

**Hawai'i Pacific Health Group Return
Form 990
Return of Organization Exempt From Income Tax
For The Year Ended 6/30/22
Copy – Retain For Your Records**

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Ernst & Young LLP



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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01, 2021, and ending 06/30, 2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: HAWAII PACIFIC HEALTH GROUP RETURN
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): 55 MERCHANT STREET, 24TH FLOOR
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: HONOLULU, HI 96813

D Employer identification number: 38-3835105
E Telephone number: (808) 535-7401
G Gross receipts \$: 1,640,409,693

F Name and address of principal officer: RAYMOND P. VARA JR.
 SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶ 5834

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.HAWAIIIPACIFICHEALTH.ORG

K Form of organization: Corporation Trust Association Other ▶ _____
L Year of formation: _____
M State of legal domicile: _____

Part I Summary

Activities & Governance	1	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 HAWAII.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	41
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	5,790
	6	Total number of volunteers (estimate if necessary)	6	463
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	554,209
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	147,335	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	76,350,613	44,311,085
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,396,586,913	1,518,032,914
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,071,789	6,567,509
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,173,600	6,917,435
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,481,182,915	1,575,828,943
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,759,340	1,648,527
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	489,365,766	488,909,912
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	848,833,987	933,849,097
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,339,959,093	1,424,407,536
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	141,223,822	151,421,407
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,165,070,529	1,155,436,693
	22	Net assets or fund balances. Subtract line 21 from line 20	346,730,013	295,936,316
		818,340,516	859,500,377	

Part II Signature Block

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

Sign Here

Signature of officer: *CARRIE ANN TSUTSUI* Date: 6/10/23
 Type or print name and title: CARRIE ANN TSUTSUI, VP & CONTROLLER

Paid Preparer Use Only

Print/Type preparer's name: JOCELYNE C MILLER Preparer's signature: *Jocelyne C. Miller* Date: 5/12/23
 Check if self-employed PTIN: P00634378
 Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ 34-6565596
 Firm's address ▶ 4365 EXECUTIVE DRIVE SUITE 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.

Cat. No. 11282Y

Form 990 (2021)

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 \$ 69,730,044 including grants of \$ 0) (Revenue \$ 100,035,660)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 62,964,812 including grants of \$ 0) (Revenue \$ 143,234,219)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 46,024,292 including grants of \$ 0) (Revenue \$ 65,486,627)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,063,570,269 including grants of \$ 1,648,527) (Revenue \$ 1,213,621,327)

4e Total program service expenses **▶** 1,242,289,417

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 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.		
a 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 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. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,790		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 41		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<input checked="" type="checkbox"/>	
12c		<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<input checked="" type="checkbox"/>	
16b		<input checked="" type="checkbox"/>	

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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 ►
[ANN HO, 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813, \(808\) 527-2520](#)

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) RAYMOND P. VARA JR. BOARD OF DIRECTOR, PRESIDENT	8.0 54.1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	2,290,034	2,498,142
(2) DAVID OKABE EVP, CFO & TREASURER	9.0 41.0			<input checked="" type="checkbox"/>				0	953,161	392,126
(3) CHARLES R. CHING EVP, GENERAL COUNSEL & SECRETARY	12.0 28.0			<input checked="" type="checkbox"/>				0	959,131	268,655
(4) ARTHUR GLADSTONE BOD, CEO, EVP & CSO	0.0 55.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	906,835	317,125
(5) STEVEN ROBERTSON EVP & CIO	3.0 50.0			<input checked="" type="checkbox"/>				0	787,444	299,769
(6) MELINDA ASHTON, M.D. EVP & CQO	6.0 43.3			<input checked="" type="checkbox"/>				0	788,781	260,505
(7) LESLIE CHUN, M.D. EVP	8.0 52.0			<input checked="" type="checkbox"/>				0	785,845	225,311
(8) JENNIE CHAHANOVICH BOD, PRESIDENT & CEO	42.0 14.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	681,179	231,860
(9) WARREN CHAIKO SVP	22.0 18.0			<input checked="" type="checkbox"/>				0	767,486	120,610
(10) GERARD LIVAUDAIS, M.D. EVP (PART YEAR)	0.1 49.9			<input checked="" type="checkbox"/>				0	570,789	181,478
(11) MARTHA SMITH FORMER OFFICER	50.0 10.0							0	421,044	263,816
(12) DOUGLAS KWOCK, M.D. VP	36.0 4.0			<input checked="" type="checkbox"/>				0	507,996	119,013
(13) PATRICK O'DONNELL, M.D. BOARD OF DIRECTOR	0.3 40.0	<input checked="" type="checkbox"/>						0	591,063	35,040
(14) SUSAN MASUMOTO-NONAKA VP (PART YEAR)	31.5 8.5			<input checked="" type="checkbox"/>				0	522,308	82,373

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TODD MILLER, M.D. BOARD OF DIRECTOR, VICE CHAIR	40.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	582,498	19,211
(16) JOAN KANEMORI VP	40.0 1.0			<input checked="" type="checkbox"/>				0	285,749	302,318
(17) DAVID CHO, M.D. BOARD OF DIRECTOR	40.0 0.2	<input checked="" type="checkbox"/>						0	552,034	34,040
(18) GAIL LERCH FORMER OFFICER	9.0 42.0							0	486,260	98,582
(19) TRAVIS CLEGG COO	50.0 0.0			<input checked="" type="checkbox"/>				0	430,591	121,582
(20) MAVIS NIKAIIDO VP & CNE (PART YEAR)	55.0 1.0			<input checked="" type="checkbox"/>				0	469,672	70,178
(21) GIDGET RUSCETTA, R.N. COO	45.0 11.0			<input checked="" type="checkbox"/>				0	424,645	100,141
(22) DAWN DUNBAR SVP	0.0 45.0			<input checked="" type="checkbox"/>				0	403,265	118,270
(23) SUNSHINE TOPPING SVP	9.0 41.0			<input checked="" type="checkbox"/>				0	379,753	113,698
(24) TYLER CHIHARA, DPM BOARD OF DIRECTOR	0.2 40.0	<input checked="" type="checkbox"/>						0	422,397	34,040
(25) (SEE STATEMENT)										
1b Subtotal								0	15,969,960	6,307,883
c Total from continuation sheets to Part VII, Section A								1,312,334	9,093,373	1,980,703
d Total (add lines 1b and 1c)								1,312,334	25,063,333	8,288,586

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 **▶** 1,644

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

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
CLINICAL LABORATORIES OF HAWAII, LLP, MAILCODE NUMBER 60300, PO BOX 1300, HONOLULU, HI 96807-1300	MEDICAL SERVICES	30,282,549
SODEXO INC AND AFFILIATES, 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	FOOD & ENVIRONMENT SERVICES	9,847,635
MEDEFIS INC, 2121 N 117TH AVE STE 200, OMAHA, NE 68164	MANAGEMENT SERVICES	7,770,066
HI RESIDENCY PROGRAMS INC, 1356 LUSITANA STREET STE 510, HONOLULU, HI 96813	MEDICAL SERVICES	7,170,354
UNIV CLINICAL EDUDUCATION AND RESEARCH ASSOCIATES, 677 ALA MOANA BLVD STE 1001, HONOLULU, HI 96813	MEDICAL SERVICES	7,012,928
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	68	

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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations	5,014,711				
	1e	Government grants (contributions)	39,124,647				
	1f	All other contributions, gifts, grants, and similar amounts not included above	171,727				
	1g	Noncash contributions included in lines 1a-1f	\$ 106,959				
	1h	Total. Add lines 1a-1f ▶	44,311,085				
	Program Service Revenue			Business Code			
2a		NET PATIENT REVENUES	622110	1,340,615,772	1,340,615,772		
2b		INTER-ENTITY SERVICE REVENUE	900099	101,996,043	101,996,043		
2c		OTHER HEALTH CARE REVENUES	622110	42,156,310	42,076,421	79,889	
2d		PREMIUM REVENUE	622110	28,504,313	28,504,313		
2e		RENTAL INCOME	531120	4,438,234	4,371,147	67,087	
2f		All other program service revenue		322,242	322,242	0	
2g	Total. Add lines 2a-2f ▶		1,518,032,914				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,591,244		2,591,244	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	126,307			
			(ii) Personal				
			6b	Less: rental expenses			
	6c	Rental income or (loss)	126,307	0			
	6d	Net rental income or (loss) ▶		126,307		126,307	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	68,124,878	176,206		
			(ii) Other				
			7b	Less: cost or other basis and sales expenses	62,539,154	1,785,665	
	7c	Gain or (loss)	5,585,724	(1,609,459)			
	7d	Net gain or (loss) ▶		3,976,265	(1,690,432)	5,666,697	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	8b	Less: direct expenses	8b				
8c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities. See Part IV, line 19	9a					
9b	Less: direct expenses	9b					
9c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances	10a	457,500				
		10b	Less: cost of goods sold	255,931			
		10c	Net income or (loss) from sales of inventory ▶		201,568		201,568
Miscellaneous Revenue			Business Code				
	11a	PARKING REVENUE	812930	2,407,767	2,407,767		
	11b	CAFETERIA REVENUE	722110	2,143,318	2,143,318		
	11c	HMSA SETTLEMENT PAYMENT	900099	716,581	716,581		
	11d	All other revenue		1,321,894	914,661	407,233	
11e	Total. Add lines 11a-11d ▶		6,589,560				
12	Total revenue. See instructions ▶		1,575,828,943	1,522,377,833	554,209	8,585,816	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(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	1,648,527	1,648,527		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	388,873,065	382,090,252	6,782,813	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,924,892	21,640,244	284,648	
9 Other employee benefits	49,443,609	45,659,414	3,784,195	
10 Payroll taxes	28,668,346	28,251,644	416,702	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,925,372		2,925,372	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	736,819		736,819	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	208,316,517	182,498,895	25,817,622	0
12 Advertising and promotion	706,007	60,493	645,514	
13 Office expenses	7,808,922	7,485,042	323,880	
14 Information technology	15,575,405	13,308,909	2,266,496	
15 Royalties				
16 Occupancy	36,926,305	34,179,839	2,746,466	
17 Travel	344,801	283,270	61,531	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	188,919	187,496	1,423	
20 Interest	17,529,505	17,529,505		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,550,659	43,550,659		
23 Insurance	12,353,689	8,556,030	3,797,659	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>INTER-ENTITY PURCHASED SERVICES</u>	107,452,528		107,452,528	
b <u>MEDICAL SUPPLIES</u>	31,158,354	7,156,806	24,001,548	
c <u>CORPORATE ALLOCATION</u>	223,374,379	223,302,934	71,445	
d <u>OTHER PURCHASES</u>	224,895,824	224,895,824		
e All other expenses	5,092	3,634	1,458	0
25 Total functional expenses. Add lines 1 through 24e	1,424,407,536	1,242,289,417	182,118,119	0
26 Joint costs. 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)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	121,613	1	(242,188)
	2 Savings and temporary cash investments	6,068,345	2	12,158,026
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	157,003,874	4	161,636,075
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	23,373,506	8	22,738,972
	9 Prepaid expenses and deferred charges	2,089,905	9	2,165,577
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,102,423,131		
	b Less: accumulated depreciation	10b 599,176,620	505,246,736	10c 503,246,511
	11 Investments—publicly traded securities	100,526,971	11	84,848,049
	12 Investments—other securities. See Part IV, line 11	148,436,611	12	135,893,269
	13 Investments—program-related. See Part IV, line 11	1,618,557	13	1,618,557
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	220,584,411	15	231,373,845
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,165,070,529	16	1,155,436,693	
Liabilities	17 Accounts payable and accrued expenses	121,092,315	17	123,921,889
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	225,637,698	25	172,014,427
	26 Total liabilities. Add lines 17 through 25	346,730,013	26	295,936,316
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	759,747,317	27	781,319,809
	28 Net assets with donor restrictions	58,593,199	28	67,769,741
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	10,410,827
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	818,340,516	32	859,500,377	
33 Total liabilities and net assets/fund balances	1,165,070,529	33	1,155,436,693	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,575,828,943
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,424,407,536
3	Revenue less expenses. Subtract line 2 from line 1	3	151,421,407
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	818,340,516
5	Net unrealized gains (losses) on investments	5	(30,906,940)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(79,354,606)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	859,500,377

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 on 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 on Schedule O and describe any steps taken to undergo such audits.		

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 (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) BARBARA CRAFT ----- COO (PART YEAR)	46.6 ----- 7.4			✓				0	347,977	106,655
(26) JAMES LIN, M.D. ----- VP	0.4 ----- 47.2			✓				0	335,132	97,482
(27) CAROL FUJIYOSHI, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 40.0	✓						0	404,892	19,080
(28) MICHAEL ROBINSON ----- VP	0.6 ----- 49.4			✓				0	337,891	85,823
(29) BRIGITTE MCKALE ----- VP & CNE (PART YEAR)	55.0 ----- 0.0			✓				0	330,206	90,387
(30) DAWN CHING ----- VP	50.0 ----- 3.0			✓				0	311,205	106,648
(31) ANDY LEE, M.D. ----- BOARD OF DIRECTOR (PART YEAR)	8.0 ----- 41.0	✓						0	357,370	46,675
(32) WILLIAM BURKE ----- VP	16.0 ----- 38.0			✓				0	302,321	88,324
(33) ANDREW MOATS, R.N. ----- VP	40.0 ----- 0.0			✓				0	292,520	87,896
(34) SHILPA PATEL, M.D. ----- ASSOCIATE CQO	6.4 ----- 33.6			✓				0	316,795	45,382
(35) LORRIE-ANN LUKE ----- VP	7.0 ----- 34.5			✓				0	270,752	88,451
(36) DAVID STUMBAUGH ----- VP	32.0 ----- 8.0			✓				0	271,257	85,843
(37) CARRIE ANN TSUTSUI ----- VP & CONTROLLER	13.0 ----- 35.0			✓				0	278,287	78,811
(38) GLENN KAWABATA ----- VP	50.0 ----- 1.0			✓				0	266,514	82,939
(39) MONICA PRICE, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 40.4	✓						0	312,124	37,180
(40) KENNETH B. ROBBINS, M.D. ----- FORMER OFFICER	21.0 ----- 34.0							0	236,663	100,651
(41) GLORIA BROOKS ----- COO	39.0 ----- 1.0			✓				0	268,941	68,283
(42) DAVID UNDERRINER ----- BOARD OF DIRECTOR, CEO	30.0 ----- 10.0	✓		✓				0	317,137	6,410
(43) BEAU NAKAMOTO, M.D. ----- FORMER OFFICER	40.0 ----- 0.4							0	294,898	11,408
(44) MELANIE KIM, M.D. ----- BOARD OF DIRECTOR	40.0 ----- 0.0	✓						0	282,036	18,633

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) KEITH-ANN LUM, R.N. ----- REGISTERED NURSE	40.0 ----- 0.0					✓		265,913	0	26,549
(46) MYRNA NATIVIDAD, R.N. ----- REGISTERED NURSE	40.0 ----- 0.0					✓		265,789	0	25,919
(47) AMPARO ARQUINES, R.N. ----- REGISTERED NURSE	40.0 ----- 0.0					✓		260,865	0	25,441
(48) REINA (FRANCE) GRAVES ----- PRIVACY OFFICER	15.2 ----- 24.8			✓				0	250,059	34,768
(49) BRANDT FARIAS ----- FORMER OFFICER	10.0 ----- 53.0							0	204,094	80,106
(50) SUSANA PASCUA, R.N. ----- REGISTERED NURSE	40.0 ----- 0.0					✓		260,373	0	23,288
(51) KATHRYN REYES, R.N. ----- REGISTERED NURSE	40.0 ----- 0.0					✓		259,394	0	21,918
(52) TROY BRANSTETTER ----- VP	40.0 ----- 18.0			✓				0	230,736	37,114
(53) RODNEY WILLIAMS, M.D. ----- FORMER OFFICER	5.0 ----- 35.0							0	259,188	7,008
(54) KATIE SHIGEMITSU ----- COMPLIANCE OFFICER	18.5 ----- 21.5			✓				0	223,318	32,225
(55) DEAN TATEYAMA ----- VP	4.0 ----- 36.0			✓				0	201,171	40,804
(56) BRANDON WONG ----- VP	7.0 ----- 40.0			✓				0	185,663	55,129
(57) ROBYN KALAHIKI, R.N. ----- VP & CNE	40.0 ----- 0.0			✓				0	202,621	37,119
(58) LOUISE FUKUMOTO ----- VP	16.0 ----- 24.0			✓				0	199,148	35,921
(59) ALAN ITO ----- INFORMATION SECURITY OFFICER (PART YEAR)	3.0 ----- 37.0			✓				0	201,298	32,431
(60) DARLA SABRY, R.N. ----- VP & CNE	40.0 ----- 0.0			✓				0	202,664	30,909
(61) JESSICA LEWIS ----- ASSISTANT CORPORATE SECRETARY	14.0 ----- 26.0			✓				0	168,040	40,849
(62) MATHEW LOUGHLIN ----- VP	40.0 ----- 0.0			✓				0	169,600	38,330
(63) PETER LEWIS ----- VP & CHIEF INFORMATION SECURITY OFFICER	3.0 ----- 37.0			✓				0	135,377	330
(64) JOHN MCNAMARA ----- SVP & CMO	16.0 ----- 24.0			✓				0	47,283	1,584
(65) SIDNEY LEE, M.D. ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	41,500	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(66) OWEN CHAN, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	12,750	0
(67) DAWN MIURA, M.D. ----- BOARD OF DIRECTOR, VICE CHAIR	0.2 ----- 0.0	✓		✓				0	11,168	0
(68) JASON ISA, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	11,000	0
(69) STEPHEN LIN, M.D. ----- BOARD OF DIRECTOR, CHAIR	0.3 ----- 0.4	✓		✓				0	1,777	0
(70) ANDREW ROSEN ----- BOARD OF DIRECTOR, CHAIR	0.2 ----- 0.0	✓		✓				0	0	0
(71) JERRY PUPILLO ----- BOARD OF DIRECTOR, CHAIR	0.2 ----- 0.0	✓		✓				0	0	0
(72) MICHAEL YAMANE ----- BOARD OF DIRECTOR, CHAIR	0.2 ----- 0.4	✓		✓				0	0	0
(73) PAUL TONER ----- BOARD OF DIRECTOR, VICE CHAIR	0.2 ----- 0.0	✓		✓				0	0	0
(74) RICHANNE LAM ----- BOARD OF DIRECTOR, CHAIR (PART YEAR)	0.2 ----- 0.1	✓		✓				0	0	0
(75) ALANA PAKKALA ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(76) AVI MANNIS ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(77) CARL ACKERMAN ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(78) CLAIRE TAMAMOTO ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(79) DENNIS FRANCIS ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(80) DOUGLAS DUVAUCHELLE, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(81) EDWARD NISHIOKA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(82) ELIZABETH (LISA) UBAY ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(83) EMILY KURAOKA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(84) GERALD MCKENNA, M.D. ----- BOARD OF DIRECTOR (PART YEAR)	0.2 ----- 0.0	✓						0	0	0
(85) JASMINE TANIOKA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(86) KATHY RICHARDSON ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) KIM HEHIR ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(88) LYLE TABATA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(89) MARK YAMAKAWA ----- BOARD OF DIRECTOR	0.3 ----- 0.4	✓						0	0	0
(90) MAYA ROGERS ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(91) MICHAEL O'MALLEY, ESQ. ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(92) MICHELLE HO ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(93) NATHAN TOKUDA, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(94) NEIL MANAGO, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(95) PAUL EAKIN, M.D. ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(96) ROBERT KURISU ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(97) SCOTT KUROSAWA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

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 for instructions and the latest information.

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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)(vii)**. (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 33¹/₃% 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 33¹/₃% 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 on 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)						
Total					0	0

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

Cat. No. 11285F

Schedule A (Form 990) 2021

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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.</i>		
3b	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>		
3c	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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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 lines 5b and 5c 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>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
9b	Did one or more disqualified persons (as defined on 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>		
9c	Did a disqualified person (as defined on 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 line 10b below.</i>		
10b	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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 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? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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)? 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
1		
2 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? 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.	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 . . .			
b Excess from 2018 . . .			
c Excess from 2019 . . .			
d Excess from 2020 . . .			
e Excess from 2021 . . .			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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 [x] 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

- [x] 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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization HAWAI'I 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	----- ----- -----	\$ 2,980,680	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,138,068	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 453,991	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 438,555	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 160,246	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 10,686	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWAII 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) <small>(See instructions.)</small>	(d) Date received
1	MEDICAL SUPPLIES AND EQUIPMENT, TOYS, GIFT CARDS, FOOD INVENTORY	\$ 91,036	06/30/2022
2	COVID-19 SUPPLIES, AIRLINE MILES, FOOD GIFT CARDS	\$ 2,608	06/30/2022
3	COVID-19 SUPPLIES, BOOKS, BEANIES, TOYS, PHONE BAGS	\$ 3,480	06/30/2022
4	COVID-19 SUPPLIES, FOOD GIFT CARDS, CLOTHES, PLATE LUNCH	\$ 9,835	06/30/2022
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----

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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.**

Open to Public Inspection

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 HAWAII PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
---	---

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.

Cat. No. 50084S

Schedule C (Form 990) 2021

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		70,340
j Total. Add lines 1c through 1i			70,340
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).

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

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."

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

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.

SEE NEXT PAGE

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.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES ARE THE PORTION OF AMOUNTS PAID TO HEALTHCARE ASSOCIATIONS THAT ENGAGED IN LEGISLATIVE LOBBYING ON BEHALF OF ITS MEMBERS.

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.

Attach to Form 990.

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: HAWAII PACIFIC HEALTH GROUP RETURN; Employer identification number: 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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and donor/grantee notification questions.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose of easements, total acreage, and monitoring expenses.

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 3 columns: Line number, Description, Amount. Includes rows for art collection election and reporting requirements.

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 make 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 program
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	265,651,554	213,487,581	205,962,211	195,030,697	180,123,783
b Contributions			67,736		
c Net investment earnings, gains, and losses	(24,147,357)	52,193,682	7,620,886	11,008,237	15,061,139
d Grants or scholarships					
e Other expenditures for facilities and programs		29,709	163,252	76,723	154,225
f Administrative expenses					
g End of year balance	241,504,197	265,651,554	213,487,581	205,962,211	195,030,697

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

- a** Board designated or quasi-endowment 99.33 %
- b** Permanent endowment 0.67 %
- c** Term endowment 0.00 %

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:

	Yes	No
(i) Unrelated organizations	✓	
(ii) Related organizations	✓	
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		692,972,439	337,798,529	355,173,910
c Leasehold improvements		53,539,204	29,369,327	24,169,877
d Equipment		296,743,204	229,266,675	67,476,529
e Other		39,448,035	2,742,089	36,705,946
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				503,246,511

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	129,453,865	END OF YEAR MARKET VALUE
(B) INVESTMENT IN UNCONSOLIDATED SUB.	4,971,708	END OF YEAR MARKET VALUE
(C) LIMITED PARTNERSHIPS	1,467,696	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	135,893,269	

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)		
Total. (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.

(a) Description	(b) Book value
(1) OPERATING & FINANCE LEASE RIGHT OF USE ASSETS	100,635,338
(2) INTEREST IN NET ASSETS OF FOUNDATIONS	68,249,440
(3) DUE FROM THIRD-PARTY PAYORS	24,387,986
(4) BOARD DESIGNATED INVESTMENTS	16,318,352
(5) OTHER RECEIVABLES	6,661,580
(6) DEPOSITS & NON-CURRENT ASSETS	6,055,996
(7) INTEREST IN PERPETUAL TRUST	4,627,155
(8) DECORATIVE ARTWORK	1,794,980
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	231,373,845

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	
(2) OP. & FIN LEASE LIABILITIES	97,067,506
(3) DUE TO THIRD-PARTY PAYORS	32,816,659
(4) OTHER LONG-TERM LIABILITIES	13,365,828
(5) CURRENT OP & FIN LEASE LIABILITIES	11,150,644
(6) DUE TO HPH MEDICAL GROUP	11,063,291
(7) DUE TO STRAUB PHARMACY, INC.	4,971,708
(8) DUE TO HAWAII HEALTH PARTNERS	772,989
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	172,014,427

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 FASB 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.

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include line numbers and a shaded area for totals.

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.

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include line numbers and a shaded area for totals.

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 STATEMENT

Series of horizontal dashed lines for providing supplemental information.

Schedule D

Other Assets - Complete if the organization answered "Yes" to

Part IX

Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book values
DUE FROM PROVIDERS INSURANCE CORPORATION	612,183
INTERCOMPANY TRANSFERS	605,440
DUE FROM KAPI'OLANI HEALTH FOUNDATION	524,007
DUE FROM STRAUB FOUNDATION	202,784
DUE FROM KAUA'I MEDICAL CLINIC	196,167
DUE FROM KAPI'OLANI MEDICAL SPECIALISTS	157,560
DUE FROM WILCOX FOUNDATION	116,515
HONOLULU IMAGING CENTER	93,143
DUE FROM HONOLULU SURGERY CENTER	53,319
DUE FROM PALI MOMI FOUNDATION	45,350
INVESTMENT IN JOINT VENTURES	25,000
DUE FROM HAWAI'I PACIFIC HEALTH PARTNERS	11,365
DUE FROM HICORD, INC.	185

Schedule D

Other Liabilities - Complete if the organization answered "Yes" to

Part X

Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
DUE TO HAWAI'I PACIFIC HEALTH PARTNERS	361,934
ESCHEAT LIABILITY	252,609
DUE TO KEAHONUOKALANI	116,801
DUE TO KAPI'OLANI MEDICAL SPECIALISTS	34,474
DUE TO STRAUB FOUNDATION	13,923
DUE TO WILCOX HEALTH FOUNDATION	10,500
DUE TO HONOLULU SURGERY CENTER	8,963
DUE TO KAPI'OLANI HEALTH FOUNDATION	5,217
DUE TO PALI MOMI FOUNDATION	1,381

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	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 - INTENDED USES OF ENDOWMENT FUNDS	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.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE COMPANY HAS NOT RECORDED ANY EXPENSE OR ACCRUED FOR ANY RELATED EXPENSE FOR ANY UNCERTAIN TAX POSITIONS. THE COMPANY'S 2017 THROUGH 2020 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR FEDERAL INCOME TAX PURPOSES, WHEREAS THE 2016 THROUGH 2020 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR STATE TAXING JURISDICTIONS IN WHICH THE COMPANY OPERATES.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

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 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
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	✓	
1b If "Yes," was it a written policy?	✓	
2 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		
3 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.		
a 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 _____ %	✓	
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 _____ %	✓	
c 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.		
4 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"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		✓
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		26,147	3,544,010		3,544,010	0.25
b Medicaid (from Worksheet 3, column a)		266,637	313,082,312	295,005,724	18,076,588	1.27
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	292,784	316,626,322	295,005,724	21,620,598	1.52
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	29	2,085	4,816,639	1,199,690	3,616,949	0.25
f Health professions education (from Worksheet 5)	8	1,721	11,143,599	2,568,916	8,574,683	0.60
g Subsidized health services (from Worksheet 6)	12		61,068,667	35,686,758	25,381,909	1.78
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	40		1,555,452		1,555,452	0.11
j Total. Other Benefits	89	3,806	78,584,357	39,455,364	39,128,993	2.75
k Total. Add lines 7d and 7j	89	296,590	395,210,679	334,461,088	60,749,591	4.26

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

Cat. No. 50192T

Schedule H (Form 990) 2021

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					0	0.00
2 Economic development	3		25,000		25,000	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	3	0	25,000	0	25,000	0.00

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		✓
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	154,163,583
6 Enter Medicare allowable costs of care relating to payments on line 5	6	170,853,216
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(16,689,633)
8 Describe in Part VI the extent to which any shortfall reported on 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	✓	
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		✓

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
1 STRAUB CLINIC & HOSPITAL 888 SOUTH KING STREET, HONOLULU, HI 96813 WWW.HAWAII PACIFIC HEALTH.ORG/STRAUB STATE LICENSE NO. : 32-H	✓	✓		✓			✓			A
2 KAPI'OLANI MEDICAL CENTER FOR WOMEN 1319 PUNAHOU STREET, HONOLULU, HI 96826 WWW.HAWAII PACIFIC HEALTH.ORG/KAPIOLANI STATE LICENSE NO. : 6-H	✓	✓	✓	✓			✓			A
3 PALI MOMI MEDICAL CENTER 98-1079 MOANALUA ROAD, AIEA, HI 96701 WWW.HAWAII PACIFIC HEALTH.ORG/PALI-MOMI STATE LICENSE NO. : 37-H	✓	✓					✓			A
4 WILCOX MEMORIAL HOSPITAL 3-3420 KUHIO HIGHWAY, LIHUE, HI 96766-1099 WWW.HAWAII PACIFIC HEALTH.ORG/WILCOX STATE LICENSE NO. : 23-H	✓	✓					✓			A
5										
6										
7										
8										
9										
10										

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): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	✓	
7	Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>HTTPS://WWW.HAH.ORG/CHNA</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>(SEE STATEMENT)</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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:			
13	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:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	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):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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
17 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?	✓	
18 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:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 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):		
a <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 <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)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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?	✓	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <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
22	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.		
a	<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	<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		
c	<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		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	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?	23	✓
	If "Yes," explain in Section C.		
24	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?	24	✓
	If "Yes," explain in Section C.		

Supplemental Information. 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>Facility Name: REPORTING GROUP A</p> <p>Description: IN CONDUCTING THE JOINT FY2022 CHNA, THE RESEARCHERS CONVENED 18 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 E OF THE CHNA. IN ADDITION, 82 INTERVIEWS WERE CONDUCTED WITH "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 F OF THE CHNA. ADDITIONALLY, THE RESEARCHERS CONVENED THREE PANELS OF EXPERTS FROM THE UNIVERSITY OF HAWAII THOMPSON SCHOOL OF SOCIAL WORK & PUBLIC HEALTH, AND CONDUCTED FOUR FOCUS GROUPS EACH FOCUSED ON A SIGNIFICANT COMMUNITY HEALTH NEED THAT EMERGED FROM THE COMMUNITY CONVERSATIONS. ALL COMMUNITY MEETINGS AND INTERVIEWS TOOK PLACE FROM AUGUST TO DECEMBER, 2021. A COMMUNITY ADVISORY COMMITTEE, MADE UP OF LEADERS REPRESENTING UNDER-SERVED POPULATIONS WITH HEALTH DISPARITIES, PROVIDED INPUT TO THE RESEARCH TEAM THROUGHOUT THE CHNA PROCESS. A LIST OF COMMUNITY ADVISORY COMMITTEE MEMBERS CAN BE FOUND IN APPENDIX D OF THE CHNA.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>Facility Name: REPORTING GROUP A</p> <p>Description: HAWAII PACIFIC HEALTH'S FOUR HOSPITAL FACILITIES PARTICIPATED WITH FIFTEEN OTHER NONPROFIT HAWAII HOSPITALS TO COLLABORATE ON A JOINT CHNA LED BY THE HEALTHCARE ASSOCIATION OF HAWAII. RESEARCH WAS COMPLETED IN DECEMBER 2021. WARD RESEARCH WAS RETAINED TO CONDUCT THE CHNA RESEARCH. PARTICIPATING HOSPITALS WERE: ADVENTIST HEALTH CASTLE, SUTTER HEALTH KAHU MOHALA, KAHUKU MEDICAL CENTER, KAISER PERMANENTE MOANALUA MEDICAL CENTER, KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN, KUAKINI MEDICAL CENTER, KULA HOSPITAL, LANAI 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.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES</p>	<p>Facility Name: REPORTING GROUP A</p> <p>Description: THE HEALTHCARE ASSOCIATION OF HAWAII, WARD RESEARCH, SOLUTIONS PACIFIC AND THE UNIVERSITY OF HAWAII THOMPSON SCHOOL OF SOCIAL WORK & PUBLIC HEATH COLLABORATED TO CONDUCT THE HOSPITALS' JOINT CHNA.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/ABOUT-US/COMMUNITY/</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN</p> <p>Description: IN FISCAL YEAR 2022, KAPI'OLANI CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE THE FINAL YEAR OF THE HOSPITAL'S 2020-2022 IMPLEMENTATION STRATEGY THAT ADDRESSED PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: STRENGTHENING FAMILIES, BUILDING GOOD FOOD SYSTEMS, INVESTING IN TEENAGERS AND HEALTHY STARTS, AND PROVIDING ACCESSIBLE PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS. (DUE TO COVID-RELATED RESTRICTIONS ON IN-PERSON GATHERINGS AND OTHER PRECAUTIONS, CERTAIN PROGRAMS OUTLINED IN THIS IMPLEMENTATION STRATEGY WERE SUSPENDED.)</p> <p>COMMUNITY BENEFIT ACTIVITIES TO ADDRESS THE IMPLEMENTATION STRATEGY FOR KAPIOLANI'S 2022 CHNA WILL BE CONDUCTED IN FISCAL YEARS 2023 TO 2025.</p> <p>IN FISCAL YEAR 2022, KAPI'OLANI CONDUCTED THE FOLLOWING COMMUNITY BENEFIT INITIATIVES:</p> <p>STRENGTHEN FAMILIES HAWAII COMMUNITY LENDING: KAPI'OLANI PARTNERED WITH HAWAII COMMUNITY LENDING, A LOCAL COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, TO PROVIDE EMERGENCY MICRO-LOANS, ALONG WITH FINANCIAL COUNSELING, TO AID LOW-INCOME FAMILIES EXPERIENCING HARDSHIP, PREVENTING HOMELESSNESS AND INCREASING FINANCIAL STABILITY.</p> <p>KAHAUIKI VILLAGE IS AN AFFORDABLE RENTAL COMMUNITY FOR FAMILIES WHO PREVIOUSLY EXPERIENCED HOMELESSNESS. KAPI'OLANI PROVIDED SUPPORT FOR INITIATIVES TO INCREASE ACCESS TO HEALTH SERVICES FOR THESE HOUSEHOLDS.</p> <p>BUILD GOOD FOOD SYSTEMS SNAP DOUBLE-UP FOOD BUCKS INCENTIVE PROGRAM: IN HAWAII, FOOD INSECURITY INCREASED SIGNIFICANTLY DUE TO ECONOMIC FALL-OUT FROM THE PANDEMIC. KAPI'OLANI PARTNERED WITH A MULTISECTOR COALITION TO SUPPORT A FUND THAT OFFERS DOUBLE THE VALUE FOR ALL PURCHASES OF FRESH, LOCAL PRODUCE MADE WITH SNAP-EBT. PROGRAMS SUCH AS THESE ARE DEMONSTRATED TO INCREASE CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY SNAP RECIPIENTS WHILE SUPPORTING LOCAL FARMERS.</p> <p>FEED THE HUNGER FUND: KAPI'OLANI SUPPORTED FEED THE HUNGER FUND'S PROGRAMS FOR SMALL FOOD ENTREPRENEURS IN UNDERSERVED COMMUNITIES, MAINLY WOMEN, IMMIGRANTS, AND PEOPLE OF COLOR, WITH BUSINESSES RANGING FROM FARMING TO DISTRIBUTION TO RETAIL SALES. BY PROVIDING TECHNICAL ASSISTANCE, BUSINESS DEVELOPMENT, CONNECTIONS TO RESOURCES AND MARKETS, AND SUPPLYING LOANS TO SMALL BUSINESSES, FTHF ENSURES THAT THESE SMALL FOOD ENTREPRENEURS HAVE THE RESOURCES TO GROW THEIR BUSINESSES, SUPPORT THEIR FAMILIES, AND CREATE HEALTHY, SUSTAINABLE AND EQUITABLE REGIONAL FOOD SYSTEMS.</p> <p>INVEST IN TEENAGERS AND HEALTHY STARTS RESIDENTIAL YOUTH SERVICES & EMPOWERMENT (RYSE) IS A YOUTH-SPECIFIC SHELTER PROVIDING TEMPORARY OVERNIGHT LODGING AND SUPPORT SERVICES TO HELP HOMELESS YOUTH ACHIEVE HOUSING, EMPLOYMENT AND SELF-SUFFICIENCY. KAPI'OLANI PROVIDED FINANCIAL SUPPORT TO ADDRESS THE NEEDS OF THIS VULNERABLE POPULATION. KAPI'OLANI AND THE OTHER HPH HOSPITALS ALSO COLLABORATED WITH RYSE AND LILIUOKALANI TRUST TO PROVIDE JOB TRAINING IN HEALTH CAREERS FOR VULNERABLE YOUTH, OFFERING PROGRAM GRADUATES CAREER PATHWAYS IN THE HEALTH CARE SYSTEM.</p> <p>FARM TO KEIKI: THE HOSPITALS OF HAWAII PACIFIC HEALTH PARTNERED WITH KAMEHAMEHA SCHOOLS AND OLAPONO, A NONPROFIT SPECIALIZING IN CHILD NUTRITION, TO PILOT A HEALTHY EATING CURRICULUM IN TWO KAUAI PRESCHOOLS TO IMPROVE ACCESS TO HEALTHY FOODS FOR PRESCHOOL-AGED CHILDREN AND BUILD NEW AVENUES FOR HEALTHY FARM TO TABLE FOOD NETWORKS.</p> <p>HEALTHY TOGETHER IS A FAMILY-BASED ADOLESCENT WEIGHT MANAGEMENT PROGRAM TO COMBAT CHILDHOOD OBESITY. THE NATIONAL KIDNEY FOUNDATION OF HAWAII AND KAPI'OLANI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, PARTNERED TO PROVIDE THE PROGRAM AT NO COST TO FAMILIES ACROSS O'AHU, MAKING IT ACCESSIBLE THROUGH AN ONLINE FORMAT.</p> <p>PROVIDE ACCESSIBLE, PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS MEDICAL TRANSPORT SERVICES: KAPI'OLANI PROVIDES INTER-HOSPITAL TRANSPORTS FROM THE NEIGHBOR ISLANDS TO O'AHU, WHERE KAPI'OLANI IS LOCATED, AND TO THE CONTINENT, FOR CRITICAL NEONATAL AND PEDIATRIC PATIENTS REQUIRING ACCESS TO SPECIALTY CARE NOT AVAILABLE IN THEIR COMMUNITIES.</p> <p>CANCER RESEARCH CENTER OF HAWAII: KAPI'OLANI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: MANY AREAS OF HAWAII ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HAWAII RESIDENTS, KAPI'OLANI PROVIDES CLINICAL TRAINING AND RESIDENCIES FOR MEDICAL STUDENTS AND RESIDENTS, NURSING STUDENTS, AND ALLIED HEALTH PROFESSIONALS. KAPI'OLANI ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS TO ATTEND THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE.</p> <p>SIGNIFICANT COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN KAPI'OLANI'S 2019 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2020-2022 IMPLEMENTATION STRATEGY: ADDRESS FINANCIAL INSECURITY, WORK TOGETHER FOR EQUALITY AND JUSTICE, RESTORE ENVIRONMENT AND SENSE OF PLACE, NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM "SICK CARE," AND STRENGTHEN TRUST IN HEALTH CARE. THEY WERE NOT SELECTED AS PRIORITIES FOR KAPI'OLANI TO ADDRESS BECAUSE THEY DID NOT MEET SOME OR ALL OF THE FOLLOWING CRITERIA: ALIGNMENT WITH HPH'S COMMUNITY HEALTH</p>

Return Reference - Identifier	Explanation
	PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE PLANNED AND EXISTING HPH COMMUNITY PARTNERSHIPS AND INITIATIVES, ALIGNMENT WITH HPH'S RESOURCES AND EXPERTISE, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: PALI MOMI MEDICAL CENTER</p> <p>Description: IN FISCAL YEAR 2022, PALI MOMI CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE THE FINAL YEAR OF THE HOSPITAL'S 2020-2022 IMPLEMENTATION STRATEGY THAT ADDRESSED PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: STRENGTHENING FAMILIES, BUILDING GOOD FOOD SYSTEMS, INVESTING IN TEENAGERS AND HEALTHY STARTS, AND PROVIDING ACCESSIBLE PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS. (DUE TO COVID-RELATED RESTRICTIONS ON IN-PERSON GATHERINGS AND OTHER PRECAUTIONS, CERTAIN PROGRAMS OUTLINED IN THIS IMPLEMENTATION STRATEGY WERE SUSPENDED.)</p> <p>COMMUNITY BENEFIT ACTIVITIES TO ADDRESS THE IMPLEMENTATION STRATEGY FOR PALI MOMI'S 2022 CHNA WILL BE CONDUCTED IN FISCAL YEARS 2023 TO 2025.</p> <p>IN FISCAL YEAR 2022, PALI MOMI CONDUCTED THE FOLLOWING COMMUNITY BENEFIT INITIATIVES:</p> <p>STRENGTHEN FAMILIES HAWAII COMMUNITY LENDING: PALI MOMI PARTNERED WITH HAWAII COMMUNITY LENDING, A LOCAL COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, TO PROVIDE EMERGENCY MICRO-LOANS, ALONG WITH FINANCIAL COUNSELING, TO AID LOW-INCOME FAMILIES EXPERIENCING HARDSHIP, PREVENTING HOMELESSNESS AND INCREASING FINANCIAL STABILITY.</p> <p>KAHAIKI VILLAGE IS AN AFFORDABLE RENTAL COMMUNITY FOR FAMILIES WHO PREVIOUSLY EXPERIENCED HOMELESSNESS. PALI MOMI PROVIDED SUPPORT FOR INITIATIVES TO INCREASE ACCESS TO HEALTH SERVICES FOR THESE HOUSEHOLDS.</p> <p>BUILD GOOD FOOD SYSTEMS SNAP DOUBLE-UP FOOD BUCKS INCENTIVE PROGRAM: IN HAWAII, FOOD INSECURITY INCREASED SIGNIFICANTLY DUE TO ECONOMIC FALL-OUT FROM THE PANDEMIC. PALI MOMI PARTNERED WITH A MULTISECTOR COALITION TO SUPPORT A FUND THAT OFFERS DOUBLE THE VALUE FOR ALL PURCHASES OF FRESH, LOCAL PRODUCE MADE WITH SNAP-EBT. PROGRAMS SUCH AS THESE ARE DEMONSTRATED TO INCREASE CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY SNAP RECIPIENTS WHILE SUPPORTING LOCAL FARMERS.</p> <p>FEED THE HUNGER FUND: PALI MOMI SUPPORTED FEED THE HUNGER FUND'S PROGRAMS FOR SMALL FOOD ENTREPRENEURS IN UNDERSERVED COMMUNITIES, MAINLY WOMEN, IMMIGRANTS, AND PEOPLE OF COLOR, WITH BUSINESSES RANGING FROM FARMING TO DISTRIBUTION TO RETAIL SALES. BY PROVIDING TECHNICAL ASSISTANCE, BUSINESS DEVELOPMENT, CONNECTIONS TO RESOURCES AND MARKETS, AND SUPPLYING LOANS TO SMALL BUSINESSES, FTHF ENSURES THAT THESE SMALL FOOD ENTREPRENEURS HAVE THE RESOURCES TO GROW THEIR BUSINESSES, SUPPORT THEIR FAMILIES, AND CREATE HEALTHY, SUSTAINABLE AND EQUITABLE REGIONAL FOOD SYSTEMS.</p> <p>INVEST IN TEENAGERS AND HEALTHY STARTS RESIDENTIAL YOUTH SERVICES & EMPOWERMENT (RYSE) IS A YOUTH-SPECIFIC SHELTER PROVIDING TEMPORARY OVERNIGHT LODGING AND SUPPORT SERVICES TO HELP HOMELESS YOUTH ACHIEVE HOUSING, EMPLOYMENT AND SELF-SUFFICIENCY. PALI MOMI PROVIDED FINANCIAL SUPPORT TO ADDRESS THE NEEDS OF THIS VULNERABLE POPULATION. PALI MOMI AND THE OTHER HPH HOSPITALS ALSO COLLABORATED WITH RYSE AND LILIUOKALANI TRUST TO PROVIDE JOB TRAINING IN HEALTH CAREERS FOR VULNERABLE YOUTH, OFFERING PROGRAM GRADUATES CAREER PATHWAYS IN THE HEALTH CARE SYSTEM.</p> <p>FARM TO KEIKI: THE HOSPITALS OF HAWAII PACIFIC HEALTH PARTNERED WITH KAMEHAMEHA SCHOOLS AND OLAPONO, A NONPROFIT SPECIALIZING IN CHILD NUTRITION, TO PILOT A HEALTHY EATING CURRICULUM IN TWO KAUAI PRESCHOOLS TO IMPROVE ACCESS TO HEALTHY FOODS FOR PRESCHOOL-AGED CHILDREN AND BUILD NEW AVENUES FOR HEALTHY FARM TO TABLE FOOD NETWORKS.</p> <p>HEALTHY TOGETHER IS A FAMILY-BASED ADOLESCENT WEIGHT MANAGEMENT PROGRAM TO COMBAT CHILDHOOD OBESITY. THE NATIONAL KIDNEY FOUNDATION OF HAWAII AND PALI MOMI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, PARTNERED TO PROVIDE THE PROGRAM AT NO COST TO FAMILIES ACROSS O'AHU. IN FY22, THE PROGRAM WAS DELIVERED IN AN ENTIRELY VIRTUAL FORMAT.</p> <p>PROVIDE ACCESSIBLE, PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS CANCER RESEARCH CENTER OF HAWAII: PALI MOMI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: MANY AREAS OF HAWAII ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HAWAII RESIDENTS, PALI MOMI PROVIDES CLINICAL TRAINING AND RESIDENCIES FOR MEDICAL STUDENTS AND RESIDENTS. PALI MOMI ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS TO ATTEND THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE.</p> <p>SIGNIFICANT COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED: THE FOLLOWING AREAS OF NEED IDENTIFIED IN PALI MOMI'S 2019 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2020-2022 IMPLEMENTATION STRATEGY: ADDRESS FINANCIAL INSECURITY, WORK TOGETHER FOR EQUALITY AND JUSTICE, RESTORE ENVIRONMENT AND SENSE OF PLACE, NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM "SICK CARE," AND STRENGTHEN TRUST IN HEALTH CARE. THEY WERE NOT SELECTED AS PRIORITIES FOR PALI MOMI TO ADDRESS BECAUSE THEY DID NOT MEET SOME OR ALL OF THE FOLLOWING CRITERIA: ALIGNMENT WITH HPH'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE PLANNED AND EXISTING HPH COMMUNITY PARTNERSHIPS AND INITIATIVES, ALIGNMENT WITH HPH'S RESOURCES AND EXPERTISE, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: STRAUB MEDICAL CENTER</p> <p>Description: IN FISCAL YEAR 2022, STRAUB CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE THE FINAL YEAR OF THE HOSPITAL'S 2020-2022 IMPLEMENTATION STRATEGY THAT ADDRESSED PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: STRENGTHENING FAMILIES, BUILDING GOOD FOOD SYSTEMS, INVESTING IN TEENAGERS AND HEALTHY STARTS, AND PROVIDING ACCESSIBLE PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS. (DUE TO COVID-RELATED RESTRICTIONS ON IN-PERSON GATHERINGS AND OTHER PRECAUTIONS, CERTAIN PROGRAMS OUTLINED IN THIS IMPLEMENTATION STRATEGY WERE SUSPENDED.)</p> <p>COMMUNITY BENEFIT ACTIVITIES TO ADDRESS THE IMPLEMENTATION STRATEGY FOR STRAUB'S 2022 CHNA WILL BE CONDUCTED IN FISCAL YEARS 2023 TO 2025.</p> <p>IN FISCAL YEAR 2022, STRAUB CONDUCTED THE FOLLOWING COMMUNITY BENEFIT INITIATIVES:</p> <p>STRENGTHEN FAMILIES HAWAII COMMUNITY LENDING: STRAUB PARTNERED WITH HAWAII COMMUNITY LENDING, A LOCAL COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, TO PROVIDE EMERGENCY MICRO-LOANS, ALONG WITH FINANCIAL COUNSELING, TO AID LOW-INCOME FAMILIES EXPERIENCING HARDSHIP, PREVENTING HOMELESSNESS.</p> <p>KAHAIKI VILLAGE IS AN AFFORDABLE RENTAL COMMUNITY FOR FAMILIES WHO PREVIOUSLY EXPERIENCED HOMELESSNESS. STRAUB PROVIDED SUPPORT FOR INITIATIVES TO INCREASE ACCESS TO HEALTH SERVICES FOR THESE HOUSEHOLDS.</p> <p>BUILD GOOD FOOD SYSTEMS SNAP DOUBLE-UP FOOD BUCKS INCENTIVE PROGRAM: IN HAWAII, FOOD INSECURITY INCREASED SIGNIFICANTLY DUE TO ECONOMIC FALL-OUT FROM THE PANDEMIC. STRAUB PARTNERED WITH A MULTISECTOR COALITION TO SUPPORT A FUND THAT OFFERS DOUBLE THE VALUE FOR ALL PURCHASES OF FRESH, LOCAL PRODUCE MADE WITH SNAP-EBT. PROGRAMS SUCH AS THESE ARE DEMONSTRATED TO INCREASE CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY SNAP RECIPIENTS WHILE SUPPORTING LOCAL FARMERS.</p> <p>FEED THE HUNGER FUND: STRAUB SUPPORTED FEED THE HUNGER FUND'S PROGRAMS FOR SMALL FOOD ENTREPRENEURS IN UNDERSERVED COMMUNITIES, MAINLY WOMEN, IMMIGRANTS, AND PEOPLE OF COLOR, WITH BUSINESSES RANGING FROM FARMING TO DISTRIBUTION TO RETAIL SALES. BY PROVIDING TECHNICAL ASSISTANCE, BUSINESS DEVELOPMENT, CONNECTIONS TO RESOURCES AND MARKETS, AND SUPPLYING LOANS TO SMALL BUSINESSES, FTHF ENSURES THAT THESE SMALL FOOD ENTREPRENEURS HAVE THE RESOURCES TO GROW THEIR BUSINESSES, SUPPORT THEIR FAMILIES, AND CREATE HEALTHY, SUSTAINABLE AND EQUITABLE REGIONAL FOOD SYSTEMS.</p> <p>INVEST IN TEENAGERS AND HEALTHY STARTS RESIDENTIAL YOUTH SERVICES & EMPOWERMENT (RYSE) IS A YOUTH-SPECIFIC SHELTER PROVIDING TEMPORARY OVERNIGHT LODGING AND SUPPORT SERVICES TO HELP HOMELESS YOUTH ACHIEVE HOUSING, EMPLOYMENT AND SELF-SUFFICIENCY. STRAUB PROVIDED FINANCIAL SUPPORT TO ADDRESS THE NEEDS OF THIS VULNERABLE POPULATION. STRAUB AND THE OTHER HPH HOSPITALS ALSO COLLABORATED WITH RYSE AND LILUOKALANI TRUST TO PROVIDE JOB TRAINING IN HEALTH CAREERS FOR VULNERABLE YOUTH, OFFERING PROGRAM GRADUATES CAREER PATHWAYS IN THE HEALTH CARE SYSTEM.</p> <p>FARM TO KEIKI: THE HOSPITALS OF HAWAII PACIFIC HEALTH PARTNERED WITH KAMEHAMEHA SCHOOLS AND OLAPONO, A NONPROFIT SPECIALIZING IN CHILD NUTRITION, TO PILOT A HEALTHY EATING CURRICULUM IN TWO KAUAI PRESCHOOLS TO IMPROVE ACCESS TO HEALTHY FOODS FOR PRESCHOOL-AGED CHILDREN AND BUILD NEW AVENUES FOR HEALTHY FARM TO TABLE FOOD NETWORKS.</p> <p>HEALTHY TOGETHER IS AN INTENSIVE, FAMILY-BASED ADOLESCENT WEIGHT MANAGEMENT PROGRAM TO COMBAT CHILDHOOD OBESITY. THE NATIONAL KIDNEY FOUNDATION OF HAWAII AND STRAUB, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, PARTNERED TO PROVIDE THE PROGRAM AT NO COST TO FAMILIES ACROSS O'AHU. IN FY22, THE PROGRAM WAS DELIVERED IN AN ENTIRELY VIRTUAL FORMAT.</p> <p>PROVIDE ACCESSIBLE, PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS CANCER RESEARCH CENTER OF HAWAII: STRAUB, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: MANY AREAS OF HAWAII ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HAWAII RESIDENTS, STRAUB PROVIDES CLINICAL TRAINING AND RESIDENCIES FOR MEDICAL STUDENTS AND RESIDENTS. STRAUB ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS TO ATTEND THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE.</p> <p>VISITING PHYSICIANS: SPECIALTY PHYSICIANS FROM STRAUB REGULARLY TRAVEL TO FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED POPULATION AREAS LOCATED THROUGHOUT THE STATE OF HAWAII TO PROVIDE ACCESS TO MEDICAL CARE FOR SPECIALTIES THAT ARE NOT OTHERWISE AVAILABLE IN THESE REGIONS.</p> <p>SIGNIFICANT COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN STRAUB'S 2019 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2020-2022 IMPLEMENTATION STRATEGY: ADDRESS FINANCIAL INSECURITY, WORK TOGETHER FOR EQUALITY AND JUSTICE, RESTORE ENVIRONMENT AND SENSE OF PLACE, NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM "SICK CARE," AND STRENGTHEN TRUST IN HEALTH CARE. THEY WERE NOT SELECTED AS PRIORITIES FOR STRAUB TO ADDRESS BECAUSE THEY DID</p>

Return Reference - Identifier	Explanation
	NOT MEET SOME OR ALL OF THE FOLLOWING CRITERIA: ALIGNMENT WITH HPH'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE PLANNED AND EXISTING HPH COMMUNITY PARTNERSHIPS AND INITIATIVES, ALIGNMENT WITH HPH'S RESOURCES AND EXPERTISE, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: WILCOX MEDICAL CENTER</p> <p>Description: IN FISCAL YEAR 2022, WILCOX CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE THE FINAL YEAR OF THE HOSPITAL'S 2020-2022 IMPLEMENTATION STRATEGY THAT ADDRESSED PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: STRENGTHENING FAMILIES, BUILDING GOOD FOOD SYSTEMS, INVESTING IN TEENAGERS AND HEALTHY STARTS, AND PROVIDING ACCESSIBLE PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS. (DUE TO COVID-RELATED RESTRICTIONS ON IN-PERSON GATHERINGS AND OTHER PRECAUTIONS, CERTAIN PROGRAMS OUTLINED IN THIS IMPLEMENTATION STRATEGY WERE SUSPENDED.)</p> <p>COMMUNITY BENEFIT ACTIVITIES TO ADDRESS THE IMPLEMENTATION STRATEGY FOR WILCOX'S 2022 CHNA WILL BE CONDUCTED IN FISCAL YEARS 2023 TO 2025.</p> <p>IN FISCAL YEAR 2022, WILCOX CONDUCTED THE FOLLOWING COMMUNITY BENEFIT INITIATIVES:</p> <p>STRENGTHEN FAMILIES HAWAII COMMUNITY LENDING: WILCOX PARTNERED WITH HAWAII COMMUNITY LENDING, A LOCAL COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, TO PROVIDE EMERGENCY MICRO-LOANS, ALONG WITH FINANCIAL COUNSELING, TO AID LOW-INCOME FAMILIES EXPERIENCING HARDSHIP, PREVENTING HOMELESSNESS AND INCREASING FINANCIAL STABILITY.</p> <p>BUILD GOOD FOOD SYSTEMS SNAP DOUBLE-UP FOOD BUCKS INCENTIVE PROGRAM: IN HAWAII, FOOD INSECURITY INCREASED SIGNIFICANTLY DUE TO ECONOMIC FALL-OUT FROM THE PANDEMIC. WILCOX PARTNERED WITH A MULTISECTOR COALITION TO SUPPORT A FUND THAT OFFERS DOUBLE THE VALUE FOR ALL PURCHASES OF FRESH, LOCAL PRODUCE MADE WITH SNAP-EBT. PROGRAMS SUCH AS THESE ARE DEMONSTRATED TO INCREASE CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY SNAP RECIPIENTS WHILE SUPPORTING LOCAL FARMERS.</p> <p>FEED THE HUNGER FUND: WILCOX SUPPORTED FEED THE HUNGER FUND'S PROGRAMS FOR SMALL FOOD ENTREPRENEURS IN UNDERSERVED COMMUNITIES, MAINLY WOMEN, IMMIGRANTS, AND PEOPLE OF COLOR, WITH BUSINESSES RANGING FROM FARMING TO DISTRIBUTION TO RETAIL SALES. BY PROVIDING TECHNICAL ASSISTANCE, BUSINESS DEVELOPMENT, CONNECTIONS TO RESOURCES AND MARKETS, AND SUPPLYING LOANS TO SMALL BUSINESSES, FTHF ENSURES THAT THESE SMALL FOOD ENTREPRENEURS HAVE THE RESOURCES TO GROW THEIR BUSINESSES, SUPPORT THEIR FAMILIES, AND CREATE HEALTHY, SUSTAINABLE AND EQUITABLE REGIONAL FOOD SYSTEMS.</p> <p>MALAMA KAUA'I: WILCOX SUPPORTED MALAMA KAUA'I'S PROGRAMS TO INCREASE ACCESS TO HEALTHY FOODS ON KAUA'I, INCLUDING THE VILLAGE HARVEST GLEANING PROGRAM WHICH COLLECTS FOOD LEFT OVER FROM HARVESTS ON PERSONAL PROPERTIES AND SMALL FARMS AND DONATES IT TO FOOD PANTRIES AND YOUTH PROGRAMS.</p> <p>INVEST IN TEENAGERS AND HEALTHY STARTS HALE OPIO: WILCOX SUPPORTED HALE OPIO'S PROGRAMS TO PROVIDE OUTREACH AND SUPPORT SERVICES TO HOMELESS YOUTH ON KAUA'I.</p> <p>REACH OUT AND READ: WILCOX SUPPORTED THE REACH OUT AND READ PROGRAM, A NATIONAL CDC-APPROVED BEST PRACTICE TO PROMOTE LITERACY FOR YOUNG CHILDREN THAT PROVIDES FREE AGE-APPROPRIATE CHILDREN'S BOOKS TO PATIENTS TO TAKE HOME AFTER VISITING THEIR PEDIATRICIAN'S OFFICES.</p> <p>FARM TO KEIKI: THE HOSPITALS OF HAWAII PACIFIC HEALTH PARTNERED WITH KAMEHAMEHA SCHOOLS AND OLAPONO, A NONPROFIT SPECIALIZING IN CHILD NUTRITION, TO PILOT A HEALTHY EATING CURRICULUM IN TWO KAUA'I PRESCHOOLS TO IMPROVE ACCESS TO HEALTHY FOODS FOR PRESCHOOL-AGED CHILDREN AND BUILD NEW AVENUES FOR HEALTHY FARM TO TABLE FOOD NETWORKS.</p> <p>PROVIDE ACCESSIBLE, PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS CANCER RESEARCH CENTER OF HAWAII: WILCOX, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE UNIVERSITY OF HAWAII'S CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII, SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>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 CONTINENT FOR CARE.</p> <p>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.</p> <p>SIGNIFICANT COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN WILCOX'S 2019 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2020-2022 IMPLEMENTATION STRATEGY: ADDRESS FINANCIAL INSECURITY, WORK TOGETHER FOR EQUALITY AND JUSTICE, RESTORE ENVIRONMENT AND SENSE OF PLACE, NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM "SICK CARE," AND STRENGTHEN TRUST IN HEALTH CARE. THEY WERE NOT SELECTED AS PRIORITIES FOR WILCOX TO ADDRESS BECAUSE THEY DID NOT MEET SOME OR ALL OF THE FOLLOWING CRITERIA: ALIGNMENT WITH HPH'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE PLANNED AND EXISTING HPH COMMUNITY PARTNERSHIPS AND INITIATIVES, ALIGNMENT WITH HPH'S RESOURCES AND EXPERTISE, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAM/
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAM/
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.HAWAII PACIFIC HEALTH.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? 28

Name and address	Type of Facility (describe)
1 STRAUB MEDICAL CENTER-PEARLRIDGE CLINIC 98-151 PALI MOMI ST, SUITE 142 AIEA, HI 96701	CLINIC
2 PALI MOMI MEDICAL CENTER 98-1079 MOANLUA RD, STE 300/480/490/630/570/460/680 AIEA, HI 96701	CLINIC
3 PALI MOMI PAVILION/WOMEN'S CENTER 98-1005 MOANALUA ROAD, #FS4 AIEA, HI 96701	CLINIC
4 STRAUB MEDICAL CENTER-KAPOLEI CLINIC & URGENT CARE 91-5431 KAPOLEI PKWY, SUITE 1706 KAPOLEI, HI 96707	CLINIC
5 STRAUB MEDICAL CENTER-MILILANI TOWN CENTER CLINIC 95-1249 MEHEULA PKWY, UNIT 187 MILILANI, HI 96789	CLINIC
6 KAPIOLANI WOMENS CENTER 1907 BERETANIA STREET, 1ST & 5TH FL HONOLULU, HI 96826	CLINIC
7 STRAUB MEDICAL CENTER-DOCTORS ON CALL AT SHERATON WAIKIKI 2255 KALAKAUA AVE MANOR WING, LOWER LEVEL HONOLULU, HI 96815	CLINIC
8 STRAUB MEDICAL CENTER-HAWAI'I KAI CLINIC 7192 KALANIANAOLE HIGHWAY, SUITE A200 HONOLULU, HI 96825	CLINIC
9 STRAUB MEDICAL CENTER-KANEOHE CLINIC 46-056 KAMEHAMEHA HWY, SUITE 221 KANEOHE, HI 96744	CLINIC
10 STRAUB MEDICAL CENTER-KAHALA CLINIC & URGENT CARE 4210 WAIALAE AVE, SUITE 501 HONOLULU, HI 96816	CLINIC

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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? 28

Name and address	Type of Facility (describe)
1 STRAUB MEDICAL CENTER-FIRST INSURANCE CENTER CLINIC 1100 WARD AVE, STE 700 HONOLULU, HI 96814	CLINIC
2 PALI MOMI CANCER CENTER 98-1005 MOANALUA RD, STE 4010 AIEA, HI 96701	CLINIC
3 STRAUB MEDICAL CENTER-WARD VILLAGE CLINIC & URGENT CARE 1001 QUEEN ST, SUITE 102 HONOLULU, HI 96814	CLINIC
4 STRAUB MEDICAL CENTER- KAILUA CLINIC 602 KAILUA ROAD, SUITE 200 KAILUA, HI 96734	CLINIC
5 STRAUB MEDICAL CENTER-LANA'I CLINIC 628-B SEVENTH STREET LANAI CITY, HI 96763	CLINIC
6 STRAUB MEDICAL CENTER-ARTESIAN SATELLITE 1907 SOUTH BERETANIA ST, 1ST & 5TH FLOORS HONOLULU, HI 96826	CLINIC
7 STRAUB MEDICAL CENTER-PALI MOMI CLINIC 98-1079 MOANALUA ROAD, SUITE 600 AIEA, HI 96701	CLINIC
8 STRAUB MEDICAL CENTER-MILILANI SHOPPING CENTER CLINIC 95-390 KUAHELANI AVENUE, SUITE J-1 MILILANI, HI 96789	CLINIC
9 HPH CANCER CENTER AT PALI MOMI MEDICAL CENTER 98-1005 MOANALUA ROAD AIEA, HI 96701	CLINIC
10 STRAUB MEDICAL CENTER-DOWNTOWN HONOLULU CLINIC 1003 BISHOP ST, PAUAHI TOWER, SUITE 395 HONOLULU, HI 96813	CLINIC

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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? 28

Name and address	Type of Facility (describe)
1 STRAUB MEDICAL CENTER-KAHULUI CLINIC 33 LONO AVENUE, SUITE 250 KAHULUI, HI 96732	CLINIC
2 STRAUB MEDICAL CENTER-OB/GYN SATELLITE 1525 KALAKAUA AVE HONOLULU, HI 96814	CLINIC
3 STRAUB MEDICAL CENTER-DOCTORS ON CALL AT HILTON HAWAIIAN VILLAGE 2005 KALIA ROAD, RAINBOW BAZAAR, 2F HONOLULU, HI 96815	CLINIC
4 KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN OB/GYN 1319 PUNAHOU STREET, STE 500 HONOLULU, HI 96826	CLINIC
5 STRAUB RESPIRATORY EVALUATION CLINIC 826 SOUTH KING STREET HONOLULU, HI 96813	CLINIC
6 CARDIOLOGY CLINIC-KUAKINI MEDICAL PLAZA 321 NORTH KUAKINI ST, SUITE 504 HONOLULU, HI 96817	CLINIC
7 STRAUB MEDICAL CENTER-MOBILE CLINIC 888 S KING ST HONOLULU, HI 96813	CLINIC
8 STRAUB MEDICAL CENTER-HILO CLINIC 75 PUUHONU PLACE, SUITE 207 HILO, HI 96720	CLINIC
9 	
10 	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I - LINE 3C	HPH FINANCIAL ASSISTANCE POLICY INCLUDES PRESUMPTIVE ELIGIBILITY CRITERIA: PATIENT IS HOMELESS, PATIENT CURRENTLY QUALIFIES FOR MEDICAID, PATIENT IS SEX ABUSE TREATMENT CENTER (SATC)/CRIME VICTIM, PATIENT HAS DECLARED BANKRUPTCY, AND PATIENT IS DECEASED WITH NO SPOUSE, PROPERTY OR PROBATE. HPH ALSO EMPLOYS AN ANALYTICS ENGINE THAT MAY DETERMINE ELIGIBILITY IN ABSENCE OF OTHER DOCUMENTATION.
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	COMMUNITY BENEFITS ARE INCLUDED IN A REPORT PREPARED BY HAWAI'I PACIFIC HEALTH, THE FILING ORGANIZATIONS' PARENT.
SCHEDULE H, PART I, LINE 7 - COSTING METHODOLOGY USED	COST TO CHARGE RATIO AND SCHEDULE H WORKSHEET WAS USED TO CALCULATE THE COSTS.
SCHEDULE H, PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES	NO COSTS OF A PHYSICIAN CLINIC WERE INCLUDED AS SUBSIDIZED HEALTH SERVICES.
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	IN THE JOINTLY CONDUCTED 2019 CHNA, "BUILDING HEALTHY FOOD SYSTEMS" WAS IDENTIFIED AS A SIGNIFICANT COMMUNITY HEALTH PRIORITY FOR ALL THE HOSPITALS OF HAWAI'I PACIFIC HEALTH. HPH PARTNERED WITH FEED THE HUNGER FUND TO PROVIDE SUPPORT TO SMALL LOW-INCOME FARMERS IN OUR SERVICE AREAS TO STRENGTHEN COMMUNITY FOOD SYSTEMS AND IMPROVE ACCESS TO HEALTHY FOODS FOR ALL, PARTICULARLY THOSE IN FOOD INSECURE HOUSEHOLDS.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	IN CALCULATING THE ESTIMATED FY22 BAD DEBT, HPH APPLIED THE CALENDAR YEAR PERCENTAGE OF NO INSURANCE TO THE TOTAL BAD DEBT EXPENSE IN ORDER TO DETERMINE THE BAD DEBT RELATED TO NO INSURANCE. HPH ALSO APPLIED THE CALENDAR YEAR PERCENTAGE OF CHARITY CARE TO BAD DEBT RELATED TO NO INSURANCE TO DETERMINE THE AMOUNTS ELIGIBLE FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	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 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 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 9B - DEBT COLLECTION POLICY</p>	<p>PATIENTS WHO QUALIFY FOR CHARITY CARE RECEIVE EITHER 100% DISCOUNT (FREE SERVICES) OR 85% DISCOUNT (PARTIAL CHARITY) ON OUTSTANDING BALANCES. PATIENTS RECEIVING PARTIAL CHARITY THAT HAVE REMAINING ACCOUNT BALANCES AFTER THE CHARITY CARE ADJUSTMENT, FOLLOW THE SAME COLLECTION PROCEDURES AS ALL OTHER PATIENTS. PATIENTS WHO QUALIFY FOR 100% DISCOUNT HAVE THEIR PATIENT ACCOUNT BALANCES FULLY ADJUSTED AND ARE NOT SUBJECT TO ANY COLLECTION PROCEDURES.</p> <p>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.</p> <p>DUE TO IMPROVED ECONOMIC CONDITIONS, HAWAII PACIFIC HEALTH REINSTATED COLLECTION PRACTICES ON OUTSTANDING ACCOUNTS AS FOLLOWS: -FORWARDING ACCOUNTS TO OUTSIDE COLLECTION AGENCIES EFFECTIVE APRIL 19, 2021 -SENDING FINAL COLLECTION LETTERS FOR HOSPITAL ACCOUNTS EFFECTIVE APRIL 17, 2021 -REPLACED REMINDER NOTICE ON PROFESSIONAL BILLING STATEMENTS WITH FINAL NOTICE DUNNING MESSAGE EFFECTIVE APRIL 24, 2021</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 10 - IMPLEMENTATION STRATEGY PLAN WEBSITE</p>	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN: HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/MEDIA/12311/CHI-PLAN_KAPIOLANI_FY2020-2022.PDF</p> <p>PALI MOMI MEDICAL CENTER: HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/MEDIA/12312/CHI-PLAN_PALI-MOMI_FY2020-2022.PDF</p> <p>STRAUB CLINIC & HOSPITAL: HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/MEDIA/12313/CHI-PLAN_STRAUB_FY2020-2022.PDF</p> <p>WILCOX MEMORIAL HOSPITAL: HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/MEDIA/12314/CHI-PLAN_WILCOX_FY2020-2022.PDF</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>HAWAII PACIFIC HEALTH'S FOUR HOSPITAL FACILITIES PARTICIPATED WITH FIFTEEN OTHER NONPROFIT HAWAII HOSPITALS TO COLLABORATE ON A JOINT CHNA LED BY THE HEALTHCARE ASSOCIATION OF HAWAII. RESEARCH WAS COMPLETED IN DECEMBER 2021 AND EACH HPH HOSPITAL FACILITY ADOPTED ITS CHNA IN 2022 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 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 HAWAII 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 HAWAII 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.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>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 HAWAII 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 HAWAII STATE MEDICAL ASSISTANCE APPLICATION. THIS IS THE APPLICATION FOR THE HAWAII STATE MEDICAID/QUEST PROGRAM. THE HOSPITAL CONTRACTS WITH SERVICE PROVIDERS WHO SPECIALIZE IN ASSISTING PATIENTS WITH THE MEDICAID/QUEST PROGRAM APPLICATION PROCESS. IF THE PATIENT'S APPLICATION FOR MEDICAID/QUEST IS DENIED OR IT IS DETERMINED THAT THE PATIENT IS INELIGIBLE TO APPLY FOR MEDICAID/QUEST, THE PATIENT MAY APPLY FOR HPH FINANCIAL ASSISTANCE EITHER IN THE HOSPITAL FINANCIAL SERVICES DEPARTMENT OR BY MAIL DIRECTLY TO THE HPH BUSINESS SERVICES OFFICE. FINANCIAL COUNSELORS ARE AVAILABLE ON SITE TO REVIEW PAYMENT OPTIONS WITH THE PATIENT OR THE GUARANTOR. THESE OPTIONS INCLUDE THE AFOREMENTIONED HPH UNINSURED DISCOUNT PROGRAM, THE HAWAII 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.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>HAWAII 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 HAWAII INCLUDE 1.4M RESIDENTS AND 10.4M VISITORS (2019 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.</p> <p>KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN HAS BEEN TREATING WOMEN, CHILDREN AND INFANTS FOR MORE THAN A CENTURY. IT IS HAWAII'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 2022, KAPI'OLANI HAD 5,784 DELIVERIES (BIRTHS), 57,790 WOMEN'S CENTER PROCEDURES, 37,893 ER VISITS, 57,275 IMAGING PROCEDURES, 438 TRANSPORTS AND 14,562 INPATIENT ADMISSIONS. ITS GEOGRAPHIC SERVICE AREA IS THE ENTIRE PACIFIC REGION AS MANY SPECIALTIES OFFERED ARE NOT AVAILABLE ELSEWHERE.</p> <p>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 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 HAWAII AND IT IS ALSO A CERTIFIED PRIMARY STROKE CENTER. IN FISCAL YEAR 2022, PALI MOMI HAD 38,628 ER VISITS, 59,297 WOMEN'S CENTER PROCEDURES, 87,433 IMAGING PROCEDURES AND 5,534 INPATIENT ADMISSIONS. PALI MOMI'S GEOGRAPHIC SERVICE AREA IS PRIMARILY CENTRAL O'AHU, WEST O'AHU AND THE NORTH SHORE.</p> <p>STRAUB MEDICAL CENTER HAS SERVED THE PEOPLE OF HAWAII 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 2022, STRAUB HAD 28889 ER VISITS, 6,160 INPATIENT ADMISSIONS, 106,679 IMAGING PROCEDURES AND 1,083,521 CLINIC ENCOUNTERS. STRAUB IS PROUD TO PROVIDE SERVICES THAT ARE NOT OFFERED BY ANY OTHER PROVIDERS IN THE REGION. THE BURN CENTER, FOR EXAMPLE, IS THE ONLY DEDICATED BURN TREATMENT FACILITY IN HAWAII AND TREATS MILITARY AND CIVILIAN PATIENTS THROUGHOUT THE PACIFIC REGION.</p> <p>WILCOX MEDICAL CENTER HAS SERVED KAUA'I FOR MORE THAN 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 2022, WILCOX HAD 21,428 ER VISITS, 478 DELIVERIES (BIRTHS), 73,370 IMAGING PROCEDURES AND 3,425 INPATIENT ADMISSIONS. WILCOX'S GEOGRAPHIC SERVICE AREA IS THE ISLAND OF KAUA'I. DEMOGRAPHICS OF THE KAUA'I COMMUNITY IN FISCAL YEAR 2020 INCLUDE AN ESTIMATED POPULATION OF APPROXIMATELY 72,293 (2019 CENSUS BUREAU DATA) AND NEARLY 1.4M VISITORS ANNUALLY (2019 DATA). THERE ARE TWO OTHER HOSPITALS IN THE COMMUNITY, AND FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS ARE PRESENT.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>EACH AFFILIATE HOSPITAL OF HAWAII 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 HAWAII PACIFIC HEALTH. THESE VOLUNTEER, UNPAID MEMBERS ENSURE THAT EACH FACILITY FULFILLS ITS MISSION-DRIVEN GOALS. AS AFFILIATES OF THE NOT FOR-PROFIT HAWAII PACIFIC HEALTH NETWORK, EACH HOSPITAL REINVESTS ALL SURPLUS RESOURCES BACK INTO PATIENT CARE AND TO SUBSIDIZE THOSE WHO CANNOT PAY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>HAWAII PACIFIC HEALTH, ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, IS COMMITTED TO PROVIDING HIGH-QUALITY, ACCESSIBLE CARE AND SERVICES TO THE PEOPLE OF HAWAII AND THE PACIFIC REGION. THE HAWAII PACIFIC HEALTH SYSTEM INCLUDES FOUR MEDICAL CENTERS, 70 LOCATIONS, MORE THAN 1,400 AFFILIATED PHYSICIANS AND MORE THAN 7,200 EMPLOYEES. THE MEDICAL CENTERS PROVIDE ACUTE AND SPECIALTY CARE WITH 602 BEDS AND HANDLED 29,681 ADMISSIONS IN FISCAL YEAR 2022.</p> <p>KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS THE PRIMARY PEDIATRIC AND OBSTETRIC TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE. KAPI'OLANI SUPPORTS THE TRAINING AND TEACHING OF HAWAII'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, HAWAII 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 AND PUBLIC AWARENESS. THE HOSPITAL ALSO OPERATES THE SEX ABUSE TREATMENT CENTER OF HAWAII, 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.</p> <p>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 2020, PALI MOMI CONTINUED TO PROVIDE SERVICES AS A DESIGNATED LEVEL III TRAUMA CENTER BY THE STATE OF HAWAII. 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 2022, PALI MOMI ALSO HOSTED AND PARTICIPATED IN FREE COMMUNITY HEALTH EVENTS, HEALTH FAIRS AND HEALTH SCREENINGS, VIDEO CONFERENCES FOR EDUCATIONAL SPEAKERS' SERIES AND SUPPORT GROUPS</p> <p>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 2022, STRAUB PROVIDED A VARIETY OF FREE HEALTH EDUCATION PROGRAMS, ACTIVITIES AND EVENTS.</p> <p>WILCOX MEDICAL CENTER IS DEDICATED TO PROVIDING KAUA'I WITH AFFORDABLE AND ACCESSIBLE HEALTH CARE. WILCOX PHYSICIANS OFFER CARE IN 30 SPECIALTIES AND PROGRAMS. WILCOX IS AN ACTIVE COMMUNITY PARTNER. IN FISCAL YEAR 2020, 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 "HAWAII PACIFIC HEALTH GREAT ALOHA RUN," "KIDS FEST," "KAUA'I MARATHON," SEVERAL PHYSICIAN LED COMMUNITY WALKS, "A HEALTHIER YOU" HEALTH AND LIFESTYLE PROGRAM, "KEIKI BIKE AND SKATEBOARD SAFETY DAY," "BACK TO SCHOOL BASH," AND "WESTSIDE OHANA DAY."</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>N/A</p>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

Part I General Information on Grants and Assistance

- 1** 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**
- 2** 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UH FOUNDATION 1314 S. KING ST., #B, HONOLULU, HI 96814	99-0085260	501(C)(3)	715,486				SCHOLARSHIP PLEDGE
(2) HAWAI'I CANCER CONSORTIUM 201 MERCHANT ST., HONOLULU, HI 96813	45-2280259	501(C)(3)	500,000				GENERAL SUPPORT
(3) UNIVERSAL CLINICAL ED. & RSRCH ASSOC. P.O. BOX 31000, HONOLULU, HI 96813	99-0307152	501(C)(3)	83,334				GENERAL SUPPORT
(4) HAWAI'I COMMUNITY LENDING, INC 200 N. VINEYARD BLVD, HONOLULU, HI 96817	47-3100005	501(C)(3)	50,000				GENERAL SUPPORT
(5) RESIDENTIAL YOUTH SVCS & EMPOWERMENT P.O. BOX 11662, KAILUA, HI 96828	81-2102826	501(C)(3)	43,500				GENERAL SUPPORT
(6) OLAPONO P.O. BOX 508, KOLOA, HI 96756	85-3025920	501(C)(3)	40,000				GENERAL SUPPORT
(7) NATIONAL KIDNEY FOUNDATION OF HAWAI'I 1314 S. KING ST., HONOLULU, HI 96814	99-0266733	501(C)(3)	32,500				GENERAL SUPPORT
(8) FEED THE HUNGER FUND 100 MONTGOMERY ST., SAN FRANCISCO, CA 94129	26-2975093	501(C)(3)	25,000				GENERAL SUPPORT
(9) IHS, THE INSTITUTE FOR HUMAN SERVICES, INC 546 KAAAHII STREET, HONOLULU, HI 96817	99-0199107	501(C)(3)	25,000				GENERAL SUPPORT
(10) HAWAI'I ISLAND'S FOOD BANK 40 HOLOMUA ST., HILO, HI 96720	26-0349475	501(C)(3)	20,000				GENERAL SUPPORT
(11) HO'OLA NA PUA P.O. BOX 22551, HONOLULU, HI 96823	46-5139164	501(C)(3)	10,000				GENERAL SUPPORT
(12) HOSPICE HAWAI'I, INC. 860 IWILEI ROAD, HONOLULU, HI 96817	99-0203930	501(C)(3)	10,000				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 12
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Cat. No. 50055P

Schedule I (Form 990) 2021

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

(SEE STATEMENT)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE HAWAI'I PACIFIC HEALTH DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO IRC SECTIONS 501(C)(3) 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

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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 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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**

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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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 and/or 1099-NEC 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	RAYMOND P. VARA JR. BOARD OF DIRECTOR, PRESIDENT	(i) 0	0	0	0	0	0	0
	(ii) 1,088,746	579,773	621,515	2,470,732	27,410	4,788,176	615,303	
2	DAVID OKABE EVP, CFO & TREASURER	(i) 0	0	0	0	0	0	0
	(ii) 546,669	170,726	235,766	376,357	15,769	1,345,287	226,880	
3	CHARLES R. CHING EVP, GENERAL COUNSEL & SECRETARY	(i) 0	0	0	0	0	0	0
	(ii) 431,400	135,036	392,695	252,886	15,769	1,227,786	185,998	
4	ARTHUR GLADSTONE BOD, CEO, EVP & CSO	(i) 0	0	0	0	0	0	0
	(ii) 503,226	189,772	213,837	292,071	25,054	1,223,960	199,456	
5	STEVEN ROBERTSON EVP & CIO	(i) 0	0	0	0	0	0	0
	(ii) 444,593	169,121	173,730	284,000	15,769	1,087,213	177,390	
6	MELINDA ASHTON, M.D. EVP & CQO	(i) 0	0	0	0	0	0	0
	(ii) 455,308	194,229	139,244	244,499	16,006	1,049,286	168,964	
7	LESLIE CHUN, M.D. EVP	(i) 0	0	0	0	0	0	0
	(ii) 519,567	180,626	85,652	200,623	24,688	1,011,156	86,619	
8	JENNIE CHAHANOVICH BOD, PRESIDENT & CEO	(i) 0	0	0	0	0	0	0
	(ii) 372,818	148,018	160,343	218,488	13,372	913,039	143,838	
9	WARREN CHAIKO SVP	(i) 0	0	0	0	0	0	0
	(ii) 259,893	67,444	440,149	92,906	27,704	888,096	54,113	
10	GERARD LIVAUDAIS, M.D. EVP (PART YEAR)	(i) 0	0	0	0	0	0	0
	(ii) 374,236	126,878	69,675	172,318	9,160	752,267	81,450	
11	MARTHA SMITH FORMER OFFICER	(i) 0	0	0	0	0	0	0
	(ii) 146,322	124,419	150,303	258,378	5,438	684,860	207,350	
12	DOUGLAS KWOCK, M.D. VP	(i) 0	0	0	0	0	0	0
	(ii) 392,692	75,632	39,672	94,688	24,325	627,009	49,637	
13	PATRICK O'DONNELL, M.D. BOARD OF DIRECTOR	(i) 0	0	0	0	0	0	0
	(ii) 557,044	2,957	31,062	11,600	23,440	626,103	0	
14	SUSAN MASUMOTO-NONAKA VP (PART YEAR)	(i) 0	0	0	0	0	0	0
	(ii) 207,594	51,419	263,295	74,942	7,431	604,681	41,245	
15	TODD MILLER, M.D. BOARD OF DIRECTOR, VICE CHAIR (SEE STATEMENT)	(i) 0	0	0	0	0	0	0
	(ii) 504,248	2,501	75,749	11,600	7,611	601,709	0	
16		(i)						
	(ii)							

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) JOAN KANEMORI VP	(i)	0	0	0	0	0	0
	(ii)	222,535	32,296	30,918	285,749	16,569	588,067
(17) DAVID CHO, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	513,626	15,773	22,635	11,600	22,440	586,074
(18) GAIL LERCH FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	433,599	0	52,661	91,102	7,480	584,842
(19) TRAVIS CLEGG COO	(i)	0	0	0	0	0	0
	(ii)	326,626	80,626	23,339	96,413	25,169	552,173
(20) MAVIS NIKAIDO VP & CNE (PART YEAR)	(i)	0	0	0	0	0	0
	(ii)	200,524	42,238	226,910	64,604	5,574	539,850
(21) GIDGET RUSCETTA, R.N. COO	(i)	0	0	0	0	0	0
	(ii)	323,251	62,656	38,738	85,572	14,569	524,786
(22) DAWN DUNBAR SVP	(i)	0	0	0	0	0	0
	(ii)	290,624	74,468	38,173	93,610	24,660	521,535
(23) SUNSHINE TOPPING SVP	(i)	0	0	0	0	0	0
	(ii)	280,785	68,850	30,118	89,038	24,660	493,451
(24) TYLER CHIHARA, DPM BOARD OF DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	411,472	2,096	8,829	11,600	22,440	456,437
(25) BARBARA CRAFT COO (PART YEAR)	(i)	0	0	0	0	0	0
	(ii)	232,764	65,450	49,763	91,059	15,596	454,632
(26) JAMES LIN, M.D. VP	(i)	0	0	0	0	0	0
	(ii)	256,939	52,655	25,538	73,078	24,404	432,614
(27) CAROL FUJIYOSHI, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	342,002	6,902	55,988	11,600	7,480	423,972
(28) MICHAEL ROBINSON VP	(i)	0	0	0	0	0	0
	(ii)	260,167	49,180	28,544	75,992	9,831	423,714
(29) BRIGITTE MCKALE VP & CNE (PART YEAR)	(i)	0	0	0	0	0	0
	(ii)	252,259	49,316	28,631	76,118	14,269	420,593
(30) DAWN CHING VP	(i)	0	0	0	0	0	0
	(ii)	241,916	35,207	34,082	96,654	9,994	417,853
(31) ANDY LEE, M.D. BOARD OF DIRECTOR (PART YEAR)	(i)	0	0	0	0	0	0
	(ii)	295,998	36,372	25,000	21,750	24,925	404,045
(32) WILLIAM BURKE VP	(i)	0	0	0	0	0	0
	(ii)	231,178	44,764	26,379	71,139	17,185	390,645
(33) ANDREW MOATS, R.N. VP	(i)	0	0	0	0	0	0
	(ii)	228,736	43,072	20,712	60,921	26,975	380,416
(34) SHILPA PATEL, M.D. ASSOCIATE CQO	(i)	0	0	0	0	0	0
	(ii)	150,284	991	165,520	22,942	22,440	362,177

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(35) LORRIE-ANN LUKE VP	(i)	0	0	0	0	0	0
	(ii)	207,351	39,718	23,683	63,397	25,054	31,859
(36) DAVID STUMBAUGH VP	(i)	0	0	0	0	0	0
	(ii)	212,851	40,836	17,570	62,403	23,440	32,756
(37) CARRIE ANN TSUTSUI VP & CONTROLLER	(i)	0	0	0	0	0	0
	(ii)	214,570	41,321	22,396	65,763	13,048	18,347
(38) GLENN KAWABATA VP	(i)	0	0	0	0	0	0
	(ii)	205,253	38,465	22,796	56,986	25,953	13,207
(39) MONICA PRICE, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	238,335	8,670	65,119	11,600	25,580	0
(40) KENNETH B. ROBBINS, M.D. FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	236,663	0	0	86,322	14,329	78,909
(41) GLORIA BROOKS COO	(i)	0	0	0	0	0	0
	(ii)	205,553	39,653	23,735	60,083	8,200	12,703
(42) DAVID UNDERRINER BOARD OF DIRECTOR, CEO	(i)	0	0	0	0	0	0
	(ii)	240,233	75,000	1,904	0	6,410	0
(43) BEAU NAKAMOTO, M.D. FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	175,980	2,456	116,462	11,408	0	0
(44) MELANIE KIM, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	12,784	34,505	234,747	10,949	7,684	0
(45) KEITH-ANN LUM, R.N. REGISTERED NURSE	(i)	93,075	26,880	145,958	14,129	12,420	0
	(ii)	0	0	0	0	0	0
(46) MYRNA NATIVIDAD, R.N. REGISTERED NURSE	(i)	89,665	0	176,124	14,628	11,291	0
	(ii)	0	0	0	0	0	0
(47) AMPARO ARQUINES, R.N. REGISTERED NURSE	(i)	88,924	0	171,941	13,750	11,691	0
	(ii)	0	0	0	0	0	0
(48) REINA (FRANCE) GRAVES PRIVACY OFFICER	(i)	0	0	0	0	0	0
	(ii)	248,960	0	1,099	12,228	22,540	0
(49) BRANDT FARIAS FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	121,482	61,243	21,369	74,371	5,735	49,137
(50) SUSANA PASCUA, R.N. REGISTERED NURSE	(i)	75,424	30,720	154,229	15,381	7,907	0
	(ii)	0	0	0	0	0	0
(51) KATHRYN REYES, R.N. REGISTERED NURSE	(i)	80,104	29,952	149,338	14,566	7,352	0
	(ii)	0	0	0	0	0	0
(52) TROY BRANSTETTER VP	(i)	0	0	0	0	0	0
	(ii)	188,888	13,431	28,417	29,634	7,480	0
(53) RODNEY WILLIAMS, M.D. FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	0	0	259,188	233	6,775	0
(54) KATIE SHIGEMITSU COMPLIANCE OFFICER	(i)	0	0	0	0	0	0
	(ii)	183,738	0	39,580	23,057	9,168	0

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(55) DEAN TATEYAMA VP	(i)	0	0	0	0	0	0	
	(ii)	181,497	18,285	1,389	21,464	19,340	241,975	
(56) BRANDON WONG VP	(i)	0	0	0	0	0	0	
	(ii)	169,022	15,905	736	32,689	22,440	240,792	
(57) ROBYN KALAHIKI, R.N. VP & CNE	(i)	0	0	0	0	0	0	
	(ii)	180,734	20,195	1,692	21,570	15,549	239,740	
(58) LOUISE FUKUMOTO VP	(i)	0	0	0	0	0	0	
	(ii)	176,638	17,733	4,777	20,815	15,106	235,069	
(59) ALAN ITO INFORMATION SECURITY OFFICER (PART YEAR)	(i)	0	0	0	0	0	0	
	(ii)	144,850	18,144	38,304	17,782	14,649	233,729	
(60) DARLA SABRY, R.N. VP & CNE	(i)	0	0	0	0	0	0	
	(ii)	182,714	19,027	923	17,360	13,549	233,573	
(61) JESSICA LEWIS ASSISTANT CORPORATE SECRETARY	(i)	0	0	0	0	0	0	
	(ii)	167,315	0	725	14,873	25,976	208,889	
(62) MATHEW LOUGHLIN VP	(i)	0	0	0	0	0	0	
	(ii)	151,581	17,019	1,000	16,464	21,866	207,930	

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.

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - SUPPLEMENTAL COMPENSATION INFORMATION</p>	<p>THE ORGANIZATION'S PRESIDENT IS PAID BY ITS TAX EXEMPT PARENT, HAWAII PACIFIC HEALTH ('HPH'), AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, FORM 990, PART VI, SECTION B, LINE 15A FOR THE PROCESS USED BY HPH TO DETERMINE COMPENSATION.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>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.</p> <p>AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION: RAYMOND P. VARA JR. - \$193,418 DAVID OKABE - \$72,983 GAIL LERCH - \$7,785 STEVEN ROBERTSON - \$49,068 CHARLES R. CHING - \$44,945 ARTHUR GLADSTONE - \$50,298 MARTHA SMITH - \$58,273 MELINDA ASHTON, M.D. - \$41,256 JENNIE CHAHANOVICH - \$27,896 GERARD F. LIVAUDIS - \$26,186 LESLIE CHUN, M.D. - \$33,229</p> <p>ANNUAL INCENTIVE PLAN THE ANNUAL INCENTIVE PLAN IS AFFORDED TO EXECUTIVES BASED ON ANNUAL SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS.</p> <p>AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION: RAYMOND P. VARA JR. - \$479,773 DAVID OKABE - \$170,726 STEVEN ROBERTSON - \$139,121 CHARLES R. CHING - \$135,036 ARTHUR GLADSTONE - \$159,772 MELINDA ASHTON, M.D. - \$144,229 JENNIE CHAHANOVICH - \$123,018 LESLIE CHUN, M.D. - \$155,626 GERARD LIVAUDAIS, M.D. - \$126,564 DAWN DUNBAR - \$74,468 WARREN CHAIKO - \$67,444 GIDGET RUSCETTA, R.N. - \$62,656 TRAVIS CLEGG - \$80,626 DOUGLAS KWOCK, M.D. - \$75,632 SUSAN MASUMOTO NONAKA - \$51,419 MAVIS NIKAI DO - \$42,238 MICHAEL ROBINSON - \$49,180 DAVID STUMBAUGH - \$40,836 LORRIE-ANN LUKE - \$39,718 BRIGITTE MCKALE - \$49,316 JAMES LIN, M.D. - \$49,164 CARRIE ANN TSUTSUI - \$41,321 WILLIAM BURKE - \$44,764 SUNSHINE TOPPING - \$68,850 BARBARA CRAFT - \$65,450 DAWN CHING - \$35,207 JOAN KANEMORI - \$32,296 ANDREW MOATS, R.N. - \$43,072 GLENN KAWABATA - \$38,465 TROY BRANSTETTER - \$13,431 BRANDON WONG - \$15,905 GLORIA BOOKS - \$39,653 MARTHA SMITH - \$124,419 BRANDT FARIAS - \$61,243</p> <p>RETENTION INCENTIVE PLAN THE RETENTION INCENTIVE PLAN WAS DESIGNED TO ENCOURAGE CONTINUED INTEREST IN THE SUCCESS OF THE ORGANIZATION AND PROVIDE COMPETITIVE RETIREMENT BENEFITS. THE SOLE PLAN PARTICIPANT IS HAWAII PACIFIC HEALTH'S CHIEF EXECUTIVE OFFICER, RAYMOND P. VARA JR. THE PLAN DOES NOT REPLACE THE ANNUAL AND LONG-TERM INCENTIVE PLAN NOR THE SERP RESTORATION PLAN.</p> <p>AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION: RAYMOND P. VARA JR. - \$1,015,000</p>

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

(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)												
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Cat. No. 50056A

Schedule L (Form 990) 2021

Part IV**Business Transactions Involving Interested Persons** (continued)

(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) HAWAI'I BIO WASTE	MICHELLE HO, WHO SERVES ON THE BOARD OF DIRECTORS, OWNS MORE THAN 65% DIRECTLY AND INDIRECTLY OF HAWAI'I BIO WASTE.	\$381,038	WASTE MANAGEMENT SERVICES		✓
(2) JOY MATSUYAMA	JOY MATSUYAMA, DIRECTOR OF PHARMACY, IS A FAMILY MEMBER OF DAWN DUNBAR, OFFICER OF STRAUB AND SENIOR VICE PRESIDENT OF PHILANTHROPY.	\$229,544	DIRECTOR OF PHARMACY		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**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 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	✓		28,999	MARKET VALUE
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	✓	6	6,517	MARKET VALUE
20 Drugs and medical supplies	✓	5	8,766	MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS)	✓	15	46,668	MARKET VALUE
26 Other ▶ (PREPAID GIFT CARDS)	✓	11	16,009	MARKET VALUE
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 V, Donee Acknowledgement

29	
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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?

	Yes	No
30a		✓

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?

31		✓
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		✓
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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.

33		
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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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN B	COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O
(Form 990)**

Department of 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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the Organization
HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer Identification Number
38-3835105

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>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.</p>
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>OUTPATIENT OPERATING ROOMS IN FISCAL YEAR 2022, HAWAI'I PACIFIC HEALTH MEDICAL CENTERS AND CLINICS SPENT A TOTAL OF \$69,730,044 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.</p> <p>PEDIATRIC SURGERIES AT KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KAPI'OLANI) INCLUDE THORACIC/HEART; CLEFT LIP/PALATE; EAR, NOSE AND THROAT; ORTHOPEDIC; NEUROLOGIC; UROLOGIC; 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 2022, KAPI'OLANI PERFORMED 4,368 PEDIATRIC AND ADULT OUTPATIENT SURGERIES.</p> <p>PALI MOMI MEDICAL CENTER (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 2022, PALI MOMI PERFORMED 3,718 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.</p> <p>STRAUB CLINIC & HOSPITAL (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 RADIOLOGY SUITES, AND ENDOSCOPY DEPARTMENT. PROCEDURES PERFORMED RANGE FROM MINOR EXCISIONS TO COMPLEX PERIPHERAL INTRAVASCULAR TECHNIQUES. IN FISCAL YEAR 2022, STRAUB PERFORMED 3,432 OUTPATIENT SURGERIES.</p> <p>WILCOX MEMORIAL HOSPITAL (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 2022, WILCOX PERFORMED 3,052 OUTPATIENT SURGERIES.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>OUTPATIENT EMERGENCY ROOMS</p> <p>IN FISCAL YEAR 2022, HAWAII PACIFIC HEALTH MEDICAL CENTERS SPENT A TOTAL OF \$62,964,812 IN DIRECT EXPENSES FOR OUTPATIENT ER SERVICES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.</p> <p>KAPI'OLANI IS THE ONLY LEVEL III PEDIATRIC TRAUMA CENTER SERVING HAWAII AND THE PACIFIC REGION. KAPI'OLANI'S EXPANDED EMERGENCY DEPARTMENT 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 DECOR; AND A CENTRAL, OPEN BUSINESS CENTER.</p> <p>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 2022, KAPI'OLANI HAD 36,341 OUTPATIENT ER CASES.</p> <p>PALI MOMI IS THE ONLY LEVEL III TRAUMA CENTER SERVING CENTRAL AND WEST O'AHU. IN FISCAL YEAR 2022, THE PALI MOMI ER HAD 33,755 OUTPATIENT ER CASES.</p> <p>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 2022, THE STRAUB ER HAD 24,276 OUTPATIENT ER CASES.</p> <p>WILCOX IS THE FIRST AMERICAN COLLEGE OF SURGEONS VERIFIED LEVEL III TRAUMA CENTER IN THE STATE OF HAWAII. 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 2022, THE WILCOX ER HAD 19,030 OUTPATIENT ER CASES.</p>
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>WOMEN'S SERVICES: OBSTETRICS</p> <p>IN FISCAL YEAR 2022, HAWAII PACIFIC HEALTH SPENT A TOTAL OF \$46,024,292 IN DIRECT EXPENSES FOR WOMEN'S SERVICES FOR OBSTETRICS, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. HAWAII PACIFIC HEALTH MEDICAL CENTERS HAD A TOTAL OF 6,559 CASES TO SUPPORT WOMEN FOR THEIR CARE DURING PREGNANCY, LABOR, AND BIRTH TO HELP MAINTAIN HEALTHY PREGNANCIES AND DELIVERIES OF BABIES. KAPI'OLANI IS RECOGNIZED AS HAWAII'S ONLY FULL-SERVICE SPECIALTY HOSPITAL FOR WOMEN AND CHILDREN, AND ALSO PROVIDES CARE FOR WOMEN AND CHILDREN THROUGHOUT THE PACIFIC REGION. IT HAS THE ONLY OPEN INTENSIVE CARE UNITS IN HAWAII TO TREAT CRITICALLY-ILL CHILDREN AND INFANTS. IN FISCAL YEAR 2022, KAPI'OLANI PROVIDED SPECIALIZED CARE FOR 6,045 OBSTETRICS PATIENTS. IN FISCAL YEAR 2022, WILCOX PROVIDED OBSTETRIC SERVICES FOR 493 PATIENTS TO MEET THE HEALTH NEEDS ON KAUA'I. IN FISCAL YEAR 2022, PALI MOMI PROVIDED OBSTETRIC SERVICES FOR 12 PATIENTS AND STRAUB PROVIDED OBSTETRICS SERVICES FOR NINE PATIENTS.</p>

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<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$1,063,570,269 INCLUDING GRANTS OF \$1,648,527)(REVENUE \$1,213,621,327)</p> <p>OTHER PROGRAMS HAWAII PACIFIC HEALTH IS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS WITH FOUR MEDICAL CENTERS, MORE THAN 70 LOCATIONS, 1,500+ AFFILIATED PHYSICIANS, MORE THAN 7,000 EMPLOYEES, AND HUNDREDS OF VOLUNTEERS FROM THE COMMUNITY. HAWAII RESIDENTS AND VISITORS RELY ON HAWAII PACIFIC HEALTH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES. IN FISCAL YEAR 2022, THE MEDICAL CENTERS ADMITTED 29,681 PATIENTS. STRAUB CLINICS HAD 1,083,521 TOTAL PATIENT CLINIC ENCOUNTERS, KAUA'I MEDICAL CLINIC HAD 312,256 TOTAL PATIENT CLINIC ENCOUNTERS, KAPI'OLANI MEDICAL SPECIALISTS HAD 202,527 PATIENT CLINIC ENCOUNTERS AND PALI MOMI CLINIC HAD 73,061 PATIENT CLINIC ENCOUNTERS.</p> <p>AFFILIATES AND SUBSIDIARIES HAWAII 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. KAUA'I MEDICAL CLINIC IS A SPECIALTY PHYSICIANS GROUP ORGANIZED TO SUPPORT WILCOX MEDICAL CENTER. THE FOUNDATIONS OF HAWAII PACIFIC HEALTH CONSIST OF KAPI'OLANI HEALTH FOUNDATION, PALI MOMI 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. HAWAII HEALTH PARTNERS, INC. IS A FOR-PROFIT SUBSIDIARY THAT SERVES AS THE JOINT VENTURE PARTNER WHEN HAWAII PACIFIC HEALTH WORKS WITH OTHER PROVIDERS. PROVIDERS INSURANCE CORPORATION IS A CAPTIVE INSURANCE COMPANY THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE FOR HAWAII PACIFIC HEALTH-AFFILIATED EMPLOYED PHYSICIANS.</p> <p>PATIENT CARE HAWAII 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.</p> <p>THE HAWAII PACIFIC HEALTH SYSTEM INCLUDES: THE PACIFIC REGION'S ONLY FULL-SERVICE WOMEN'S AND CHILDREN'S MEDICAL CENTER AND ONLY DEDICATED BURN UNIT, STATE-OF-THE-ART IMAGING CENTER ON KAUA'I, WEST O'AHU'S ONLY CARDIAC CATHETERIZATION LABS, CENTRAL AND WEST O'AHU'S ONLY COMPREHENSIVE CANCER CENTER, MINIMALLY INVASIVE BONE AND JOINT CENTER, STATE'S FIRST WOMEN'S CENTER, SPECIALIZED BREAST AND WOMEN'S CANCER CENTERS, AND OTHER SERVICES CONSIDERED CRITICAL TO THE REMOTE HAWAIIAN ARCHIPELAGO.</p> <p>COMMUNITY ROLE/ACTIVITY AS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO IMPROVE THE HEALTH OF HAWAII RESIDENTS AND, THROUGH ITS MISSION, IS COMMITTED TO CREATING A HEALTHIER HAWAII. EACH YEAR, HAWAII PACIFIC HEALTH SPONSORS HEALTH EDUCATION, TEACHING AND RESEARCH, AND SUPPORTS LIKE-MINDED ORGANIZATIONS.</p> <p>IN FISCAL YEAR 2022, HAWAII PACIFIC HEALTH CONTINUED TO SERVE AS A STATEWIDE RESOURCE TO THE COMMUNITY IN RESPONSE TO EVER-CHANGING HEALTH NEEDS BASED ON THE PANDEMIC. COVID-19 INITIATIVES BY THE SYSTEM INCLUDED FREE COMMUNITY VACCINE CLINICS, MOBILE VACCINE OUTREACH EVENTS, DRIVE-THROUGH VACCINE AND BOOSTER SHOT EVENTS FOR CHILDREN AND FAMILIES, DEDICATED PEDIATRIC VACCINE AND BOOSTER CLINICS AND TELEHEALTH OPTIONS. OTHER COMMUNITY RESOURCES THAT HAWAII PACIFIC HEALTH PROVIDED WERE PUBLIC HEALTH EDUCATION, AND A COHESIVE PUBLIC HEALTH RESPONSE IN COLLABORATING WITH THE DEPARTMENT OF HEALTH, DEPARTMENT OF EDUCATION, HONOLULU FIRE DEPARTMENT, HAWAII HEALTHCARE ASSOCIATION OF HAWAII AND OTHER HEALTH CARE PROVIDERS.</p> <p>HAWAII PACIFIC HEALTH ALSO CONTINUED TO SUPPORT 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, HEMOPHILIA PROGRAMS, AND OTHER EDUCATION AND SCREENINGS FOR HAWAII RESIDENTS ON HEALTH, WELLNESS AND DISEASE-PREVENTION STRATEGIES.</p> <p>IN FISCAL YEAR 2022, HAWAII PACIFIC HEALTH SPONSORED OR SUPPORTED NUMEROUS HEALTH EVENTS, INCLUDING "AMERICAN HEART ASSOCIATION HAWAII HEART WALK," "SUSAN G. KOMENMORE THAN PINK WALK," "ARTHRITIS FOUNDATION'S WALK TO CURE ARTHRITIS," - THAT WELCOMED PARTIPATION IN-PERSON AND VIRTUALLY THIS YEAR - AND MORE. HAWAII PACIFIC HEALTH ALSO SERVED AS THE PRESENTING SPONSOR FOR THE VIRTUAL GREAT ALOHA RUN. PROCEEDS FROM THE EVENT BENEFIT MORE THAN 150 NONPROFIT ORGANIZATIONS IN HAWAII.</p> <p>HAWAII PACIFIC HEALTH ALSO PARTICIPATED IN SYMPOSIA AND MEETINGS FOR HEALTH CARE PROFESSIONALS, HIRED STUDENTS AS SUMMER INTERNS, FACILITATED CLINICAL TRAINING PROGRAMS FOR PUBLIC HIGH SCHOOL STUDENTS TO EARN NATIONAL CERTIFICATION IN MEDICAL FIELDS AND SPONSORED WORKSHOPS FOR VOLUNTEERS. TO TRAIN HEALTH CARE PROVIDERS, HAWAII PACIFIC HEALTH HAS ALLIANCES WITH THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE AND HAWAII PACIFIC UNIVERSITY. HAWAII PACIFIC HEALTH INVESTS EACH YEAR IN TEACHING AND RESEARCH AS A PEDIATRIC AND OB-GYN TRAINING FACILITY FOR THE UNIVERSITY OF HAWAII. HAWAII PACIFIC HEALTH IS ALSO ACTIVELY INVOLVED IN CLINICAL TRIALS AND RESEARCH THROUGH ITS VAROUS FACILITIES IN PEDIATRICS, ONCOLOGY, OPHTHALMOLOGY AND CARDIOLOGY.</p> <p>PUBLIC POLICY HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT</p>

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	<p>TO LAWMAKERS REGARDING HEALTH CARE POLICY AND 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.</p> <p>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 7,000 EMPLOYEES, THEIR FAMILIES, AND MANY BUSINESSES THROUGH PURCHASES MADE BY ITS MEDICAL CENTERS AND CLINICS.</p>
FORM 990, PART IV, LINE 8 - COLLECTION OF WORKS OF ART, HISTORICAL TREASURES OR SIMILAR	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC) AND PALI MOMI MEDICAL CENTER (PMMC) MAINTAIN WORKS OF ART.</p> <p>STRAUB CLINIC & HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) DID NOT MAINTAIN WORKS OF ART.</p>
FORM 990, PART IV, LINE 10 - ENDOWMENT FUNDS	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC), PALI MOMI MEDICAL CENTER (PMMC) AND STRAUB CLINIC & HOSPITAL (SCH) HELD ASSETS IN ENDOWMENT FUNDS.</p> <p>WILCOX MEMORIAL HOSPITAL DID NOT HOLD ASSETS IN ENDOWMENT FUNDS.</p>
FORM 990, PART IV, LINE 11B - INVESTMENTS - OTHER SECURITIES 5% OR MORE OF TOTAL ASSETS	<p>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.</p> <p>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.</p>
FORM 990, PART IV, LINE 28C - BUSINESS TRANSACTION WITH A CONTROLLED ENTITY	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC) WAS A PARTY TO A BUSINESS TRANSACTION WITH A 35% CONTROLLED ENTITY BY A CURRENT OFFICER.</p> <p>PALI MOMI MEDICAL CENTER (PMMC), STRAUB CLINICAL & HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) WERE NOT A PARTY TO A BUSINESS TRANSACTION WITH A 35% CONTROLLED ENTITY BY A CURRENT OFFICER.</p>
FORM 990, PART V, LINE 1A - FORM 1096 REPORTING	HAWAI'I PACIFIC HEALTH (HPH), THE ORGANIZATION'S TAX EXEMPT PARENT, PAYS ALL VENDORS. THEREFORE, HPH ISSUES FORMS 1099 UNDER ITS TAX ID.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	JESSICA LEWIS AND PETER LEWIS - FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	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 - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	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.

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<p>FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS</p>	<p>HAWAII PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN AND PALI MOMI MEDICAL CENTER:</p> <p>(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; (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.</p> <p>HAWAII PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO STRAUB CLINIC & HOSPITAL:</p> <p>(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; (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 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.</p> <p>THE FOLLOWING ACTIONS REQUIRE APPROVAL FROM THE MEMBER BOARD: (I) ADD ANY DIRECTOR TO THE BOARD;</p>

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	(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; (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.

Return Reference - Identifier	Explanation
<p>FORM 990, PART VI, LINE 7B - DESCRIPTION CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS - CONTINUED</p>	<p>HAWAII PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO WILCOX MEMORIAL HOSPITAL:</p> <p>(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;</p> <p>(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;</p> <p>(III) AMEND THE BYLAWS;</p> <p>(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;</p> <p>(V) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED;</p> <p>(VI) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;</p> <p>(VII) EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE;</p> <p>(VIII) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS;</p> <p>(IX) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;</p> <p>(X) EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS OR AS REQUIRED BY THE LAW OF THE STATE OF HAWAII, 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");</p> <p>(XI) EXCEPT AS PROVIDED IN THE BYLAWS OR AS REQUIRED BY THE LAWS OF THE STATE OF HAWAII, 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;</p> <p>(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;</p> <p>(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;</p> <p>(XIV) AFTER CONSULTING WITH THE BOARD, REMOVE THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, TREASURER, SECRETARY, OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND 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;</p> <p>(XV) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG RANGE AND STRATEGIC PLANS OF THE CORPORATION; AND</p> <p>(XVI) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.</p> <p>THE CORPORATION SHALL NOT TAKE THE FOLLOWING ACTIONS WITHOUT FIRST OBTAINING MEMBER BOARD APPROVAL:</p> <p>(I) ADD ANY DIRECTOR TO THE BOARD;</p> <p>(II) REMOVE ANY DIRECTOR FROM THE BOARD;</p> <p>(III) AMEND THE ARTICLES;</p> <p>(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;</p> <p>(V) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000);</p> <p>(VI) ACQUIRE SHARES IN ANOTHER CORPORATION;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(X) MERGE THE CORPORATION WITH ANY ENTITY;</p> <p>(XI) DISSOLVE OR LIQUIDATE THE CORPORATION;</p> <p>(XII) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER</p> <p>(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</p> <p>(XIV) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>VARIOUS SCHEDULES OF THE FORM 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 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 FORM 990 OF EACH FILING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM. ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE FORMS 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 (HAWAII PACIFIC HEALTH "HPH") BOARD PROVIDES OVERSIGHT FOR THE FORM 990 REPORTING AND REVIEWS THE FORM 990 FOR EACH ENTITY PRIOR TO FILING. IN ADDITION, THE FORM 990 FOR EACH ENTITY IS 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 FORM 990. THE FORMS 990 WILL BE POSTED TO HPH'S WEBSITE FOR PUBLIC ACCESS AFTER THE FILING OF THE RETURNS WITH THE IRS.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>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:</p> <ol style="list-style-type: none"> 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 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. <p>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.</p> <p>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.</p>
FORM 990, PART VI, LINE 15 - PROCESS OF DETERMINING COMPENSATION	<p>THE CEO OF THE ORGANIZATION IS NOT COMPENSATED BY THE FILING ORGANIZATION, BUT RATHER BY THE TAX EXEMPT PARENT, HAWAII PACIFIC HEALTH ("HPH"). FOLLOWING IS THE PROCESS THAT THE PARENT ORGANIZATION UNDERTAKES TO APPROVE THE CEO'S COMPENSATION.</p> <p>COMPENSATION FOR HAWAII PACIFIC HEALTH ("HPH") EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE INDEPENDENT BOARD MEMBERS OF THE HAWAII 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.</p> <p>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 09, 2022 TO REVIEW PHYSICIAN COMPENSATION AND ON JULY 26, 2022 TO REVIEW EXECUTIVE COMPENSATION.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND STANDARDS OF CONDUCT ARE AVAILABLE ON THE HAWAII PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWAII PACIFIC HEALTH WEBSITE.</p>

Return Reference - Identifier	Explanation				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	PHYSICIAN SERVICES	18,896,602	15,723,660	3,172,942	
	MEDICAL SERVICES	5,332,977	5,269,364	63,613	
	CONSULTING SERVICES	735,029	650,758	84,271	
	REGISTRY SERVICES	40,014,148	40,014,148		
	TEMPORARY LABOR ADMIN SERVICES	5,952,616	5,951,785	831	
	TEMPORARY LABOR OTHER SERVICES	3,939,999	3,939,999		
	LAUNDRY SERVICES	4,565,828	4,558,283	7,545	
	CONTRACT & RECURRING SERVICES	49,820,494	46,454,431	3,366,063	
	FAMILY FUND SERVICES	30	30		
	COLLECTION FEES SERVICES	670,694	670,694		
	OTHER SERVICES	21,370,080	17,837,807	3,532,273	
	REPAIRS & MAINTENANCE	10,079,997	10,005,925	74,072	
	INTERNAL SERVICE PROVIDED EXPENSE	47,021,367	31,499,883	15,521,484	
	OTHER EXPENSE RECOVERY	-87,798	-82,326	-5,472	
SERVICES WRITER PRODUCER	4,454	4,454			
Total	208,316,517	182,498,895	25,817,622	0	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount
	OBLIGATED GROUP INTERCOMPANY TRANSFERS				- 99,486,379
	NET ASSETS RELEASED FROM RESTRICTION				- 5,529,063
	EQUITY TRANSFERS				- 167,154
	CHANGE IN INTEREST IN KHFWHF				21,221,201
	CHANGE IN INTEREST IN PERPETUAL TRUSTS				- 892,155
	RESTRICTED GRANTS AND CONTRIBUTIONS				5,498,966
	ROUNDING				- 22

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAI'I PACIFIC HEALTH GROUP RETURN

Related Organizations and Unrelated Partnerships

▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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 COMPANY (71-0893000) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INSURANCE	HI	501(C)(3)	12 TYPE II	HPH	✓	
(2) KAPI'OLANI HEALTH FOUNDATION (99-0246364) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(3) KAPI'OLANI MEDICAL SPECIALISTS (99-0322406) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HEALTHCARE	HI	501(C)(3)	3	HPH	✓	
(4) WILCOX HEALTH FOUNDATION (99-0204242) 3-3420 KUHIO HIGHWAY, LIHUE, HI 96766	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(5) KAUA'I MEDICAL CLINIC (99-0326099) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(6) STRAUB FOUNDATION (99-0109350) 55 MERCHANT STREET, 26TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(7) PALI MOMI FOUNDATION (38-3840327) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

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) (SEE STATEMENT)												
(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) (SEE STATEMENT)									
(2)									
(3)									
(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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)	✓	

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	20,857,152	FMV
(2) KAPI'OLANI MEDICAL SPECIALISTS	Q	142,894,689	FMV
(3) KAPI'OLANI MEDICAL SPECIALISTS	R	128,151	FMV
(4) KAPI'OLANI MEDICAL SPECIALISTS	S	117,508	FMV
(5) KAPI'OLANI HEALTH FOUNDATION (SEE STATEMENT)	C	2,622,582	FMV
(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 III

Identification of Related Organizations Taxable as a Partnership (continued)

(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) HONOLULU SURGERY CENTER, LP (62-1506645) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	AMBU. SURG. CTR.	TN	N/A	N/A								
(2) SPECIALTY SURGICAL SUITES, LLC (46-1674512) 1401 S. BERETANIA ST. STE 750, HONOLULU, HI 96814	AMBU. SURG. CTR.	HI	N/A	N/A								

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(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) HAWAII PACIFIC HEALTH PARTNERS, INC. (99-0318588) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOLDING COMPANY	HI	N/A	C CORPORATION					
(2) STRAUB PHARMACY, INC. (99-0145107) 888 SOUTH KING STREET, HONOLULU, HI 96813	INACTIVE	HI	SCH	C CORPORATION	0	4,971,708	100.00	✓	
(3) HICORD, INC. (99-0251496) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INVESTMENT	HI	N/A	C CORPORATION					

Part V**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) KAPI'OLANI HEALTH FOUNDATION	Q	57,174	FMV
(7) KAPI'OLANI HEALTH FOUNDATION	S	294,807	FMV
(8) KAUA'I MEDICAL CLINIC	P	737,985	FMV
(9) KAUA'I MEDICAL CLINIC	Q	89,282	FMV
(10) KAUA'I MEDICAL CLINIC	R	1,007,272	FMV
(11) PALI MOMI FOUNDATION	C	107,253	FMV
(12) PROVIDERS INSURANCE CORPORATION	R	8,375,082	FMV
(13) STRAUB FOUNDATION	C	803,858	FMV
(14) STRAUB FOUNDATION	P	52,647	FMV
(15) WILCOX HEALTH FOUNDATION	C	362,171	FMV

FORM 990, LINE H(B) - SUBORDINATES INCLUDED

KAPI'OLANI MED CTR WOMEN & CHILDREN
55 MERCHANT ST., 24TH FLOOR
HONOLULU, HI 96813
99-0177350
KAPI

PALI MOMI MEDICAL CENTER
55 MERCHANT ST., 24TH FLOOR
HONOLULU, HI 96813
99-0274038
PALI

STRAUB CLINIC & HOSPITAL
55 MERCHANT ST., 24TH FLOOR
HONOLULU, HI 96813
91-2151670
STRA

WILCOX MEMORIAL HOSPITAL
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CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Hawai'i Pacific Health
Years Ended June 30, 2022 and 2021
With Report of Independent Auditors

Ernst & Young LLP



Hawai'i Pacific Health
Consolidated Financial Statements and
Supplementary Information
Years Ended June 30, 2022 and 2021

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Report of Independent Auditors

The Board of Directors
Hawai'i Pacific Health

Opinion

We have audited the consolidated financial statements of Hawai'i Pacific Health, which comprise the consolidated balance sheets as of June 30, 2022 and 2021, and the related consolidated statements of income and changes in net assets, and cash flows for the years then ended and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Hawai'i Pacific Health at June 30, 2022 and 2021, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Hawai'i Pacific Health and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hawai'i Pacific Health's ability to continue as a going concern for one year after the date that the financial statement are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hawai'i Pacific Health's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Hawai'i Pacific Health's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Information

Management is responsible for the other information. The other information comprises the Annual Report but does not include the financial statements and or auditor's report thereon. Our opinion on the financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Members of the Hawai'i Pacific Health Obligated Group combined financial statements are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst + Young LLP

November 3, 2022

Hawai'i Pacific Health
Consolidated Balance Sheets

	June 30	
	2022	2021
Assets		
Current assets:		
Cash and cash equivalents	\$ 294,306,954	\$ 302,839,877
Patient accounts receivable, net	181,985,645	167,313,202
Due from third-party payors	24,520,090	21,726,090
Other receivables	18,692,736	31,852,696
Inventories	22,740,916	23,375,231
Funds held by trustee under bond indenture agreement	15,903,482	15,705,900
Prepaid expenses and other	15,195,995	22,828,143
Total current assets	573,345,818	585,641,139
Assets whose use is limited or restricted:		
Board-designated	341,240,820	374,034,004
Restricted by donor or grantor	24,801,752	22,874,606
Total assets whose use is limited or restricted	366,042,572	396,908,610
Investments	438,923,753	473,582,097
Property and equipment, net	568,743,261	569,468,558
Right of use assets – operating	121,547,153	123,036,465
Right of use assets – finance	4,017,038	5,625,324
Prepaid pension	45,142,421	11,375,832
Investments in business ventures	16,678,655	17,872,751
Other	110,290,267	92,520,487
Total assets	\$ 2,244,730,938	\$ 2,276,031,263

	June 30	
	2022	2021
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 74,062,702	\$ 48,658,187
Payroll and related liabilities	102,692,020	121,724,318
Accrued expenses	36,538,459	37,002,484
Due to third-party payors	32,815,612	57,534,232
Current portion of long-term debt	9,793,344	9,485,002
Current portion of operating lease obligations	14,769,143	12,823,512
Current portion of finance lease obligations	1,570,521	1,614,612
Total current liabilities	<u>272,241,801</u>	<u>288,842,347</u>
Long-term debt, less current portion	408,307,279	418,100,623
Operating lease obligations, less current portion	118,385,741	121,810,973
Finance lease obligations, less current portion	2,639,661	4,210,183
Other long-term liabilities	107,293,171	121,419,632
Due to third-party payors	–	23,115,924
Net assets:		
Net assets without donor restrictions	1,240,419,700	1,223,712,289
Net assets with donor restrictions	95,443,585	74,819,292
Total net assets	<u>1,335,863,285</u>	<u>1,298,531,581</u>
Total liabilities and net assets	<u><u>\$ 2,244,730,938</u></u>	<u><u>\$ 2,276,031,263</u></u>

See accompanying notes.

Hawai'i Pacific Health

Consolidated Statements of Income and Changes in Net Assets

	Year Ended June 30	
	2022	2021
Revenues		
Net patient service revenue	\$ 1,441,662,625	\$ 1,293,284,989
Premium revenue	42,097,947	39,729,780
Other revenue	118,349,491	131,713,732
Net assets released from restrictions for operations	15,826,553	14,474,833
Total revenues	1,617,936,616	1,479,203,334
Expenses		
Salaries and employee benefits	876,869,478	842,477,582
Services	237,168,050	182,050,205
Supplies	243,503,859	217,463,313
Other purchases	112,436,182	89,917,051
Depreciation and amortization	55,309,368	54,630,277
Specific purpose projects/donations	15,826,553	14,474,833
Interest	19,375,033	19,629,760
Other	16,029,047	19,014,476
Total expenses	1,576,517,570	1,439,657,497
Operating income	41,419,046	39,545,837
Business venture investment income	3,467,082	5,757,831
Other non-operating (loss)	(2,490,798)	(798,971)
Investment (loss) income, net	(65,890,906)	159,332,684
Pension non-operating income	11,850,701	4,171,852
	(53,063,921)	168,463,396
(Deficiency) excess of revenues over expenses	(11,644,875)	208,009,233
Change in net unrealized (losses) on debt securities	(5,297,708)	(1,392,287)
Net assets released from restrictions for purchase of property and equipment	5,529,063	980,780
Pension related changes other than net periodic pension costs	14,981,543	56,910,554
Change in interest rate swap value	859,096	904,260
Other changes in net assets	12,280,292	(160,271)
Increase in net assets without donor restrictions	16,707,411	265,252,269

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Hawai'i Pacific Health

Consolidated Statements of Income and Changes in Net Assets (continued)

	Year Ended June 30	
	2022	2021
Net assets with donor restrictions		
Restricted grants and contributions	\$ 44,948,715	\$ 25,728,301
Investment (loss) income	(76,189)	2,749,632
Change in net unrealized (losses) gains on investments	(1,998,334)	1,623,120
Net assets released from restrictions	(21,355,616)	(15,455,613)
Change in beneficial interest in perpetual trusts	(892,155)	1,127,332
Other changes in net assets with donor restrictions	(2,128)	(61,677)
Increase in net assets with donor restrictions	<u>20,624,293</u>	<u>15,711,095</u>
Increase in net assets	37,331,704	280,963,364
Net assets at beginning of year	1,298,531,581	1,017,568,217
Net assets at end of year	<u>\$ 1,335,863,285</u>	<u>\$ 1,298,531,581</u>

See accompanying notes.

Hawai'i Pacific Health

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2022	2021
Operating activities		
Increase in net assets	\$ 37,331,704	\$ 280,963,364
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	55,309,368	54,630,277
Business venture investment income	(3,467,082)	(5,757,831)
Net losses (gains) on alternative investments	35,734,421	(117,014,631)
Net unrealized losses (gains) on debt investments	7,296,042	(230,833)
Net realized gains on debt investments	(17,134,042)	(1,735,327)
Net losses (gains) on equity investments	52,766,166	(37,654,244)
Restricted contributions	(44,948,715)	(25,728,301)
Changes in operating assets and liabilities:		
Patient accounts receivable	(14,672,443)	(23,802,612)
Due to/from third-party payors	(50,628,545)	(14,693,373)
Other receivables	13,159,960	(7,924,899)
Inventories and other assets	(9,503,317)	(44,748,440)
Restricted pledges receivable	(1,397,734)	(10,559)
Prepaid pension	(33,766,589)	(63,199,408)
Accounts payable and accrued expenses	4,920,900	29,184,546
Other long-term liabilities	(14,126,461)	24,783,987
Net cash provided by operating activities	16,873,633	47,061,716
Investing activities		
Purchases of property and equipment	(51,978,784)	(44,677,884)
Net distributions from business venture partnerships	4,661,180	3,881,748
Purchases of investment securities	(145,612,796)	(112,066,809)
Sales and maturities of investment securities	135,299,900	108,501,678
Increase in funds held by trustee under bond indenture agreement	(197,582)	(66,241)
Assets whose use is limited or restricted:		
Purchases of investment securities	(94,247,143)	(68,599,076)
Sales and maturities of investment securities	92,819,568	65,258,222
Net cash used in investing activities	(59,255,657)	(47,768,362)

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Hawai'i Pacific Health

Consolidated Statements of Cash Flows (continued)

	Year Ended June 30	
	2022	2021
Financing activities		
Payment of long-term debt	\$ (9,485,002)	\$ (157,599,509)
Payments of finance lease obligations	(1,614,612)	(1,380,102)
Decrease in escrow funds held for bond defeasance	–	152,524,306
Liquidation of escrow funds held for bond defeasance	–	(152,524,306)
Restricted contributions	44,948,715	25,728,301
Net cash provided by (used in) financing activities	<u>33,849,101</u>	<u>(133,251,310)</u>
Decrease in cash and cash equivalents	(8,532,923)	(133,957,956)
Cash and cash equivalents at beginning of year	302,839,877	436,797,833
Cash and cash equivalents at end of year	<u>\$ 294,306,954</u>	<u>\$ 302,839,877</u>

See accompanying notes.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements

June 30, 2022

1. Organization and Summary of Accounting Policies

Hawai'i Pacific Health (HPH) is the sole member of Kapi'olani Medical Center for Women and Children (KMCWC), Pali Momi Medical Center (PMMC), Pali Momi Foundation, Kapi'olani Medical Specialists, Providers Insurance Corporation (PIC), Kapi'olani Health Foundation, Straub Clinic & Hospital (SCH), Straub Foundation, Wilcox Memorial Hospital (WMH), Kauai Medical Clinic, Wilcox Health Foundation, Hawai'i Pacific Health Partners, Inc. (HPHPI), Hawai'i Health Partners and other smaller health care-related entities (some of which are for-profit) located in Hawai'i. Effective January 1, 2020, management created the Hawai'i Pacific Health Medical Group, which consolidated the Company's clinical operation service lines into a centralized medical group. HPH and the above affiliates are collectively referred to as "the Company" and are consolidated in the accompanying consolidated financial statements. All inter-organizational transactions and balances have been eliminated in consolidation.

Except with regard to unrelated business income, which is taxed at corporate income tax rates, the Company's not-for-profit organizations are: (a) exempt from federal and state income taxes pursuant to Internal Revenue Code Section 501(a) and applicable state laws, and (b) generally exempt from Hawai'i general excise tax on revenue related to their tax-exempt purpose.

The taxable affiliates of the Company utilize the liability method of accounting for income taxes. Under this method, deferred income tax assets and liabilities are determined based on differences between the financial reporting and tax basis of assets and liabilities and are measured using the currently enacted tax rates and laws. Valuation allowances are used to reduce deferred tax assets to their estimated net realizable values and are established by management when it is more likely than not that a deferred tax asset will not be realized.

The accounting principles followed by the Company and the methods of applying those principles comply with accounting principles generally accepted in the United States of America and general practice within the health care industry. The significant policies are summarized below.

Cash and Cash Equivalents

Cash and cash equivalents consist primarily of cash and highly liquid investments with a maturity of three months or less when purchased.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

Inventories

Inventories, consisting of medical, surgical and other supplies, are stated at the lower of cost (first-in, first-out method) or net realizable value.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, ranging from 2 to 75 years for buildings and improvements and 3 to 20 years for equipment.

Gifts of long-lived assets such as land, buildings, or equipment are reported as net assets without donor restrictions and are excluded from the (deficiency) excess of revenues over expenses. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported within net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported within net assets without donor restrictions when the donated or acquired long-lived assets are placed in service.

Investments

Investments in equity securities with readily determinable fair values, and all investments in debt securities, are measured at fair value on the consolidated balance sheets. Fair value is established based on quoted prices from established securities exchanges or based on quoted market prices of similar instruments. The Company determined that all marketable securities held at June 30, 2022 and 2021 are designated as other than trading. The Company uses multiple investment managers to diversify its investment portfolio.

The Company also holds investments in fund of funds and direct funds, which include private equities and limited partnerships that are classified as alternative investments. These alternative investments seek positive returns regardless of market direction and are not restricted to any particular asset class. At the investment managers' direction, these alternative investments may invest in both registered and non-registered securities in the U.S. and globally, with exposure to both emerging and developed markets. The alternative investment fund managers employ a range of investment strategies including, but not limited to, long/short equity positions, derivatives, forward and futures contracts, and currency hedges.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

The Company accounts for its ownership interests in these alternative investments under the equity method of accounting based on the Company's shares held in the funds and the funds' net asset values. The net asset value is determined based on the estimated fair value of the underlying investments. However, the fair value of such investments may have been estimated by the alternative investment fund managers in the absence of readily ascertainable fair values. Due to the inherent uncertainty of these estimates, these values may differ from the values that would have been used had an active market for these investments existed. The investment income recorded is based on the Company's proportionate share of the fund's portfolio net asset value.

Investment income, including interest and dividends received, realized gains and losses on investments, unrealized gains and losses on equity securities, and net gains on alternative investments, is included in (deficiency) excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on debt securities, except for other-than-temporary declines in fair value, are excluded from the (deficiency) excess of revenue over expenses for the years ended June 30, 2022 and 2021.

The Company determines whether a decline in the fair market value of debt securities below the cost basis is other than temporary based on objective evidence, as well as subjective factors, including knowledge of recent events and assumptions of future events. If the decline in fair value is judged to be other than temporary, the cost basis of the individual security is written down to fair value. There were no other-than-temporary losses in 2022 or 2021.

The Company's investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheets.

Equity Method Investments

Investments in business ventures that are 20% to 50% owned or where the Company has the ability to exercise significant influence over the operating and financial activities of the business venture are recorded under the equity method of accounting, which approximates the Company's interest in the business ventures' underlying net book values. Investments in business ventures that are more than 50% owned and where the Company can exert control are consolidated in the accompanying consolidated financial statements.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

At June 30, investments in business ventures that are accounted for using the equity method of accounting include ownership in the following organizations:

	Ownership Percentage	
	2022	2021
Pacific ASC, LLC	50.00%	50.00%
Invision LLC	40.00	40.00
The Cancer Center of Hawaii, LLC	30.56	30.56
Pacific Medical Collections, Inc.	33.33	33.33

Summarized financial information (unaudited) for unconsolidated business ventures is as follows:

	June 30	
	2022	2021
Current assets	\$ 11,238,000	\$ 15,285,000
Non-current assets	20,032,000	22,488,000
Total assets	<u>\$ 31,270,000</u>	<u>\$ 37,773,000</u>
Current liabilities	\$ 3,720,000	\$ 4,651,000
Non-current liabilities	6,367,000	8,563,000
Capital	21,183,000	24,559,000
Total liabilities and capital	<u>\$ 31,270,000</u>	<u>\$ 37,773,000</u>
	Year Ended June 30	
	2022	2021
Excess of revenues over expenses	<u>\$ 9,555,000</u>	<u>\$ 14,595,000</u>

Board-Designated Assets

Board-designated assets consist of investments and accumulated income that have been designated by the Board of Directors for expansion and support of fundraising activities. The Board of Directors can redesignate these assets at its discretion.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

Contributions

Contributions received, including unconditional promises to give, are recognized as revenue at fair value in the period received. Fair value is measured as the present value of estimated cash flows using a discount rate commensurate with the risks involved. Pledges receivable are stated at their estimated net realizable value and are included in other receivables and assets whose use is limited or restricted – restricted by donor or grantor on the accompanying consolidated balance sheets.

The pledges receivable are as follows:

	June 30	
	2022	2021
Receivable in less than one year	\$ 7,309,794	\$ 4,992,440
Receivable in one to five years	3,895,200	4,325,233
Thereafter	570,000	1,090,000
	11,774,994	10,407,673
Less: present value discount	701,655	483,763
Less: allowance for uncollectible pledges	1,399,190	1,395,347
	<u>\$ 9,674,149</u>	<u>\$ 8,528,563</u>

Net Assets With Donor Restrictions

Net assets with donor restrictions are used to differentiate resources, the use of which is restricted by donors or grantors to a specific time period or purpose, from resources on which no restrictions have been placed or that arise from the general operations of the Company. Donor-restricted gifts are recorded as an addition to net assets with donor restrictions in the period received. When the time period or purpose is met, the gifts are released into unrestricted net assets. Donor-restricted gifts include amounts held in perpetuity or for terms designated by donors. Earnings on donor-endowment gifts are recorded as investment income in net assets with donor restrictions and subsequently used in accordance with the donor's designation. Net assets with donor restrictions are primarily restricted for health and hospital care, plant expansion and equipment replacement and research and grants.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

Net Patient Service Revenue and Patient Accounts Receivable

Net patient accounts receivable and net patient service revenue have been adjusted to the estimated amounts expected to be received based on contractual rates for services rendered, inclusive of the estimated price concessions and retroactive adjustments. The Company has entered into agreements with third-party payors, including government programs and managed care health plans, under which the facilities are paid based upon established charges, the cost of providing services, predetermined rates per diagnosis, fixed per diem rates or discounts from established charges.

The Company uses a portfolio approach to estimate the transaction price used to record net patient service revenue. The transaction price reflects the amount of consideration the Company expects to collect in exchange for satisfying its service performance obligations. The portfolios consist of various payor classes and patient types for inpatient and outpatient revenue, including the identification of uninsured, under-insured and patient coinsurance and deductible as a separate portfolio. Based on historical collection trends and other analyses, the Company believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach was used.

The transaction price, which involves significant estimates, is determined based on the Company's established charges, with a reduction recorded for price concessions. The Company estimates the transaction price associated with services provided to patients who have third-party payor coverage based on the reimbursement terms outlined in contractual agreements and historical experience and includes estimated retroactive revenue adjustments under the agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as final settlements are determined. For uninsured and under-insured patients who do not qualify for charity care, the Company determines the transaction price associated with services on the basis of charges reduced by implicit price concessions. Implicit price concessions included in the estimate of the transaction price are based on the Company's historical collection experience, changes in collection patterns, composition of patient accounts by patient type and general economic condition. Management regularly reviews payment data for each major payor in evaluating the sufficiency of the estimated allowance for price concessions.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

Net patient service revenue is recognized as performance obligations are satisfied. Inpatient service performance obligations are satisfied over time and revenue is recognized based on actual charges incurred in relation to total expected or actual charges. Unsatisfied or partially satisfied performance obligations for inpatient services primarily relate to patients in-house at the end of each reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period. Outpatient services are performance obligations satisfied over a period of time, which is often less than one day, and revenue is recognized when services are provided.

Net patient service revenue, by significant payor classification, is as follows:

	Year Ended June 30	
	2022	2021
Medicare	\$ 397,099,920	\$ 364,577,027
Medicaid/QUEST integration	306,081,981	259,372,692
Commercial	661,506,824	608,406,748
Self-pay and other	76,973,900	60,928,522
	\$ 1,441,662,625	\$ 1,293,284,989

Significant concentrations of patient accounts receivable include Hawaii Medical Service Association 26% and 27%, Medicaid and QUEST Integration programs 26% and 25%, and Medicare and Medicare Advantage 29% and 29% as of June 30, 2022 and 2021, respectively.

Government Reimbursement Programs

The Company renders service to patients under contractual arrangements with the Medicare and Medicaid programs. The Medicare program includes the traditional Medicare fee for service and Medicare managed care plans. Medicare hospital reimbursement for hospital inpatient and outpatient services are based on the Medicare prospective payment systems, fee schedules and cost reimbursement methods. A portion of the Company's Medicare reimbursement, primarily disproportionate share, medical education and bad debt, are paid during the year at an interim rate. Final settlement is determined after annual cost reports submitted by the Company are audited by the Medicare contractors. Differences between final cost report settlements and amounts accrued

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

in previous years, due to audit adjustments recorded by the Medicare contractor, are reported as current year changes to net patient service revenue. The Company has the ability to appeal the adjustments based on a process established by Medicare.

The state of Hawai'i administers its QUEST Integration Medicaid program through participating Medicaid managed care health plans under a Section 1115 waiver. The Medicaid managed care plans provide access to health care services to Medicaid eligible members. The Company contracts with the Medicaid managed care health plans to provide health care services under negotiated reimbursement rates and methodologies, which include per diem, per discharge, fee schedules, percentage of charge and capitation. Newly eligible Medicaid beneficiaries receive health care services under the traditional Medicaid program based on Hawai'i Administrative Rules pending assignment to a Medicaid managed care health plan.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Company believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigation involving allegations of potential wrongdoing that would have a material impact on the consolidated financial statements. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

The state of Hawai'i uses a provider fee to help finance the state's share of Medicaid expenditures. The Hospital Sustainability Program Act (HSPA) was amended in federal fiscal year 2017 to make payments to private hospitals through three payment types: (1) additional access payments based on increased rates received through Medicaid Managed Care Plans, (2) additional payments received under the state of Hawai'i pay-for-performance program, incentivizing quality care measured on a calendar year basis, and (3) additional payments made for Medicaid disproportionate share hospital portions of payments as compared to levels of uncompensated care measured on a federal fiscal year basis.

For the years ended June 30, 2022 and 2021, the Company recorded approximately \$43,157,000 and \$40,732,000, respectively, in net patient service revenues related to HSPA payments and \$20,853,000 and \$19,547,000, respectively, in other purchases related to provider tax payments.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

The Company recorded a change in estimate, for the years ended June 30, 2022 and 2021, of approximately \$12,125,000 and \$4,162,000, respectively, as an increase in net patient service revenues relating to the HSPA monies received during 2022, relating to prior year program revenues. The change was due to updated uncompensated care cost data received in the current year that supported an increase in Medicaid disproportionate share hospital payments.

Charity Care

The Company will treat patients regardless of their ability to pay. An established charity care policy sets guidelines to determine which patients qualify for care given at no charge. Since the Company does not pursue collection from qualified charity care patients, related charges are not reported as revenue. Charity care cost provided in both 2022 and 2021 was less than 1% of total net patient service revenue, as measured by applying the cost to gross charges ratio to gross uncompensated charges associated with providing charity care to patients.

Collective Bargaining Agreements (Unaudited)

The Company has several collective bargaining agreements covering approximately 35% of its labor force. As of June 30, 2022, four collective bargaining agreements with three unions, or approximately 7% of the Company's labor force, will expire within one year.

Deferred Financing Costs

Costs incurred in obtaining long-term financing, reported within long-term debt, are deferred and amortized over the terms of the related obligations using the effective-interest method.

Impairment of Long-Lived Assets

The Company reviews long-lived assets for circumstances which could indicate that carrying values may not be recoverable. Management determined that no long-lived assets were impaired as of or during the fiscal years ended June 30, 2022 or 2021.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

(Deficiency) Excess of Revenues Over Expenses

The consolidated financial statements of income and changes in net assets include the (deficiency) excess of revenues over expenses. Changes in net assets without donor restrictions, which are excluded from the (deficiency) excess of revenues over expenses, include changes in unrealized (losses) on debt securities, net assets released from restriction for purchase of property and equipment, pension related changes other than net periodic pension costs, change in interest rate swap value, and other changes in net assets.

COVID-19 Pandemic

In March 2020, the World Health Organization officially declared the novel coronavirus (COVID-19) a global pandemic. The pandemic has disrupted the normal operations of many businesses and organizations, including the Company. This pandemic resulted in significant stock volatility, temporary business closures and event cancellations, supply chain disruptions and deferral of elective medical procedures and other non-urgent treatment, which have adversely affected the Company. While the Company has experienced some operational and financial recovery since the initial declaration, it is not possible for the Company to reasonably predict the duration of the disruption or the complete magnitude on operations or financial condition at this time.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was passed into law to address the widespread economic fallout resulting from the COVID-19 pandemic. The CARES Act allocated funds to be used for healthcare related expenses or lost revenues attributable to COVID-19. The Company received allocated payments of approximately \$55,600,000 and \$71,700,000 for the years ended June 30, 2022 and 2021, respectively, and has attested to compliance with the funds' terms and conditions. Accordingly, the Company recognized these funds within other revenues on the consolidated statements of income and changes in net assets for the years ended June 30, 2022 and 2021. The Company will continue to monitor the terms and conditions of the CARES Act funding and impact of the pandemic on revenues and expenses.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

In order to increase cash flow to providers impacted by COVID-19, the Company received advance payments under the Medicare Accelerated and Advance Payment Program of approximately \$81,877,000 in April 2020. These advances are eligible to be recouped through offsetting claims commencing April 2021 through September 2022, at which time any unpaid amounts are subject to interest of 4%. Unpaid advances of \$24,737,000 is recorded within current due to third-party payor balances, as of June 30, 2022 and \$51,256,000 and \$23,116,000 are recorded within current and non-current due to third-party payor balances, respectively, as of June 30, 2021. In October 2022, the Company repaid the Medicare Advance Payment in full.

Subsequent Events

Subsequent events have been evaluated through November 3, 2022, the date these consolidated financial statements were issued.

On August 8, 2022, Honolulu Imaging Center (a wholly-owned entity of HPHPI) entered into an agreement to acquire a 100% interest in InVision, LLC and Avanti Imaging, LLC dba InSight Imaging for \$9,000,000 and \$15,500,000, respectively. As part of these business acquisitions, a 9% ownership interest in Honolulu Imaging Center was sold to a third party for \$3,900,000. These transactions are considered to be business acquisitions. Management is currently evaluating the purchase accounting allocation relating to these acquisitions.

In August 2022, the Company entered into a commitment to issue \$205,675,000 of direct purchase forward delivery bonds in November 2023. The proceeds from the Series 2023C Bonds will be used to finance early phase costs of the Straub redevelopment project. The forward delivery bond allows the Company to lock in long-term fixed rates in advance of the November 2023 bond delivery date.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes and supplementary information. Actual results could differ from those estimates.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Accounting Policies (continued)

New Accounting Standard

In June 2016, the Financial Accounting Standards Board issued a new accounting standard, *Financial Instruments – Credit Losses*, which requires the use of an “expected loss” model on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The expected loss model requires consideration of a broader range of reasonable and supportable information to calculate credit loss estimates. This accounting standard is effective for fiscal years beginning after December 15, 2022, with early adoption permitted. Management is currently evaluating the impact of adopting this standard.

2. Liquidity and Availability

Financial assets available for general expenditures within one year of the consolidated balance sheet date are comprised of the following:

	June 30	
	2022	2021
Cash and cash equivalents	\$ 294,306,954	\$ 302,839,877
Patient accounts receivable, net	181,985,645	167,313,202
Board-designated investments	120,260,235	140,210,649
Unrestricted investments	377,394,414	412,528,468
Financial assets available to meet general expenditures within one year	<u>\$ 973,947,248</u>	<u>\$ 1,022,892,196</u>

The Company has certain board-designated assets limited to use that are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the qualitative information above.

As part of the Company's liquidity management plan, a \$75,000,000 line of credit is maintained, as discussed in more detail in Note 8.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

3. Fair Value

The Company's investments are recorded at fair value based on an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the fair value measurement accounting standard establishes a three-tier fair value hierarchy and prioritizes the inputs used in measuring fair value as follows:

Level 1 – Pricing inputs are based on quoted prices, unadjusted, for identical assets or liabilities in active markets.

Level 2 – Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full contractual term of the assets or liabilities.

Level 3 – Pricing inputs are generally unobservable and include situations where there is little, if any, market activity for the instrument. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. Level 3 fair values are therefore determined using factors that involve considerable judgment and interpretations, including but not limited to, private and public comparables, discounted cash flow models and fund manager estimates.

Assets and liabilities measured at fair value are based on one or more of the three valuation techniques. The three valuation techniques are identified in the tables below. The valuation techniques are as follows:

- (a) Market approach – Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.
- (b) Cost approach – Amount that would be required to replace the service capacity of an asset (replacement cost).
- (c) Income approach – Techniques to convert future amounts to a single present value amount based on market expectations (including present value techniques, option-pricing and excess earnings models for intangibles).

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

3. Fair Value (continued)

As of June 30, 2022 and 2021, the Company's alternative investments, amounting to approximately \$432,144,000 and \$472,522,000, respectively, are accounted for using the equity method of accounting and are recorded within assets whose use is limited or restricted and investments within the consolidated balance sheets. Since alternative investments are accounted for using the equity method of accounting, which is not a fair value measurement, they are omitted from the following tables.

The Company has unfunded capital commitments under alternative investment private equity funds totaling approximately \$24,313,000 as of June 30, 2022. Capital commitments are determined by fund managers and the unfunded capital commitments can be funded through May 2026.

As of June 30, 2022 and 2021, the Company's investments in cash surrender values of life insurance policies amounting to approximately \$19,496,000 and \$21,573,000, respectively, are omitted from the following table as they are accounted for as life insurance contracts and are recorded within investments on the consolidated balance sheets.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

3. Fair Value (continued)

The tables below present the Company's fair value measurements on a recurring basis as of June 30:

Description	2022				Valuation Technique
	Total	Level 1	Level 2	Level 3	
Board-designated investments:					
Money market funds	\$ 16,335,016	\$ 16,335,016	\$ -	\$ -	a
Equity securities mutual funds	95,956,739	95,956,739	-	-	a
Debt securities:					
U.S. Treasury obligations	8,319,127	8,319,127	-	-	a
Asset backed securities	4,307,077	-	4,307,077	-	a
Corporate and municipal bonds	9,215,155	-	9,215,155	-	a
Foreign bonds	166,152	-	166,152	-	a
Funds held by trustee under bond indenture agreement:					
Money market funds	15,903,482	15,903,482	-	-	a
Investments restricted by donor or grantor:					
Equity securities mutual funds	2,699,022	2,699,022	-	-	a
Debt securities:					
Asset-backed securities	93,722	-	93,722	-	a
Corporate bonds	379,055	-	379,055	-	a
Foreign bonds	8,640	-	8,640	-	a
U.S. Treasury obligations	305,796	305,796	-	-	a
Charitable remainder trust assets	66,865	-	66,865	-	a
Certificate of deposit	600,000	-	600,000	-	a
Money market funds	355,451	355,451	-	-	a
Beneficial interest in perpetual trusts	4,627,155	-	-	4,627,155	c
Unrestricted investments:					
Money market funds	20,319,765	20,319,765	-	-	a
Equity securities mutual funds	127,898,938	127,898,938	-	-	a
Global equity common stocks	89,035	89,035	-	-	a
Debt securities:					
U.S. Treasury obligations	26,717,824	26,717,824	-	-	a
Asset-backed securities	5,357,742	-	5,357,742	-	a
Corporate bonds	15,818,373	-	15,818,373	-	a
Foreign bonds	225,004	-	225,004	-	a
Deferred compensation plan assets:					
Cash	1,392,181	1,392,181	-	-	a
Money market funds	581,642	581,642	-	-	a
Mutual funds	28,256,327	28,256,327	-	-	a
Equity securities	5,075,018	5,075,018	-	-	a
Indexed option	497,243	-	-	497,243	a
Collective investment trusts	3,259,288	-	3,259,288	-	a
Total investments at fair value	<u>\$ 394,826,834</u>	<u>\$ 350,205,363</u>	<u>\$ 39,497,073</u>	<u>\$ 5,124,398</u>	
Funds held by trustee under bond indenture agreement	\$ 15,903,482				
Assets whose use is limited or restricted	366,042,572				
Investments	438,923,753				
Deferred compensation plan assets – within other assets	39,061,699				
Less alternative investments	(432,144,304)				
Less cash surrender value of life insurance policies	(19,495,991)				
Less cost method investment	(2,000,000)				
Less restricted pledge receivables, net	(7,284,012)				
Less cash and cash equivalents	(4,180,365)				
Total investments at fair value	<u>\$ 394,826,834</u>				

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

3. Fair Value (continued)

Description	2021				Valuation Technique
	Total	Level 1	Level 2	Level 3	
Board-designated investments:					
Money market funds	\$ 7,457,023	\$ 7,457,023	\$ –	\$ –	a
Equity securities mutual funds	120,238,547	120,238,547	–	–	a
Debt securities:					
U.S. Treasury obligations	5,990,163	5,990,163	–	–	a
Asset backed securities	4,047,932	–	4,047,932	–	a
Corporate and municipal bonds	8,696,215	–	8,696,215	–	a
Foreign bonds	416,611	–	416,611	–	a
Funds held by trustee under bond indenture agreement:					
Money market funds	15,705,900	15,705,900	–	–	a
Investments restricted by donor or grantor:					
Equity securities mutual funds	3,032,085	3,032,085	–	–	a
Debt securities:					
Asset-backed securities	80,438	–	80,438	–	a
Corporate bonds	339,498	–	339,498	–	a
Foreign bonds	14,228	–	14,228	–	a
U.S. Treasury obligations	231,973	231,973	–	–	a
Charitable remainder trust assets	77,132	–	77,132	–	a
Certificate of deposit	600,000	–	600,000	–	a
Money market funds	148,181	148,181	–	–	a
Beneficial interest in perpetual trusts	5,519,309	–	–	5,519,309	c
Unrestricted investments:					
Money market funds	9,614,547	9,614,547	–	–	a
Equity securities mutual funds	154,240,473	154,240,473	–	–	a
Global equity common stocks	187,869	187,869	–	–	a
Debt securities:					
U.S. Treasury obligations	18,579,504	18,579,504	–	–	a
Asset-backed securities	5,031,135	–	5,031,135	–	a
U.S. commercial paper	6,673,305	–	6,673,305	–	a
Corporate bonds	13,999,166	–	13,999,166	–	a
Foreign bonds	545,734	–	545,734	–	a
Deferred compensation plan assets:					
Cash	793,696	793,696	–	–	a
Money market funds	486,274	486,274	–	–	a
Mutual funds	30,300,881	30,300,881	–	–	a
Equity securities	3,633,879	3,633,879	–	–	a
Indexed option	426,238	–	–	426,238	a
Collective investment trusts	3,510,602	–	3,510,602	–	a
Total investments at fair value	<u>\$ 420,618,538</u>	<u>\$ 370,640,995</u>	<u>\$ 44,031,996</u>	<u>\$ 5,945,547</u>	
Funds held by trustee under bond indenture agreement	\$ 15,705,900				
Assets whose use is limited or restricted	396,908,610				
Investments	473,582,097				
Deferred compensation plan assets – within other assets	39,151,570				
Less alternative investments	(472,522,224)				
Less cash surrender value of life insurance policies	(21,572,605)				
Less cost method investment	(2,000,000)				
Less restricted pledge receivables, net	(5,886,278)				
Less cash and cash equivalents	(2,748,532)				
Total investments at fair value	<u>\$ 420,618,538</u>				

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

3. Fair Value (continued)

The Company received restricted pledges and contributions amounting to approximately \$44,949,000 and \$25,728,000 in 2022 and 2021, respectively, which are recorded within net assets with donor restrictions – restricted grants and contributions on the consolidated financial statements of income and changes in net assets. These restricted pledges are subject to fair value measurement upon initial receipt using discounted cash flow projections. Pledges receivable, net of the present value discount, using discount rates from 0.16% to 3.09%, and allowance for uncollectible pledges were approximately \$9,674,000 and \$8,529,000 as of June 30, 2022 and 2021, respectively.

4. Property and Equipment

Property and equipment are summarized as follows:

	June 30	
	2022	2021
Land and land improvements	\$ 45,876,748	\$ 46,030,598
Buildings and improvements	779,923,186	754,647,222
Equipment	434,843,615	442,807,819
Construction in progress	43,373,317	32,845,609
	1,304,016,866	1,276,331,248
Less: amortization and accumulated depreciation	735,273,605	706,862,690
Property and equipment, net	\$ 568,743,261	\$ 569,468,558

In 2022, the Company wrote off fully depreciated buildings, improvements and equipment with cost and accumulated depreciation totaling approximately \$36,867,000.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

5. Other Assets

Other assets are summarized as follows:

	June 30	
	2022	2021
Deferred compensation plan assets	\$ 39,061,699	\$ 39,151,570
Reinsurance receivable	23,841,358	25,649,633
Goodwill	37,696,133	16,873,142
Other	9,691,077	10,846,142
Total other assets	<u>\$ 110,290,267</u>	<u>\$ 92,520,487</u>

6. Other Long-Term Liabilities

Other long-term liabilities are summarized as follows:

	June 30	
	2022	2021
Deferred compensation liability	\$ 37,240,747	\$ 35,561,721
Long-term malpractice reserves	27,596,707	30,402,434
Reinsurance obligations	23,841,358	25,649,633
Other	18,614,359	29,805,844
Total other long-term liabilities	<u>\$ 107,293,171</u>	<u>\$ 121,419,632</u>

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans

Eligible employees of the Company are covered under the Hawai'i Pacific Health Retirement Plan (the Plan), a non-contributory defined benefit pension plan. Benefits are based on years of service and a percentage of the employee's compensation. The Company's policy is to accrue actuarially determined net periodic pension costs and to annually contribute an amount within regulatory guidelines. Active eligible participant accounts receive a cash balance credit, ranging from 3.0% to 6.5% of eligible compensation based on the participant's age and years of service.

The Company recorded an actuarial gain of \$110,954,000 in 2022 as a result of a change in the discount rate from 2.90% as of June 30, 2021 to 4.78% as of June 30, 2022. The change in the discount rate related to the change in yields of high-quality corporate bonds. Additionally, the actual return on plan assets resulted in a loss of \$73,460,000 in 2022 which was primarily driven by market performance.

As part of an ongoing de-risking strategy, the Plan executed a non-cancellable group annuity purchase with a third-party in April 2021, whereby all future benefit payments to certain retirees are assumed by the third-party. Approximately 292 retirees in pay status were legally transferred to the third-party in April 2021 for a premium of \$17,316,000. Accordingly, the projected benefit obligation, as of June 30, 2021, was reduced by an actuarially determined amount consistent with the premium paid.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

The following is a summary of the changes in the projected benefit obligation and the fair value of plan assets for the fiscal years ended June 30, and the accumulated benefit obligation at June 30:

	Year Ended June 30	
	2022	2021
Projected benefit obligation		
Benefit obligation, at beginning of year	\$ 502,853,393	\$ 509,258,276
Service cost	22,939,394	21,850,219
Interest cost	10,787,811	10,240,076
Actuarial (gain) loss	(110,953,795)	2,215,662
Annuity purchase	–	(17,316,000)
Benefits paid	(40,092,902)	(23,394,840)
Benefit obligation at end of year	385,533,901	502,853,393
Fair value of plan assets		
Fair value of plan assets, at beginning of year	514,229,225	457,434,700
Contributions	30,000,000	24,000,000
Actual return on plan assets	(73,460,001)	73,505,365
Annuity purchase	–	(17,316,000)
Benefits paid	(40,092,902)	(23,394,840)
Fair value of plan assets at end of year	430,676,322	514,229,225
Prepaid pension, end of year	\$ 45,142,421	\$ 11,375,832
Year Ended June 30		
	2022	2021
Unrecognized net actuarial loss	\$ 187,670,915	\$ 209,934,377
Unrecognized prior service credit	(49,559,857)	(56,968,037)
Accumulated other comprehensive loss	\$ 138,111,058	\$ 152,966,340

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

The overfunded status of the Plan of approximately \$45,142,000 and \$11,376,000 at June 30, 2022 and 2021, respectively, is recognized on the accompanying consolidated balance sheets as prepaid pension. No plan assets are expected to be returned to the Company during the year ending June 30, 2023.

Components of Net Periodic Benefit Cost

	Year Ended June 30	
	2022	2021
Service cost	\$ 22,939,394	\$ 21,850,219
Interest cost	10,787,811	10,240,076
Expected return on plan assets	(27,240,031)	(23,981,452)
Recognized prior service credit	(7,408,180)	(7,408,180)
Recognized net loss	12,009,699	16,977,704
Net periodic benefit cost	\$ 11,088,693	\$ 17,678,367

Weighted-Average Assumptions Used to Determine Benefit Obligations

	June 30	
	2022	2021
Discount rate	4.78%	2.90%

Weighted-Average Assumptions Used to Determine Net Periodic Benefit Cost

	Year Ended June 30	
	2022	2021
Discount rate	2.90%	2.83%
Expected return on plan assets	5.25	5.25
Rate of compensation increase	3.50	3.50

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

Asset Allocations

The assets of the Plan are held by the plan trustee in the HPH combined pension fund. Oversight of the combined pension fund assets is provided by the HPH Investment Advisory Group and the HPH Finance Committee of the Board of Directors. The long-term financial objectives of the combined pension fund are to comply with regulatory funding requirements and balance liquidity needs to meet benefit and expense obligations when due with long-term investment return goals to satisfy future plan obligations.

The long-term investment objective is to earn an average real return of 5%, after adjusting for inflation and management fees, over long time periods. In order to achieve this objective, the fund needs to exceed the investment objectives in certain periods in order to compensate for shortfalls in other periods. This implies a higher average allocation to equity securities. HPH's current asset allocation policy target of 43% equity securities and 57% fixed income securities and cash will change based on the Plan's status to hedge interest rate risk.

The expected return on plan assets of 5.25% was developed based upon analysis of historical market returns, current market conditions, targeted future asset allocations, the plan assets' past performance, and expectations on potential future market returns. The expected return represents a long-term average view of the performance of the plan assets, which may not be achieved during a given plan year.

The weighted average target asset allocations compared with actual asset allocations at June 30, by major asset category, are as follows:

Major asset category	Target Allocation 2022	Percentage of Actual Plan Assets at June 30	
		2022	2021
Global equity	31%	31%	36%
Fixed income	55	51	43
Marketable alternative and private investments	12	12	17
Real estate	–	3	2
Cash and cash equivalents	2	3	2
	100%	100%	100%

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

The table below presents the plan's assets measured at fair value on a recurring basis as of June 30:

	2022				Valuation Technique (Note 3)
	Total	Level 1	Level 2	Level 3	
Equity securities:					
Mutual funds	\$ 13,369,206	\$ 13,369,206	\$ -	\$ -	a
Common stock	7,710,105	7,710,105	-	-	a
Real estate	12,170,000	-	12,170,000	-	a
Common collective funds	165,686,039	165,686,039	-	-	a
Limited liability companies	67,048,772	67,048,772	-	-	a
Cash and cash equivalents	15,119,960	15,119,960	-	-	a
Total investments	<u>281,104,082</u>	<u>\$ 268,934,082</u>	<u>\$ 12,170,000</u>	<u>\$ -</u>	
Alternative investments measured at net asset value:					
Closely held securities	14,864,651				
Common collective funds	21,479,011				
Limited partnerships	89,562,208				
Limited liability companies	23,666,370				
Total investments at fair value	<u>\$ 430,676,322</u>				

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

	2021				Valuation Technique (Note 3)
	Total	Level 1	Level 2	Level 3	
Equity securities:					
Mutual funds	\$ 27,928,555	\$ 27,928,555	\$ –	\$ –	a
Common stock	13,247,986	13,247,986	–	–	a
Real estate	11,740,000	–	11,740,000	–	a
Common collective funds	184,454,070	184,454,070	–	–	a
Limited liability companies	51,968,119	51,968,119	–	–	a
Cash and cash equivalents	12,154,392	12,154,392	–	–	a
Total investments	301,493,122	\$ 289,753,122	\$ 11,740,000	\$ –	
Alternative investments measured at net asset value:					
Closely held securities	42,677,317				
Common collective funds	27,381,280				
Limited partnerships	109,983,448				
Limited liability companies	32,694,058				
Total investments at fair value	\$ 514,229,225				

The Plan has classified its common stock and mutual funds, which are considered highly liquid and easily tradable as Level 1 within the fair value hierarchy. These securities are valued using inputs observable in active markets for identical securities. The Plan's investments in real estate are classified as Level 2. Real estate is valued based on an appraisal using inputs observable in active markets for similar properties.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

The Plan's alternative investments are reported at net asset value per share as a practical expedient or its equivalent. The following tables and explanations identify attributes relating to the nature and risk of such investments at June 30:

2022				
Fair Value	Redemption Frequency (If Currently Eligible)	Redemption Notice Period (If Currently Eligible)	Redemption Restrictions and Expiration of Restriction	
Fixed income	\$ 219,566,830	Daily	2–5 business days	–
Global ex-U.S. equity	18,996,011	Daily, monthly	1 or 10 days	–
U.S. equity growth	29,917,703	Daily, monthly	3 or 31 days	–
Emerging markets equity	9,501,140	Daily, monthly	2, 10, 30 or 32 days	–
Diversified arbitrage/ event-driven	4,836,141	Quarterly	65 days	Side pockets, gates
Distressed	339,625	Every 24 months, 25% quarterly Semi-monthly, monthly, quarterly, annually,	60–65 days	Side pockets, gates
Global long/short equity	39,624,768	semi-annually	3–65 days	Side pockets, gates, hold backs
U.S. long/short equity	23,666,370	Quarterly	45 days	–
Global macro	9,244,372	Monthly, quarterly	14–60 days	–
Private equity	26,601,369	–	–	–
Opportunistic	12,722	Every 24 months	90 days	Side pockets
	<u>\$ 382,307,051</u>			

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

2021				
	Fair Value	Redemption Frequency (If Currently Eligible)	Redemption Notice Period (If Currently Eligible)	Redemption Restrictions and Expiration of Restriction
Fixed income	\$ 220,661,689	Daily	2–5 business days	–
Global ex-U.S. equity	28,823,125	Daily, monthly	1 or 10 days	–
U.S. equity growth	33,931,840	Daily, monthly	3 or 31 days	–
Emerging markets equity	18,402,191	Daily, monthly	2, 5, 10 or 30 days	Gates
Diversified arbitrage/ event-driven	14,762,908	Quarterly, annually Every 24 months,	45–65 days	Side pockets, gates
Distressed	6,582,145	25% quarterly Semi-monthly, monthly, quarterly, annually, semi-annually	60–65 days	Side pockets, gates Side pockets, gates, hold backs, lock up through 10/1/21
Global long/short equity	56,294,418	Quarterly	3–65 days	–
U.S. long/short equity	25,728,920	Monthly, quarterly	45 days	–
Global macro	13,213,155	–	2–60 days	–
Private equity	30,744,982	–	–	–
Opportunistic	12,919	Every 24 months	90 days	Side pockets
	<u>\$ 449,158,292</u>			

Fixed income: Portfolios that seek to exploit mispricings in fixed income securities, utilizing a variety of investment instruments, including corporate and municipal bonds, sovereign debt, mortgage-backed securities, swaps and options. These managers often utilize leverage to magnify their returns.

Global ex-U.S. equity: This category invests in portfolios consisting of a core group of long stock positions and stock indices in global ex.-U.S. equity markets. These managers do not focus on a single sector or geographic region, instead employing a broad, global ex.-U.S. mandate.

U.S. equity growth: This category has an emphasis on equities of companies with rapid earnings growth and high multiples of earnings, dividends, and book values.

Emerging markets equity: This category has products investing in the equity securities of companies located in emerging and frontier market countries.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

Diversified arbitrage/event-driven: This category has multi-strategy portfolios that have broad investment parameters, seeking to profit from mispricings across asset classes and strategies and exploit security mispricings caused by mergers and acquisitions, spin-offs, tracking stocks, accounting write-offs, reorganizations, bankruptcies, share buybacks and special dividends.

Distressed: This category has portfolios consisting primarily of investments in debt securities of companies that are experiencing business, financial, market or legal uncertainties, attempting to capture the difference between the market price of security or debt obligations and their underlying intrinsic value.

Global long/short equity: This category has portfolios consisting of a core group of long stock positions with short sales of stock and stock indices in global and global ex.-U.S. equity markets.

U.S. long/short equity: This category has portfolios consisting of a core group of long stock positions with short sales of stock and stock indices in U.S. equity markets.

Global macro: This category has broad, top-down strategies that seek to capitalize on perceived macroeconomic and political shifts in investor behavior and market positions. This category is unconstrained by asset class or geography and implemented through long and short positions and means of cash, asset purchases (including physical commodities), futures, options, and other instruments. Leverage is often applied, and return and volatility targets may vary sharply.

Private equity: Private equity is capital that is not traded on a public exchange. Private equity is composed of funds and investors that directly invest in private companies, or that engage in buyouts of public companies, resulting in the delisting of public equity. The Plan has unfunded capital commitments for private equity funds totaling approximately \$19,015,000 as of June 30, 2022. Capital commitments are determined by fund managers and the unfunded capital commitments can be funded through March 2027.

Opportunistic: This category has multi-strategy portfolios that have a broad mandate and employ an opportunistic investment approach, shifting capital across asset classes and strategies depending on their profitability.

The Company expects to make contributions to the Plan amounting to approximately \$15,000,000 in fiscal year 2023.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

Year ending June 30:	
2023	\$ 28,563,695
2024	24,201,449
2025	24,746,089
2026	25,979,425
2027	27,497,002
Years 2028–2032	146,088,353

The Company has defined contribution retirement plans (Retirement Plans) that cover substantially all employees and provide participants with the ability to make pretax payroll deduction contributions for deposit into retirement savings accounts. The participants' contributions are matched at a percentage of their total contributions up to annual dollar limits per participant, as defined by the Retirement Plans. The Company may also make discretionary contributions. The total expense related to the above Retirement Plans was approximately \$23,498,000 and \$22,316,000 in 2022 and 2021, respectively.

8. Line and Letters of Credit

The Company has a \$75,000,000 unsecured revolving line of credit available, expiring March 1, 2024. The interest rate on the line is based on the lender's prime rate or the three-month London Interbank Offered Rate plus an applicable margin. There were no outstanding draws on this facility as of June 30, 2022 and 2021.

As of June 30, 2022, the Company's available letters of credit were as follows:

Coverage	Amount	Expiration Date	Interest Rate
Malpractice insurance policies:			
PIC	\$ 2,000,000	February 1, 2023	*
Workers' compensation insurance policies:			
HPH	\$ 1,000,000	February 1, 2023	*

* Interest rate would be determined if drawn upon.

There were no draws on the above letters of credit as of June 30, 2022 and 2021.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

9. Long-Term Debt

Long-term debt, net of issuance costs, is summarized as follows:

	June 30	
	2022	2021
Prudential 3.25% Series A Senior Note due March 2043, semi-annual amortizing principal and interest payments due in March and September, with principal payments beginning September 2023	\$ 50,000,000	\$ 50,000,000
Series 2019 Special Purpose Revenue Bonds, interest payable monthly at a fixed rate of 2.71%, principal payments in varying annual amounts ranging from \$3,032,670 to \$4,424,880 due July 2022 through 2033	41,725,878	44,485,692
Series 2018B Taxable Refunding Revenue Bonds, interest payable semi-annually at rates ranging from 3.13% to 4.27% (4.07% at June 30, 2022), principal payments in varying annual amounts ranging from \$1,805,000 to \$2,605,000 due July 2022 through 2032; \$2,715,000 to \$3,610,000 due July 2033 through July 2040	48,576,627	50,275,288
Series 2018A Taxable Refunding Revenue Bonds, interest payable semi-annually at rates ranging from 3.13% to 4.27% (4.22% at June 30, 2022), principal payments in varying annual amounts ranging from \$435,000 to \$1,665,000 due July 2022 through 2032; \$1,210,000 to \$11,605,000 due July 2033 through July 2040	85,483,629	87,814,249
Prudential 3.81% Series A Senior Note due September 2042 annual amortizing principal payments due in September and semi-annual interest payments due in March and September	50,506,841	52,055,111
Series 2013B Special Purpose Revenue Bonds, interest payable semi-annually at rates ranging from 4.00% to 5.00% (4.87% at June 30, 2022), principal payments in varying annual amounts ranging from \$2,405,000 to \$2,515,000 through 2023 upon the issuance of the forward delivery bond purchase agreement	28,789,808	29,149,749
Series 2013A Special Purpose Revenue Bonds, interest payable semi-annually at 5.00%, principal payments in varying annual amounts ranging from \$1,415,000 to \$1,505,000 through 2023 upon the issuance of the forward delivery bond purchase agreement	113,017,840	113,805,536
Total long-term debt	418,100,623	427,585,625
Less current portion	9,793,344	9,485,002
Non-current portion	\$ 408,307,279	\$ 418,100,623

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

9. Long-Term Debt (continued)

In June 2020, the Company executed a draw on the Prudential shelf arrangement. Senior notes were issued totaling \$50,000,000 with interest at 3.25%, due March 2043. Principal and interest are payable semi-annually with interest payments starting March 2021 and principal payments starting September 2023. The proceeds from the notes were used to fund additional contributions to the pension plan in fiscal year 2020. The Company executed a shelf note arrangement (Prudential Note) in September 2017, which allows the Company to issue senior notes up to an aggregate of \$150,000,000 through September 2020. In September 2017, senior notes payable totaling \$56,500,000 were issued with interest at 3.81% due September 2042. Principal is payable annually, and interest is payable semi-annually. The proceeds from the notes were used to fund additional contributions to the Plan in fiscal year 2018.

In February 2020, the Company executed a forward delivery bond purchase agreement to issue Series 2023A&B Bonds of approximately \$106,300,000 and \$21,915,000, respectively, on July 1, 2023. The Series 2023A&B Bonds have maturity dates from July 1, 2024 through 2043, with fixed interest rates ranging between 4.00% and 5.00%, and will be collateralized by a security interest in the gross receipts and pledged assets of the Obligated Group. Upon issuance, the Series 2023A&B Bonds will be used to refund the outstanding obligation of the Company's Series 2013A&B Bonds. The Series 2023A&B Bonds will be recorded as an outstanding debt obligation upon the execution of the forward delivery bond purchase agreement, which is currently expected to occur on July 1, 2023.

In April 2018, the Company issued Series 2018A and 2018B Taxable Refunding Bonds in the amounts of \$93,025,000 and \$54,090,000, respectively. The proceeds of the Series 2018A&B Bonds had been placed in an escrow fund of U.S. Treasury obligations to be used to defease the Series 2010A&B Department of Budget and Finance of the State of Hawai'i Special Purpose Revenue Bonds. On July 1, 2020, escrow funds held for bond defeasance of approximately \$152,524,000 were used to refund the Series 2010A&B Bonds under the terms of the agreement that allowed for early optional redemption.

The 2018 A&B Bonds are subject to optional redemption prior to their stated maturities at the option of the Company at a redemption price equal to a Make-Whole Redemption Price. The 2018A&B Bonds are also subject to Extraordinary Optional Redemption at the direction of the Company. The 2018B Bonds are subject to mandatory redemption on or after July 1, 2033, payable in annual sinking fund installments from \$2,715,000 to \$3,610,000. The 2018A Bonds are subject to mandatory redemption on or after July 1, 2033, payable in annual sinking fund installments from \$1,210,000 to \$11,605,000.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

9. Long-Term Debt (continued)

The Prudential Notes, 2018 Series Taxable Refunding Bonds, 2019 and 2013 Series Special Purpose Revenue Bonds are collateralized by a security interest in the gross receipts and pledged assets of the Obligated Group (comprised of HPH – parent company only, KMCWC, PMMC, SCH and WMH), as defined in the Master Indenture.

As of June 30, 2022 and 2021, approximately \$15,903,000 and \$15,706,000, respectively, was held by the bond trustee to fund principal maturities and accrued interest payable.

Certain bond agreements require the Obligated Group, as defined in the Company's Master Trust Indenture, to comply with various covenants, including the maintenance of a minimum long-term debt service coverage ratio. As of June 30, 2022, the Obligated Group was in compliance with all bond covenants.

Long-term debt maturities (including bond issuance costs of \$1,286,000) for the years succeeding June 30, 2022 are as follows.

Year ending June 30:	
2023	\$ 9,793,344
2024	147,579,006
2025	9,093,312
2026	9,699,327
2027	9,904,024
Thereafter	<u>232,031,610</u>
	<u>\$ 418,100,623</u>

Interest paid was approximately \$18,037,000 and \$17,915,000 in 2022 and 2021, respectively.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

10. Leases

The Company adopted Accounting Standards Update No. 2016-02, *Leases (Topic 842)*, which requires the rights and obligations arising from lease contracts to be recognized on the consolidated balance sheets.

Short-term leases, with terms of 12 months or less, are not included in the present value calculations of the right of use assets and lease obligations per the Company's accounting policy. For leases with terms greater than 12 months, management records the related right of use assets and lease obligations based on the present value of lease payments over the lease term. The Company has elected to exclude non-lease components from the minimum rent payment used to calculate the right of use assets and lease obligations. The Company has elected to utilize an incremental borrowing rate similar to a collateralized borrowing rate available to the Company commensurate with the lease term to determine the present value of lease payments. Several of the Company's leases include rental escalation clauses and renewal options that are factored into management's determination of lease payments, when appropriate.

The following table summarizes the weighted average lease term and discount rate as of June 30:

	2022	2021
Weighted average remaining term:		
Operating leases	21.6 years	22.3 years
Finance leases	2.8 years	3.7 years
Weighted average discount rate:		
Operating leases	2.38%	2.39%
Finance leases	1.32	1.39

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

10. Leases (continued)

The following table reconciles the undiscounted cash flows to the operating lease and finance lease liabilities recorded on the consolidated balance sheet as of June 30, 2022:

	Operating Leases	Finance Leases
2023	\$ 17,760,034	\$ 1,613,048
2024	16,284,989	1,472,579
2025	15,430,268	1,036,924
2026	13,649,506	159,009
2027	12,827,982	–
Thereafter	98,992,356	–
Total minimum lease payments	174,945,135	4,281,560
Less amount of lease payments representing interest	(41,790,251)	(71,378)
Present value of future minimum lease payments	133,154,884	4,210,182
Less current obligations under leases	14,769,143	1,570,521
Long-term lease obligations	<u>\$ 118,385,741</u>	<u>\$ 2,639,661</u>

The lease cost components, by lease type, for the year ended June 30, are as follows:

	2022	2021
Finance lease expense:		
Amortization of leased assets	\$ 1,608,285	\$ 1,443,807
Interest on lease liabilities	66,620	80,926
Operating leases	17,467,619	17,263,048
Short-term leases	2,325,263	1,534,459
Total lease cost	<u>\$ 21,467,787</u>	<u>\$ 20,322,240</u>

The Company accounts for all rent holidays, tenant improvement allowances, and escalation clauses by recognizing the total operating leases rent expense on a straight-line basis over the term of each operating lease. The difference between the lease expense recognized and the actual lease payment is recorded as deferred rent. The Company recorded deferred rent of approximately \$11,608,000 and \$11,598,000 as of June 30, 2022 and 2021, respectively, which is included in right of use assets – operating.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

10. Leases (continued)

Supplemental lease cash flow information for the year ended June 30 is as follows:

	<u>2022</u>	<u>2021</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows for operating leases	\$ 17,778,778	\$ 17,136,876
Operating cash flows for finance leases	66,620	80,926
Financing cash flows for finance leases	1,614,612	1,380,102

Future minimum rental income to be received under non-cancelable operating leases for office space as of June 30, 2022 is as follows:

Year ending June 30:	
2023	\$ 2,021,282
2024	1,921,995
2025	1,968,654
2026	803,930
2027	791,759
Thereafter	<u>14,682,955</u>
	<u>\$ 22,190,575</u>

11. Income Taxes

Some of the Company's not-for-profit organizations have generated net operating losses (NOL) attributable to revenue-generating activities that are not related to their respective tax-exempt purposes. The Company has unused federal and Hawai'i state NOL carryforwards as of June 30, 2022 of approximately \$5,200,000 combined. The NOL carryforwards begin to expire in 2022, with NOLs accrued during the 2018 tax year and thereafter never expiring under current law. The deferred tax asset associated with these NOL carryforwards is offset by a full valuation allowance on the consolidated balance sheets, as management has determined it is more likely than not that the NOLs will not be utilized.

The Company has not recorded any expense or accrued for any related expense for any uncertain tax positions. The Company's 2017 through 2020 tax years remain subject to examination for federal income tax purposes, whereas the 2016 through 2020 tax years remain subject to examination for state taxing jurisdictions in which the Company operates.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

12. Functional Expenses

The functional classification of expenses by major classes of program services and supporting activities for the years ended June 30 are summarized as follows:

	2022		
	Patient Services	Philanthropic and Support Services	Total
Salaries and employee benefits	\$ 744,656,910	\$ 132,212,568	\$ 876,869,478
Services	199,116,152	38,051,898	237,168,050
Supplies	242,474,802	1,029,057	243,503,859
Other purchases	80,451,045	31,985,137	112,436,182
Depreciation and amortization	45,602,452	9,706,916	55,309,368
Specific purpose projects/donations	4,062,360	11,764,193	15,826,553
Interest	17,786,706	1,588,327	19,375,033
Other	9,014,821	7,014,226	16,029,047
Total expenses	\$ 1,343,165,248	\$ 233,352,322	\$ 1,576,517,570
	2021		
	Patient Services	Philanthropic and Support Services	Total
Salaries and employee benefits	\$ 719,735,413	\$ 122,742,169	\$ 842,477,582
Services	147,733,665	34,316,540	182,050,205
Supplies	216,502,079	961,234	217,463,313
Other purchases	60,752,218	29,164,833	89,917,051
Depreciation and amortization	44,985,611	9,644,666	54,630,277
Specific purpose projects/donations	1,005	14,473,828	14,474,833
Interest	18,052,671	1,577,089	19,629,760
Other	14,901,742	4,112,734	19,014,476
Total expenses	\$ 1,222,664,404	\$ 216,993,093	\$ 1,439,657,497

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

13. Commitments and Contingencies

Workers' Compensation Claims

The Company is self-insured for workers' compensation claims. The Company has an available letter of credit in favor of the state of Hawai'i (as described in Note 8), as required by self-insurance regulations of the state of Hawai'i. The Company provides its actuary with estimated claims payments and accrues workers' compensation expense based on an actuarial determined amount. Workers' compensation accruals included in payroll and related liabilities on the consolidated balance sheets totaled approximately \$5,734,000 and \$5,851,000 as of June 30, 2022 and 2021, respectively, and were recorded using a 1.45% and 2.07% discount factor as of June 30, 2022 and 2021, respectively. The aforementioned amounts include accruals for known and incurred but not reported workers' compensation claims.

Medical Malpractice Insurance

In June 2002, the Company formed PIC, a captive insurance company covering professional (medical malpractice) and general liability risks. PIC is a not-for-profit Hawai'i domiciled pure captive whose sole corporate member is HPH. PIC operates under a Certificate of Authority from the state of Hawai'i (Insurance Division) and began operations on July 1, 2002. PIC is a regulated insurance company with reserve, investment, reporting and audit requirements. The Company is covered for professional and general liability claims under a combined limit shown below per claim and in aggregate through PIC and purchase of excess insurance coverage. The professional liability coverage from PIC is claims-made and general liability is occurrence-based coverage, with PIC providing tail coverage (with certain limitations) to the Company with claims-made policies prior to July 1, 2002.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

13. Commitments and Contingencies (continued)

The PIC risk retention and total coverage amounts, including reinsurance, by policy year are as follows:

Professional Liabilities:

	PIC Retention	Total Coverage
Policy years		
July 1, 2006 through June 30, 2007	\$ 1,000,000	\$ 51,000,000
July 1, 2007 through June 30, 2014	1,000,000	76,000,000
July 1, 2014 through June 30, 2016	1,000,000	101,000,000
July 1, 2016 through April 30, 2020	2,000,000	102,000,000
May 1, 2020 through April 30, 2022	3,000,000	103,000,000
May 1, 2022 through April 30, 2023	5,000,000	105,000,000

General Liabilities:

	PIC Retention	Total Coverage
Policy years		
July 1, 2006 through June 30, 2007	\$ 1,000,000	\$ 51,000,000
July 1, 2007 through June 30, 2014	1,000,000	76,000,000
July 1, 2014 through June 30, 2016	1,000,000	101,000,000
July 1, 2016 through April 30, 2020	2,000,000	102,000,000
May 1, 2020 through April 30, 2022	3,000,000	103,000,000
May 1, 2022 through April 30, 2023	3,000,000	103,000,000

Medical malpractice expense totaled approximately \$24,051,000 and \$18,212,000 in 2022 and 2021, respectively. Medical malpractice accruals, including claims expected to be paid by reinsurance, totaled approximately \$75,665,000 and \$77,221,000 as of June 30, 2022 and 2021, respectively, and are primarily recorded within other long-term liabilities on the consolidated balance sheets. Reinsurance recoverable totaled approximately \$29,075,000 and \$30,535,000 as of June 30, 2022 and 2021, respectively, and is recorded within other assets on the consolidated balance sheets. The medical malpractice accruals have been discounted using a 2.05% and 2.18% factor at June 30, 2022 and 2021, respectively. Undiscounted medical malpractice accruals and reinsurance recoverable totaled approximately \$80,769,000 and \$30,868,000, respectively, as of June 30, 2022.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

13. Commitments and Contingencies (continued)

Litigation

The Company is involved in legal actions in the normal course of business, some of which seek monetary damages, including punitive damages, which are not covered by insurance. These actions, when finally concluded and determined, will not, in the opinion of management and the Company's general counsel, have a material adverse effect on the Company's consolidated financial position, results of operations, or cash flows.

Other

The Company has outstanding construction commitments of approximately \$35,637,000 as of June 30, 2022.

14. Net Assets

The Company receives contributions from individuals and organizations that support certain programs and services. Net assets with donor restrictions are summarized as follows:

	June 30	
	2022	2021
Health and hospital care	\$ 36,920,220	\$ 36,586,621
Plant expansion and equipment replacement	37,120,434	19,097,144
Research and grants	14,883,122	12,457,225
Education and scholarships	6,519,809	6,678,302
	<u>\$ 95,443,585</u>	<u>\$ 74,819,292</u>

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

14. Net Assets (continued)

From time to time, the Company's Board of Directors will designate certain unrestricted funds to be used in the future for specific projects. Board-designated funds included in net assets without donor restrictions were maintained for the following purposes at June 30:

	<u>2022</u>	<u>2021</u>
Health and hospital care	\$ 174,032,818	\$ 190,757,342
Plant expansion and equipment replacement	167,208,002	183,276,662
	<u>\$ 341,240,820</u>	<u>\$ 374,034,004</u>

15. Endowment

The Company's endowment consists of approximately 48 individual funds established for a variety of purposes. The endowment includes both donor-restricted funds and funds designated by the Board of Directors to function as endowments. Net assets associated with the endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

In June 2009, Hawai'i Revised Statute 517E was signed into law, enacting the Uniform Prudent Management of Institutional Funds Act (UPMIFA). UPMIFA became effective on July 1, 2009, replacing the Uniform Management of Institutional Funds Act. UPMIFA applies to institutional funds created after July 1, 2009, and to decisions made after July 1, 2009, for existing institutional funds. UPMIFA eliminates the concept of "historic dollar value" and allows an institution to spend or accumulate as the board determines is prudent for the uses, benefits, purposes and duration of the endowment fund unless the gift instrument states a particular rate or formula.

The Company has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Company classifies as permanently restricted net assets: (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

15. Endowment (continued)

portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is characterized as temporarily restricted net assets until those amounts are appropriated for expenditure by the Company in a manner consistent with the standard for expenditure prescribed by UPMIFA. In accordance with UPMIFA, the Company considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund
2. The general purposes of the Company and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the Company
7. The investment policies of the Company

Return Objectives and Risk Parameters

The Company has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. Under this policy, the endowment assets are invested in a manner that is intended to produce results that equal or exceed a mix of the Russell 3000, MSCI All Country World, Consumer Price Index plus 5%, Hedge Fund Research, Inc. and Barclays Capital benchmarks. The Company expects its endowment funds to provide an annual real return, net of inflation and management fees, of approximately 5% over long time periods. Actual returns in any given year may vary from this amount.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Company relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Company targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

15. Endowment (continued)

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Company has a policy of appropriating for distribution each year 4.5% of its endowment fund's average fair value using quarter-end values for the preceding three years. The amount of the distribution is subject to a 6.0% cap and 3.0% floor applied to the most recent quarter-end value to account for market volatility. In establishing this policy, the Company considered the long-term expected return on its endowment. Accordingly, the Company expects the current spending policy to allow its endowment to grow over long time periods, which is consistent with the Company's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment returns.

The endowment net asset composition by type of fund consists of the following at June 30:

	2022		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted funds	\$ –	\$ 21,980,905	\$ 21,980,905
Board-designated funds	341,240,820	–	341,240,820
	\$ 341,240,820	\$ 21,980,905	\$ 363,221,725
	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted funds	\$ –	\$ 25,073,276	\$ 25,073,276
Board-designated funds	374,034,004	–	374,034,004
	\$ 374,034,004	\$ 25,073,276	\$ 399,107,280

Hawai'i Pacific Health

Notes to Consolidated Financial Statements (continued)

15. Endowment (continued)

Changes in endowment net assets for the years ended June 30 consist of the following:

	2022		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ 374,034,004	\$ 25,073,276	\$ 399,107,280
Investment income:			
Investment income	7,353,225	259,172	7,612,397
Net investment losses (realized and unrealized)	(40,146,409)	(2,067,081)	(42,213,490)
Total investment (loss)	(32,793,184)	(1,807,909)	(34,601,093)
Contributions	–	45,125	45,125
Appropriation of endowment assets for expenditure	–	(342,396)	(342,396)
Beneficial interest in perpetual trust	–	(892,154)	(892,154)
Transfers	–	(95,037)	(95,037)
Endowment net assets, end of year	<u>\$ 341,240,820</u>	<u>\$ 21,980,905</u>	<u>\$ 363,221,725</u>
	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ 302,627,875	\$ 20,155,457	\$ 322,783,332
Investment income:			
Investment income	4,503,283	189,837	4,693,120
Net investment gains (realized and unrealized)	66,902,846	3,794,928	70,697,774
Total investment gain	71,406,129	3,984,765	75,390,894
Contributions	–	84,565	84,565
Appropriation of endowment assets for expenditure	–	(186,110)	(186,110)
Beneficial interest in perpetual trust	–	1,127,332	1,127,332
Transfers	–	(92,733)	(92,733)
Endowment net assets, end of year	<u>\$ 374,034,004</u>	<u>\$ 25,073,276</u>	<u>\$ 399,107,280</u>

Supplementary Information

Members of the Hawai'i Pacific Health Obligated Group

Combined Balance Sheets

	June 30	
	2022	2021
Assets		
Current assets:		
Cash and cash equivalents	\$ 187,571,871	\$ 218,781,016
Patient accounts receivable, net	167,426,421	160,518,921
Due from third-party payors	24,387,986	21,507,877
Other receivables	9,380,820	16,828,702
Due from affiliates – notes receivable and other	30,494,180	28,167,652
Inventories	22,738,973	23,373,506
Funds held by trustee under bond indenture agreement	15,903,482	15,705,900
Prepaid expenses and other	7,032,680	6,527,401
Total current assets	464,936,413	491,410,975
Assets whose use is limited or restricted:		
Board-designated	248,122,526	272,139,233
Restricted by donor or grantor	82,995,662	63,011,778
Total assets whose use is limited or restricted	331,118,188	335,151,011
Investments	402,682,152	440,692,572
Property and equipment, net	553,505,006	554,948,620
Right of use assets – operating	105,999,281	108,296,225
Right of use assets – finance	4,017,038	5,607,111
Prepaid pension	45,142,421	11,375,832
Other assets:		
Investment in unconsolidated subsidiaries	66,397,118	52,062,650
Investments in business ventures	25,000	25,000
Beneficial interest in net assets of foundations	70,798,896	82,954,287
Other	19,935,757	19,730,701
Total other assets	157,156,771	154,772,638
Total assets	\$ 2,064,557,270	\$ 2,102,254,984

	June 30	
	2022	2021
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 67,567,094	\$ 45,732,640
Payroll and related liabilities	88,683,894	100,813,859
Accrued expenses	14,913,585	16,350,770
Due to third-party payors	32,816,659	56,418,910
Current portion of long-term debt	9,793,344	9,485,002
Current portion of operating lease obligations	11,873,674	10,413,975
Current portion of finance lease obligations	1,570,521	1,593,643
Total current liabilities	<u>227,218,771</u>	<u>240,808,799</u>
Long-term debt, less current portion	408,307,279	418,100,623
Operating lease obligations, less current portion	103,592,528	107,259,331
Finance lease obligations, less current portion	2,639,661	4,210,183
Other long-term liabilities	25,645,360	34,018,059
Due to third-party payors	–	23,115,924
Net assets:		
Net assets without donor restrictions	1,201,734,765	1,199,947,451
Net assets with donor restrictions	95,418,906	74,794,614
Total net assets	<u>1,297,153,671</u>	<u>1,274,742,065</u>
Total liabilities and net assets	<u><u>\$ 2,064,557,270</u></u>	<u><u>\$ 2,102,254,984</u></u>

See note to supplementary information – Members of the Hawai'i Pacific Health Obligated Group

Members of the Hawai'i Pacific Health Obligated Group

Combined Statements of Income and
Changes in Net Assets

	Year Ended June 30	
	2022	2021
Revenues		
Net patient service revenue	\$ 1,341,107,684	\$ 1,220,146,185
Premium revenue	28,558,426	26,740,305
Other revenues	221,778,506	258,539,604
Net assets released from restrictions for operations	13,832,658	12,749,964
Total revenues	<u>1,605,277,274</u>	<u>1,518,176,058</u>
Expenses		
Salaries and employee benefits	629,357,086	614,847,766
Services	440,204,647	390,049,488
Supplies	226,220,277	207,751,588
Other purchases	85,144,355	70,658,175
Depreciation and amortization	52,854,622	51,995,777
Specific purpose projects/donations	13,832,658	12,749,964
Interest	19,117,832	19,416,672
Other	12,017,225	15,990,533
Total expenses	<u>1,478,748,702</u>	<u>1,383,459,963</u>
Operating income	126,528,572	134,716,095
Business venture investment income	2,012,200	4,926,357
Investment (loss) income	(56,736,822)	137,858,435
Pension non-operating income	11,198,924	4,060,002
	<u>(43,525,698)</u>	<u>146,844,794</u>
Excess of revenues over expenses	83,002,874	281,560,889
Transfers to affiliates	(98,917,857)	(94,756,784)
Change in beneficial interest in net assets of foundations	(12,155,391)	17,228,794
Change in net losses on debt securities	(3,834,280)	(1,000,574)
Net assets released from restrictions for purchase of property and equipment	5,529,063	970,502
Pension related changes other than net periodic pension costs	14,981,543	56,910,554
Change in interest rate swap value	859,096	904,260
Other changes in net assets	12,322,266	(119,569)
Increase in net assets without donor restrictions	<u>1,787,314</u>	<u>261,698,072</u>

Continued to next page.

Members of the Hawai'i Pacific Health Obligated Group

Combined Statements of Income and
Changes in Net Assets (continued)

	Year Ended June 30	
	2022	2021
Net assets with donor restrictions		
Restricted grants and contributions	\$ 20,626,357	\$ 14,683,467
Investment income	220,857	285,632
Change in net unrealized gains on investments	(870,077)	891,928
Change in beneficial interest in net assets of foundations	20,876,037	12,479,541
Net assets released from restrictions	(19,361,721)	(13,720,466)
Change in beneficial interest in perpetual trusts	(892,155)	1,127,332
Other changes in net assets with donor restrictions	24,994	(36,340)
Increase in net assets with donor restrictions	<u>20,624,292</u>	<u>15,711,094</u>
Increase in net assets	22,411,606	277,409,166
Net assets at beginning of year	1,274,742,065	997,332,899
Net assets at end of year	<u>\$ 1,297,153,671</u>	<u>\$ 1,274,742,065</u>

See note to supplementary information – Members of the Hawai'i Pacific Health Obligated Group

Members of the Hawai'i Pacific Health Obligated Group

Combined Statements of Cash Flows

	Year Ended June 30	
	2022	2021
Operating activities		
Increase in net assets	\$ 22,411,606	\$ 277,409,166
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Change in beneficial interest in net assets of foundations	(8,720,647)	(29,708,334)
Depreciation and amortization	52,854,622	51,995,777
Business venture investment loss	(2,012,200)	(4,926,357)
Net losses (gains) on alternative investments	30,983,096	(101,456,114)
Change in net unrealized losses on investments	4,704,357	108,646
Realized losses on investments	(14,865,467)	(1,476,067)
Net losses (gains) on equity investments	45,193,731	(32,647,655)
Restricted contributions	(20,626,357)	(14,683,467)
Changes in operating assets and liabilities:		
Patient accounts receivable	(6,907,500)	(21,585,804)
Due to/from third-party payors, net	(51,924,812)	(15,747,354)
Other receivables	7,447,882	(916,301)
Inventories and other assets	(75,802)	(4,684,684)
Accounts payable and accrued expenses	7,455,749	24,458,756
Other long-term liabilities	(8,372,699)	6,748,666
Prepaid pension	(33,766,589)	(63,199,408)
Net cash provided by operating activities	23,778,970	69,689,466
Investing activities		
Purchases of property and equipment	(48,919,539)	(46,432,968)
Decrease in due to affiliates, net	-	(1,843,614)
Net (increase) decrease to unconsolidated subsidiaries	(12,322,268)	119,567
Purchases of investment securities	(118,276,284)	(83,466,951)
Sales and maturities of investment securities	114,485,521	81,064,355
Increase in funds held by trustee under bond indenture agreements	(197,582)	(66,241)
Assets whose use is limited or restricted:		
Purchases of investment securities	(67,438,029)	(48,386,475)
Sales and maturities of investment securities	68,132,355	46,113,005
Net cash used in investing activities	(64,535,826)	(52,899,322)

Continued to next page.

Members of the Hawai'i Pacific Health Obligated Group

Combined Statements of Cash Flows (continued)

	Year Ended June 30	
	2022	2021
Financing activities		
Payment of long-term debt	\$ (9,485,002)	\$ (157,599,509)
Payments of finance lease obligations	(1,593,644)	(1,331,978)
Decrease in escrow funds held for bond defeasance	–	152,524,306
Liquidation of escrow funds held for bonds	–	(152,524,306)
Note receivable to affiliate	–	(26,938,000)
Restricted contributions	20,626,357	14,683,467
Net cash provided by (used in) financing activities	9,547,711	(171,186,020)
Decrease in cash and cash equivalents	(31,209,145)	(154,395,876)
Cash and cash equivalents at beginning of year	218,781,016	373,176,892
Cash and cash equivalents at end of year	\$ 187,571,871	\$ 218,781,016

See note to supplementary information – Members of the Hawai'i Pacific Health Obligated Group

Hawai'i Pacific Health

Note to Supplementary Information – Members of the Hawai'i Pacific Health Obligated Group

June 30, 2022

1. Combined Financial Statements

The financial statements present the combined balance sheets, statements of income and changes in net assets, and statement of cash flows of the Obligated Group members.

The members of the Obligated Group are comprised of the following:

- Hawai'i Pacific Health (parent company only)
- Kapi'olani Medical Center for Women and Children
- Pali Momi Medical Center
- Straub Clinic & Hospital
- Wilcox Memorial Hospital

As prescribed in The Hawai'i Pacific Health (HPH) Master Trust Indenture, the accompanying combined financial statements include only the Members of the Obligated Group. All significant intercompany transactions within the Obligated Group have been eliminated upon combination. Non-Obligated Group subsidiaries are presented in the combined financial statements using the equity method of accounting. Accounting principles generally accepted in the United States of America require that all majority-owned subsidiaries be consolidated and all controlled affiliates be combined with the financial statements of HPH.

Effective January 1, 2020, management created the Hawai'i Pacific Health Medical Group (HPHMG), which consolidated the Company's clinical operation service lines into a centralized medical group and is not a member of the Obligated Group. As part of this transition, members of the Obligated Group entered into comprehensive service agreements with HPHMG. These agreements determine that certain Obligated Group members have the sole right to bill for physician services performed by HPHMG at the obligated group facilities, of which approximately \$178,064,000 and \$176,673,000 of net patient service revenues have been recognized for the years ended June 30, 2022 and 2021, respectively. As part of the agreements, all such amounts are subsequently remitted to HPHMG as professional services compensation and, accordingly, has been recorded within services expense in the combined statements of income and changes in net assets for the year ended June 30, 2022. Obligated Group members also paid annual service coverage fees for physician services provided by HPHMG of approximately \$46,831,000 and \$41,492,000 for the years ended June 30, 2022 and 2021, respectively.

Hawai'i Pacific Health

Note to Supplementary Information – Members of the Hawai'i Pacific Health Obligated Group (continued)

1. Combined Financial Statements (continued)

Additionally, the Obligated Group members are provided with annual compensation by HPHMG in consideration for overhead and other support expenses incurred by the Obligated Group members to operate the various clinical facilities. Such compensation amounted to approximately \$98,301,000 and \$105,523,000, which has been recorded within other revenues on the combined statements of income and changes in net assets for the years ended June 30, 2022 and 2021, respectively.

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