," AND "GETTING A GRIP ON  
ARTHRITIS."

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IN FISCAL YEAR 2019, HAWAI'I PACIFIC HEALTH SPONSORED OR SUPPORTED NUMEROUS HEALTH EVENTS, INCLUDING "HPH WOMEN'S 10K," "AHA HEARTWALK," "SUSAN G. KOMEN RACE FOR THE CURE," "ARTHRITIS FOUNDATION'S ARTHRITIS WALK," AND MORE. HAWAI'I PACIFIC HEALTH ALSO PROVIDED MEDICAL SUPPORT, INCLUDING CLINICAL AND NON-CLINICAL VOLUNTEERS, SUPPLIES AND OTHER SERVICES, FOR THE GREAT ALOHA RUN AND KEIKI GREAT ALOHA RUN. MORE THAN 20,000 PEOPLE PARTICIPATE IN THE GREAT ALOHA RUN EACH YEAR, WHICH IS AN 8.1-MILE RACE FROM ALOHA TOWER TO ALOHA STADIUM. PROCEEDS FROM THE EVENT BENEFIT MORE THAN 150 NONPROFIT ORGANIZATIONS IN HAWAI'I. HAWAI'I PACIFIC HEALTH ALSO PARTICIPATED IN SYMPOSIA AND MEETINGS FOR HEALTH CARE PROFESSIONALS, HIRED STUDENTS AS SUMMER INTERNS, AND SPONSORED WORKSHOPS FOR VOLUNTEERS.

TO TRAIN HEALTH CARE PROVIDERS, HAWAI'I PACIFIC HEALTH HAS ALLIANCES WITH THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE AND HAWAI'I PACIFIC UNIVERSITY. HAWAI'I PACIFIC HEALTH INVESTS EACH YEAR IN TEACHING AND RESEARCH AS A PEDIATRIC AND OB-GYN TRAINING FACILITY FOR THE UNIVERSITY OF HAWAI'I. HAWAI'I PACIFIC HEALTH IS ALSO ACTIVELY INVOLVED IN CLINICAL TRIALS AND RESEARCH THROUGH ITS VARIOUS FACILITIES IN PEDIATRICS, ONCOLOGY, OPHTHALMOLOGY AND CARDIOLOGY.

#### PUBLIC POLICY

HAWAI'I PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND



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LEGISLATION. HAWAI'I PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS FOR VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSICIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS.

OTHER

HAWAI'I PACIFIC HEALTH MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS A SAFETY NET PROVIDER OF HEALTH CARE FOR THE COMMUNITY. AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES BY WHICH IT IS DETERMINED IF PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. HAWAI'I PACIFIC HEALTH CONTRIBUTES MORE THAN \$1 BILLION TO THE STATE ECONOMY EACH YEAR, SUPPORTING ITS MORE THAN 7,100 EMPLOYEES, THEIR FAMILIES, AND MANY BUSINESSES THROUGH PURCHASES MADE BY ITS MEDICAL CENTERS AND CLINICS.

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FORM 990, PART IV, LINE 8

COLLECTION OF WORKS OF ART, HISTORICAL TREASURES OR SIMILAR

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC) AND PALI MOMI MEDICAL CENTER (PMMC) MAINTAIN WORKS OF ART.

STRAUB CLINIC & HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) DID NOT MAINTAIN WORKS OF ART.

FORM 990, PART IV, LINE 10

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## ENDOWMENT FUNDS

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC), PALI MOMI MEDICAL CENTER (PMMC) AND STRAUB CLINIC & HOSPITAL (SCH) HELD ASSETS IN ENDOWMENT FUNDS.

WILCOX MEMORIAL HOSPITAL DID NOT HOLD ASSETS IN ENDOWMENT FUNDS.

FORM 990, PART IV, LINE 11B

## INVESTMENTS - OTHER SECURITIES 5% OR MORE OF TOTAL ASSETS

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC) AND PALI MOMI MEDICAL CENTER (PMMC) BOTH REPORTED INVESTMENTS IN OTHER SECURITIES GREATER OR EQUAL TO 5% OF TOTAL ASSETS.

STRAUB CLINIC & HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) BOTH DID NOT REPORT INVESTMENTS IN OTHER SECURITIES GREATER OR EQUAL TO 5% OF TOTAL ASSETS.

FORM 990, PART IV, LINE 29

## NON-CASH CONTRIBUTIONS GREATER THAN \$25,000

KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC) RECEIVED NON-CASH CONTRIBUTIONS GREATER THAN \$25,000.

PALI MOMI MEDICAL CENTER (PMMC), STRAUB CLINIC & HOSPITAL (SCH), AND WILCOX MEMORIAL HOSPITAL (WMH) DID NOT RECEIVE NON-CASH CONTRIBUTIONS GREATER THAN \$25,000.

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FORM 990, PART V, LINE 1A

HAWAI'I PACIFIC HEALTH (HPH), THE ORGANIZATION'S TAX EXEMPT PARENT, PAYS ALL VENDORS. THEREFORE, HPH ISSUES FORM 1099S UNDER ITS TAX ID.

FORM 990, PART VI, LINE 4

STRAUB CLINIC & HOSPITAL AND WILCOX MEMORIAL HOSPITAL AMENDED THEIR BYLAWS BY UPDATING THEIR MEMBER RESERVED POWERS AS WELL AS MEMBER APPROVAL POWERS AND THESE ARE REPORTED IN A FOLLOWING NARRATIVE FOR PART VI, LINE 7B OF SCHEDULE O.

FORM 990, PART VI, LINE 6

MEMBERS AND RIGHTS

HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER WHO HAS THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD.

FORM 990, PART VI, LINE 7A

DESCRIPTION OF CLASSES OF PERSON AND THE NATURE OF THEIR RIGHTS

HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER, AND HAS THE POWER TO APPROVE THE ELECTION OF MEMBERS OF THE GOVERNING BODY. HAWAI'I PACIFIC HEALTH, AS MEMBER, ALSO HAS THE POWER TO ELECT ONE OR MORE EX OFFICIO VOTING MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, LINE 7B

DESCR CLASSES OF PERSONS, DECISIONS REQ APPROVAL & TYPE OF VOTING RIGHTS

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

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RESPECT TO KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN AND PALI MOMI MEDICAL CENTER:

(I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: THE EXECUTIVE VICE PRESIDENT/CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS;

(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) DETERMINE AND EFFECT THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLARS (\$1,000,000) OR MORE;

(V) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED;

(VI) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;

(VII) DETERMINE AND EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE;

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

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

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(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.

HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO STRAUB CLINIC & HOSPITAL:

(I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: THE TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENTS OTHER THAN THE EXECUTIVE VICE-PRESIDENT/CHIEF EXECUTIVE OFFICER (THE "EVP/CEO") AND THE EXECUTIVE VICE-PRESIDENT OF THE CORPORATION WHO IS THE CHIEF MEDICAL OFFICER OF THE MEMBER (THE "EVP/CMO") OF THE CORPORATION, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE CLINIC AND HOSPITAL UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS;

(II) REMOVE ANY DIRECTOR FROM THE BOARD; PROVIDED, HOWEVER, THAT THE BOARD MAY REMOVE ANY DIRECTOR FROM THE BOARD IF APPROVED BY THE MEMBER BOARD;

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- (III) 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;
- (IV) AMEND THE BYLAWS;
- (V) CAUSE THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLARS (\$1,000,000) OR MORE;
- (VI) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000);
- (VII) ACQUIRE SHARES IN ANOTHER CORPORATION;
- (VIII) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED;
- (IX) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;
- (X) DETERMINE AND EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE;
- (XI) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS;
- (XII) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;
- (XIII) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY;
- (XIV) CLOSE THE ACUTE CARE HOSPITAL OR CLINIC FACILITIES OWNED AND OPERATED BY THE CORPORATION;
- (XV) RELOCATE THE ACUTE CARE HOSPITAL OR CLINIC FACILITIES OWNED AND

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OPERATED BY THE CORPORATION;

(XVI) CONVERT THE ACUTE CARE HOSPITAL OWNED AND OPERATED BY THE CORPORATION INTO A NON-ACUTE CARE FACILITY;

(XVII) AFTER CONSULTING WITH THE BOARD, REMOVE THE TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE-PRESIDENTS OTHER THAN THE EVP/CEO AND THE EVP/CMO, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND/OR ALL VICE-PRESIDENTS EXCEPT THE CLINIC AND HOSPITAL UNIT VICE-PRESIDENTS;

(XVIII) DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION;

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

(XX) IMPLEMENT INDIVIDUAL PHYSICIAN COMPENSATION ARRANGEMENTS FOR EACH PHYSICIAN OPERATING UNIT IN THE CORPORATION.

THE FOLLOWING ACTIONS REQUIRE APPROVAL FROM THE MEMBER BOARD:

(I) ADD ANY DIRECTOR TO THE BOARD;

(II) AMEND THE ARTICLES OF INCORPORATION;

(III) SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE AMOUNT OF PROPERTY OR ASSETS HELD BY THE ORGANIZATION, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, TO ANY ENTITY THAT IS NOT AN AFFILIATE;

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

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- (V) ISSUE THE ORGANIZATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER;
- (VI) MERGE THE ORGANIZATION WITH ANY ENTITY;
- (VII) DISSOLVE THE ORGANIZATION; AND
- (VIII) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.

FORM 990, PART VI, LINE 7B CONTINUED

HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO WILCOX MEMORIAL HOSPITAL:

- (I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: THE PRESIDENT/CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS;
- (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) CAUSE THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLAR (\$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) EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND



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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, OR PARTNERSHIP OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;

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

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

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

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

(XIV) AFTER CONSULTING WITH THE BOARD, REMOVE THE PRESIDENT/CHIEF

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EXECUTIVE OFFICER, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, TREASURER, SECRETARY, OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS; PROVIDED, HOWEVER, THAT TO REMOVE OR TERMINATE THE PRESIDENT/CHIEF EXECUTIVE OFFICER WILL REQUIRE THE CHIEF EXECUTIVE OFFICER OF THE MEMBER TO FULLY COLLABORATE AND CONSULT WITH THE BOARD AND SEEK THE BOARD'S ADVANCE CONSENT FOR SUCH REMOVAL OR TERMINATION. IF THE BOARD DOES NOT CONCUR WITH THE PROPOSED REMOVAL OR TERMINATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SUCH REMOVAL OR TERMINATION WILL REQUIRE THE APPROVAL OF A MAJORITY OF THE MEMBERS ON THE MEMBER BOARD;

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

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

THE CORPORATION SHALL NOT TAKE THE FOLLOWING ACTIONS WITHOUT FIRST OBTAINING MEMBER BOARD APPROVAL:

- (I) ADD ANY DIRECTOR TO THE BOARD;
- (II) REMOVE ANY DIRECTOR FROM THE BOARD;
- (III) AMEND THE ARTICLES;
- (IV) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE;

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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- (V) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000);
- (VI) ACQUIRE SHARES IN ANOTHER CORPORATION;
- (VII) SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY THE WILCOX AFFILIATES;
- (VIII) SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE PROPERTY AND ASSETS HELD BY THE CORPORATION TO ANY ENTITY THAT IS NOT AN AFFILIATE;
- (IX) SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE WILCOX AFFILIATES WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE WILCOX AFFILIATES DURING THE PRIOR FISCAL YEAR;
- (X) MERGE THE CORPORATION WITH ANY ENTITY;
- (XI) DISSOLVE OR LIQUIDATE THE CORPORATION;
- (XII) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER;
- (XIII) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY; AND
- (XIV) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.

FORM 990, PART VI, LINE 11B

REVIEW OF THE 990 BY THE ORGANIZATION'S GOVERNING BODY

VARIOUS SCHEDULES OF THE 990 ARE PREPARED PRIMARILY BY STAFF WITHIN THE ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL, ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED INTERNALLY BASED ON

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF THE REPORTING ENTITY. THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS AND APPROVES THE DISCLOSURE NARRATIVES WHICH DESCRIBES THE MISSION/PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION. SENIOR MANAGEMENT OF THE HEALTH CARE SYSTEM REVIEWS THE 990 OF EACH FILING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM. ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE 990 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 990 FOR EACH ENTITY PRIOR TO FILING. IN ADDITION, THE 990 FOR EACH ENTITY ARE MADE AVAILABLE TO THE BOARD MEMBERS OF EACH SUBSIDIARY UNIT OF HPH AND THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER PORTAL FOR REVIEW PRIOR TO THE FILING OF THE 990. THE 990 WILL BE POSTED TO HPH'S WEB SITE FOR PUBLIC ACCESS AFTER THE FILING OF THE RETURNS WITH THE IRS.

FORM 990, PART VI, LINE 12C

MONITORING & ENFORCING CONFLICT OF INTEREST POLICY

ANNUALLY, EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

- 1) RECEIVED A COPY OF THE CONFLICT OF INTEREST ("COI") POLICY;
- 2) HAS READ AND UNDERSTANDS THE POLICY;
- 3) AGREES TO COMPLY WITH THE POLICY;
- 4) HAS DISCLOSED ANY CONFLICTS OR POTENTIAL CONFLICTS OR ECONOMIC

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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INTERESTS AS REQUIRED; AND

5) 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 RELATING TO THE TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, LINES 15A & 15B  
PROCESS OF DETERMINING COMPENSATION

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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THE CEO OF THE ORGANIZATION IS NOT COMPENSATED BY THE FILING ORGANIZATION, BUT RATHER BY THE TAX-EXEMPT PARENT, HPH. FOLLOWING IS THE PROCESS THAT THE PARENT ORGANIZATION UNDERTAKES TO APPROVE THE CEO'S COMPENSATION.

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

CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED ORGANIZATION. PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS. THIS PROCESS WAS MOST RECENTLY COMPLETED ON MARCH 13, 2019 TO REVIEW PHYSICIAN COMPENSATION AND ON AUGUST 22, 2019 TO REVIEW EXECUTIVE COMPENSATION.

FORM 990, PART VI, LINE 19

DISCLOSURE OF GOV DOCS, CONFLICT OF INTEREST POLICY & FINANCIAL STMTS

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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THE CONFLICT OF INTEREST POLICY AND STANDARD OF CONDUCT ARE AVAILABLE ON THE HAWAI'I PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWAI'I PACIFIC HEALTH WEBSITE.

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

OBLIGATED GROUP INTERCOMPANY TRANSFERS	\$(110,580,252)
NET ASSETS RELEASED FROM RESTRICTION	\$(1,832,473)
EQUITY TRANSFERS	\$(114,327)
CHANGE IN INTEREST IN PERPETUAL TRUSTS	\$(58,798)
CHANGE IN INTEREST IN KHF/WHF	\$ 8,488,359
RESTRICTED GRANTS AND CONTRIBUTIONS	\$ 1,810,376
ROUNDING	\$ 2
	-----
TOTAL	\$ (102,287,113)

ATTACHMENT 1

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 PO BOX 1300 HONOLULU, HI 96807-1300	MEDICAL SERVICES	26,541,532.
SODEXO, INC. & AFFILIATES 9801 WASHINGTON BLVD. GAITHERSBURG, MD 20878	FOOD & ENVIRON SVCS	8,794,814.
UNIVERSITY CLINIC EDU & RESEARCH ASSOC 677 ALA MOANA BLVD., STE 1001 HONOLULU, HI 96813	MEDICAL SERVICES	8,694,517.
HAWAI'I RESIDENCY PROGRAMS, INC. 1356 LUSITANA ST., STE 510 HONOLULU, HI 96813	MEDICAL SERVICES	7,030,053.

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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ATTACHMENT 1 (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>
PHILIPS HEALTH CARE PO BOX 100355 ATLANTA, GA 30384-0355	MEDICAL EQUIP MAINT.	5,105,591.

ATTACHMENT 2FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
PHYSICIAN SERVICES	30,806,752.	26,746,415.	4,060,337.	0.
MEDICAL SERVICES	5,517,510.	5,517,510.	0.	0.
CONSULTING SERVICES	874,880.	823,297.	51,583.	0.
REGISTRY SERVICES	4,392,806.	4,392,806.	0.	0.
TEMPORARY LABOR ADMIN SERVICES	617,014.	355,027.	261,987.	0.
TEMPORARY LABOR OTHER SERVICES	1,987,133.	1,984,617.	2,516.	0.
LAUNDRY SERVICES	4,681,235.	4,678,740.	2,495.	0.
CONTRACT & RECURRING SERVICES	48,894,878.	44,956,019.	3,938,859.	0.
COLLECTION FEES SERVICES	1,002,942.	1,002,942.	0.	0.
REPAIRS & MAINTENANCE	16,601,978.	16,597,488.	4,490.	0.
INTERNAL SVCS PROVIDED EXPENSE	51,289,168.	34,685,058.	16,604,110.	0.
OTHER EXPENSE RECOVERY	-689,025.	-681,489.	-7,536.	0.
BUS PASS SERVICES	43,895.	0.	43,895.	0.
OTHER SERVICES	15,362,625.	12,572,146.	2,790,479.	0.
TOTALS	<u>181,383,791.</u>	<u>153,630,576.</u>	<u>27,753,215.</u>	<u>0.</u>



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

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

(a) Name, address, and EIN (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PROVIDERS INSURANCE CORPORATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 71-0893000	INSURANCE	HI	501(C)(3)	12B, II	N/A	X	
(2) KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501(C)(3)	7	N/A	X	
(3) KAPI'OLANI MEDICAL SPECIALISTS 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501(C)(3)	10	N/A	X	
(4) WILCOX HEALTH FOUNDATION 3-3420 KUHIO HIGHWAY LIHUE, HI 96766 99-0204242	FUNDRAISING	HI	501(C)(3)	7	N/A	X	
(5) KAUA'I MEDICAL CLINIC 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501(C)(3)	3	N/A	X	
(6) STRAUB FOUNDATION 55 MERCHANT STREET, 26TH FLOOR HONOLULU, HI 96813 99-0109350	FUNDRAISING	HI	501(C)(3)	7	N/A	X	
(7) PALI MOMI FOUNDATION 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813 38-3840327	FUNDRAISING	HI	501(C)(3)	7	N/A	X	

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

Schedule R (Form 990) 2018

**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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ASC PACIFIC VENTURES, LLC SEE PART VII	AMBU. SURG. CTR	AL	N/A									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HAWAI'I PACIFIC HEALTH PARTNERS, INC. 99-0318588 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	HOLDING COMPA	HI	N/A	C CORP					
(2) STRAUB PHARMACY INC 99-0145107 888 SOUTH KING STREET HONOLULU, HI 96813	INACTIVE	HI	SCH	C CORP		4,971,708.	100.0000	X	
(3) HICORD INC. 99-0251496 55 MERCHANT STREET, 24TH FLOOR HONOLULU, HI 96813	INVESTMENT	HI	N/A	C-CORP					
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KAUA ' I MEDICAL CLINIC	Q	1,137,494.	FMV
(2) KAUA ' I MEDICAL CLINIC	S	50,930.	FMV
(3) KAUA ' I MEDICAL CLINIC	P	2,281,580.	FMV
(4) KAUA ' I MEDICAL CLINIC	R	61,822.	FMV
(5) WILCOX HEALTH FOUNDATION	S	54,162.	FMV
(6) WILCOX HEALTH FOUNDATION	C	889,521.	FMV

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROVIDERS INSURANCE CORPORATION	R	806,316.	FMV
(2) KAPI'OLANI MEDICAL SPECIALISTS	Q	12,326,662.	FMV
(3) KAPI'OLANI MEDICAL SPECIALISTS	S	368,459.	FMV
(4) KAPI'OLANI MEDICAL SPECIALISTS	P	912,001.	FMV
(5) KAPI'OLANI MEDICAL SPECIALISTS	R	254,176.	FMV
(6) KAUA'I MEDICAL CLINIC	P	99,832.	FMV

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KAPI'OLANI HEALTH FOUNDATION	S	420,769.	FMV
(2) KAPI'OLANI HEALTH FOUNDATION	C	2,400,242.	FMV
(3) KAPI'OLANI HEALTH FOUNDATION	P	80,411.	FMV
(4) PROVIDERS INSURANCE CORPORATION	R	3,303,600.	FMV
(5) HONOLULU SURGERY CENTER	P	102,218.	FMV
(6) KAPI'OLANI MEDICAL SPECIALISTS	Q	185,132.	FMV

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KAPI'OLANI MEDICAL SPECIALISTS	P	317,104.	FMV
(2) KAPI'OLANI MEDICAL SPECIALISTS	R	152,562.	FMV
(3) KAUA'I MEDICAL CLINIC	R	322,586.	FMV
(4) STRAUB FOUNDATION	C	214,105.	FMV
(5) PROVIDERS INSURANCE CORPORATION	R	7,457,465.	FMV
(6) PROVIDERS INSURANCE CORPORATION	R	1,370,514.	FMV

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KAPI'OLANI MEDICAL SPECIALISTS	P	57,381.	FMV
(2) PALI MOMI FOUNDATION	S	209,716.	FMV
(3) PALI MOMI FOUNDATION	C	461,242.	FMV
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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SCHEDULE R, PART III

RELATED ORG. TAXABLE AS PARTNERSHIP

ASC PACIFIC VENTURES, LLC

EIN: 27-0540034

ADDRESS: 3000 RIVERCHASE GALLERIA, STE 500 BIRMINGHAM, AL 35244

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