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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
86-260 FARRINGTON HWY

City or town, state or country, and ZIP + 4
WAIANAE, HI 96792

D Employer identification number
99-0148164

E Telephone number
(808) 697-3457

G Gross receipts $ 44,524,772

F Name and address of Principal Officer
RICHARD P BETTINI CEO
86-260 FARRINGTON HWY
WAIANAE, HI 96792

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW WCCHC COM

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1972

M State of legal domicile HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO MAKE AVAILABLE TO ALL RESIDENTS OF THE WAIANAE DISTRICT COMPLETE COMPREHENSIVE HEALTH AND RELATED HUMAN SERVICES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	571
6	Total number of volunteers (estimate if necessary)	6	126
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	10,283
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,022,582	11,801,079
9	Program service revenue (Part VIII, line 2g)	28,578,275	31,350,582
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,742	24,658
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,131,960	1,341,386
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,824,559	44,517,705
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	505,710	394,984
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,216,779	27,072,232
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 2,283)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	15,082,134	12,409,545
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	37,804,623	39,876,761
19	Revenue less expenses Subtract line 18 from line 12	5,019,936	4,640,944

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	32,409,435	33,920,699
21	Total liabilities (Part X, line 26)	11,617,681	8,489,672
22	Net assets or fund balances Subtract line 21 from line 20	20,791,754	25,431,027

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

Please Sign Here

Signature of officer — Date: 2010-05-17

JAMES CHEN cfo
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4
ERNST & YOUNG US LLP
2 NORTH CENTRAL AVENUE SUITE 2300
PHOENIX, AZ 85004

EIN ▶

Phone no ▶ (602) 322-3000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

TO MAKE AVAILABLE TO ALL RESIDENTS OF THE WAIANAE DISTRICT COMPLETE COMPREHENSIVE HEALTH AND RELATED HUMAN SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 13,767,368 including grants of $) (Revenue $ 16,961,456)

MEDICAL CARE PRIMARY CARE MEDICAL MEDICAL SERVICES (PEDIATRICS, WOMEN'S ADULT, ADULT MEDICINE AND INTERNAL MEDICINE) ARE PROVIDED THROUGH A MAIN CLINIC SITE AND FOUR SATELLITE CLINICS SERVING THE LEEWARD AND CENTRAL AREAS ON THE ISLAND OF OAHU FOR ADDITIONAL INFORMATION SEE SCHEDULE O

4b (Code) (Expenses $ 4,595,011 including grants of $) (Revenue $ 5,642,682)

EMERGENCY MEDICAL SERVICES TWENTY-FOUR HOUR EMERGENCY MEDICAL SERVICES ARE PROVIDED TO THE COMMUNITY THROUGH THE HEALTH CENTER'S MAIN CLINIC SITE ON THE WAIANAE COAST FOR ADDITIONAL INFORMATION SEE SCHEDULE O

4c (Code) (Expenses $ 3,169,653 including grants of $) (Revenue $ 5,299,013)

PHARMACY THE HEALTH CENTER OPERATES A PHARMACY ON SITE WHICH REDUCES THE BARRIERS FOR PATIENTS HAVING TO MAKE AN ADDITIONAL STOP AT AN OFF-SITE PHARMACY TO PICK UP A PRESCRIPTION THE PHARMACY IS LOCATED A THE MAIN HEALTH CENTER IN WAIANAE FOR ADDITIONAL INFORMATION SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ 11,709,730 including grants of $ 394,984) (Revenue $ 4,810,259)

4e Total program service expenses $ 33,241,762 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	119		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	571		
b	If at least one is reported in 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 this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
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 provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
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			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 17		
b	Enter the number of voting members that are independent . .	1b 16		
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed HI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DAVID MORIN
86-260 FARRINGTON HWY
WAIANAE, HI 96792
(808) 697-3457

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								1,546,061	0	75,898

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 45

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TORKILDSON KATZ MOORE HEATHERINGTON 700 BISHOP ST 15TH FLOOR HONOLULU, HI 96813	LEGAL SERVICES	148,028
ALL STATE SECURITY 1314 KING ST STE 422 HONOLULU, HI 96814	SECURITY SERVICE	177,375
AA ELECTRIC 500 ALA KAWA ST 100 HONOLULU, HI 96792	ELECTRIC CONTRACTOR	113,777
ANAGO OF HAWAII 1600 KAPIOLANI BLVD STE 719 HONOLULU, HI 96814	CLEANING SERVICE	119,257
MARK KAAHAAINA 85-1192 WAIANAE VALLEY ROAD HONOLULU, HI 96792	CATERING SERVICE	132,343

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	11,194,146			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	606,933			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total (Add lines 1a-1f)**		11,801,079			
Program Service Revenue			Business Code				
	2a	Net patient service revenue	621,400	18,860,083	18,860,083		
	b	Capitation revenue	621,400	6,271,297	6,271,297		
	c	Settlement income	621,400	6,196,100	6,196,100		
	d	Risk sharing	621,400	5,368	5,368		
	e	MOB - Rental Mental Health Center	621,400	17,734	17,734		
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 31,350,582					
	3	Investment income (including dividends, interest other similar amounts)		31,725			31,725
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		0				
	b	Less cost or other basis and sales expenses		7,067				
	c	Gain or (loss)		-7,067				
	d	Net gain or (loss)			-7,067			-7,067
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory			0			
		Miscellaneous Revenue		Business Code				
	11a	Payments under Hawaii State Act 284		621,400	610,979	610,979		
	b	STATE OF HAWAII REIMBURSEMENT		621,400	208,858	208,858		
	c	AAPCHO - PACIFIC HEALTH TECH INNOVATION		621,400	91,577	91,577		
	d	All other revenue _____			429,972	419,689	10,283	
	e	**Total. Add lines 11a-11d**		$ 1,341,386				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			44,517,705	32,681,685	10,283	24,658

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	391,334	391,334		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	3,650	3,650		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,512,325	0	1,512,325	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,000	0	5,000	0
7 Other salaries and wages	20,136,983	17,430,359	5,000	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	902,945	798,479	104,466	0
9 Other employee benefits	2,922,282	2,594,450	327,832	0
10 Payroll taxes	1,592,697	1,406,691	186,006	0
11 Fees for services (non-employees)				
a Management	0			
b Legal	175,616	0	175,616	0
c Accounting	102,356	0	102,356	0
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	1,697,798	1,523,076	174,722	0
12 Advertising and promotion	100,421	1,797	98,624	0
13 Office expenses	5,413,701	5,020,598	393,071	32
14 Information technology	252,438	169,059	83,379	0
15 Royalties	0			
16 Occupancy	2,031,561	1,779,208	252,353	0
17 Travel	124,304	84,859	39,445	0
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	103,620	53,067	50,553	0
20 Interest	89,122	0	89,122	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	953,230	799,272	152,669	1,289
23 Insurance	213,533	127,937	85,545	51
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROVISION FOR BAD DEBT	854,897	854,897	0	0
b EMPLOYEE INCENTIVES	143,119	68,391	74,728	0
c EMPLOYEE RECRUITMENT	36,300	33,118	2,621	561
d DUES AND LICENSES	26,723	22,345	4,378	0
e UBI TAXES	1,886	1,536	0	350
f All other expenses	88,920	77,639	11,281	
25 **Total functional expenses.** Add lines 1 through 24f	39,876,761	33,241,762	6,632,716	2,283
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,973	1	2,305
	2	Savings and temporary cash investments	4,009,827	2	2,602,458
	3	Pledges and grants receivable, net	3,358,713	3	2,958,858
	4	Accounts receivable, net	5,092,888	4	4,378,227
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	272,902	8	194,738
	9	Prepaid expenses and deferred charges	197,976	9	285,745
	10a	Land, buildings, and equipment cost basis — 10a: 34,199,827			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 11,047,019	19,138,866	10c	23,152,808
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	336,290	15	345,560
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	32,409,435	16	33,920,699
Liabilities	17	Accounts payable and accrued expenses	6,953,393	17	6,007,945
	18	Grants payable		18	
	19	Deferred revenue	556,971	19	749,413
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	3,812,473	23	758,823
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	294,844	25	973,491
	26	**Total liabilities.** *Add lines 17 through 25*	11,617,681	26	8,489,672
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	15,978,048	27	20,900,524
	28	Temporarily restricted net assets	4,613,706	28	4,330,503
	29	Permanently restricted net assets	200,000	29	200,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	20,791,754	33	25,431,027
	34	Total liabilities and net assets/fund balances	32,409,435	34	33,920,699

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD INC

Employer identification number
99-0148164

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the 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 ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 99-0148164
Name: WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
MERRIE AIPOALANI , BOARD MEMBER	1 0	X						0	0	0
MELVIN KAUILA CLARK , BOARD MEMBER	1 0	X						5,000	0	0
KAMAHANAHOKULANI FARRAR , BOARD MEMBER	1 0	X						0	0	0
ROCKNE FREITAS , BOARD MEMBER	1 0	X						0	0	0
GINGER FUATA , BOARD MEMBER	1 0	X						0	0	0
DANIEL GOMES , BOARD MEMBER	1 0	X						0	0	0
ANTHONY GUERRERO JR , BOARD MEMBER	1 0	X						0	0	0
BILLIE HAUGE , BOARD MEMBER	1 0	X						0	0	0
CLIFFORD ISARA , BOARD MEMBER	1 0	X						0	0	0
CHRISTINE JACKSON , BOARD MEMBER	1 0	X						0	0	0
LYLE KALOI , BOARD MEMBER	1 0	X						0	0	0
DENICE KELLIKOA , BOARD MEMBER	1 0	X						0	0	0
CYNTHIA REZENTES , BOARD MEMBER	1 0	X						0	0	0
JACKIE SPENCER , BOARD MEMBER	1 0	X						0	0	0
WAYNE SUEHIRO , BOARD MEMBER	1 0	X						0	0	0
CHARLES WHEATLEY , BOARD MEMBER	1 0	X						0	0	0
WILLIAM WILSON , BOARD MEMBER	1 0	X						0	0	0
RICHARD P BETTINI , CHIEF EXECUTIVE OFFICER	40 0			X				247,493	0	11,500
JAMES CHEN , CHIEF FINANCIAL OFFICER	40 0			X				156,787	0	7,820
RICARDO CUSTODIO , MEDICAL DIRECTOR	40 0				X			204,482	0	9,969
ROBERT T BONHAM , EMERGENCY MEDICINE DIRECTOR	40 0					X		215,336	0	10,821
SCOTT T PADAVAN , EMERGENT CARE PROVIDER	40 0					X		196,512	0	9,820
JOHN MYHRE , DEPUTY BEHAVIORAL HEALTH DIR	58 0					X		170,361	0	8,504
STEPHEN BRADLEY , ASSOCIATE MEDICAL DIRECTOR	40 0					X		177,845	0	8,866
VIJA SEHGAL , ASSOCIATE MEDICAL DIRECTOR	40 0					X		172,245	0	8,598

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Net patient service revenue	621,400	18,860,083	18,860,083		
b Capitation revenue	621,400	6,271,297	6,271,297		
c Settlement income	621,400	6,196,100	6,196,100		
d Risk sharing	621,400	5,368	5,368		
e MOB - Rental Mental Health Center	621,400	17,734	17,734		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD INC

Employer identification number
99-0148164

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	200,000				
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	200,000				

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 %
- c Term endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		26,986,563	6,004,233	20,982,330
c Leasehold improvements		845,613	822,398	23,215
d Equipment		6,367,651	4,220,388	2,147,263
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				23,152,808

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Other Assets	45,560
Under Insurance Agreements	100,000
Endowment Fund - Weinberg	200,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Capital Leases	973,491
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	973,491

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
DESCRIPTION OF THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	PART V, QUESTION 4	ADULT DAY CARE SERVICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD INC

Employer identification number
99-0148164

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALIHI PALAMA HEALTH CENTER915 NORTH KING ST HONOLULU,HI 96819	91-0161221	501(c)(3)	19,354				PACIFIC INNOVATION COLLABORATIVE
TIMOTHY WONG DBA EVALUATION & RESEARCH SVCS1425 MILOIKI ST HONOLULU,HI 96825	37-1546019		7,511				PERFORMANCE AND EVALUATION REPORTS FOR WAIANAE HEALTH ACADEMY AND YOUTH HEALTH CORPS/TEENBEAT
UNIVERSITY OF HI OFFICE OF RESEARCH SVCS2530 DOLE ST SAK D200 HONOLULU,HI 96822	99-6000354		299,132				VOCATIONAL AND CAREER CLASSES, ACADEMIC ADVISEMENT FOR WAIANAE HEALTH ACADEMY
WAIMANALO HEALTH CENTER41-1347 KALANIANAOLE HWY WAIMANALO,HI 96795	99-0273205	501(c)(3)	65,337				HEALTH INFORMATION TECHNOLOGY INNOVATION INITIATIVE

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 3

3 Enter total number of other organizations . . . . . ▶ 1

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

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

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

See Additional Data Table

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE I	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	DELIVERABLES FOR SUBCONTRACTS ARE MONITORED BY THE PROGRAM DIRECTOR FOR THE GRANT/PROGRAM ACTIVITY AS WELL AS BY THE PROJECT OFFICER FOR THE FUNDING SOURCE AS PART OF THE GRANT EVALUATION PROCESS SCHOLARSHIP AWARDS ARE SENT DIRECTLY TO THE SCHOOLS THE STUDENTS ARE ATTENDING THE SCHOOL ADMINISTERS THE AWARDS PER OUR DIRECTION AND RETURNS ANY UNSPENT FUNDS OR RETURNS THE ENTIRE SCHOLARSHIP IF THE AWARDEE DOES NOT ATTEND THE SCHOOL/PROGRAM AT ALL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD INC

Employer identification number
99-0148164

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
RICHARD P BETTINI	(i)	205,970	37,255	4,268	11,500		258,993	101,078
	(ii)	0	0	0	0	0	0	0
ROBERT T BONHAM	(i)	205,378	8,800	1,158	10,821		226,157	115,604
	(ii)	0	0	0	0	0	0	0
SCOTT T PADAVAN	(i)	188,985	7,468	60	9,820		206,332	100,232
	(ii)	0	0	0	0	0	0	0
RICARDO CUSTODIO	(i)	179,592	16,278	8,613	9,969		214,451	91,658
	(ii)	0	0	0	0	0	0	0
JOHN MYHRE	(i)	170,223	0	138	8,504		178,865	91,659
	(ii)	0	0	0	0	0	0	0
STEPHEN BRADLEY	(i)	162,836	7,352	7,657	8,866		186,711	89,272
	(ii)	0	0	0	0	0	0	0
VIJA SEHGAL	(i)	153,485	12,548	6,213	8,598		180,843	88,954
	(ii)	0	0	0	0	0	0	0
JAMES CHEN	(i)	139,854	16,303	630	7,820		164,607	77,034
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Schedule J Question 7	COMPENSATION OF OFFICERS AND HIGHLY COMPENSATED EMPLOYEES INCLUDES NON-FIXED PAYMENTS IN THE FORM OF BONUSES AND/OR INCENTIVE PAYMENTS PAID ON EITHER A QUARTERLY OR ANNUAL BASIS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD INC

Employer identification number
99-0148164

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
MELVIN KAUILA CLARK	OWNER/BOD	5,000	CULTURAL CONSULTING SERVICES		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD INC

Employer identification number
99-0148164

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	990 PART III	QUESTION 4D OTHER PROGRAMS ---------- DURING THE PAST 37 YEARS, THE HEALTH CENTER HAS EVOLVED A UNIQUE MODEL OF HEALTH CARE DELIVERY THAT ADDRESSES NOT ONLY AN INDIVIDUAL'S HEALTH CARE NEEDS, BUT THAT OF THE FAMILY AND THE COMMUNITY THE HEALTH CENTER IS THE HEALTH CARE HOME AND SAFETY NET FOR UNINSURED, MEDICALLY UNDERSERVED PATIENTS IN ADDITION TO MEDICAL, EMERGENCY AND PHARMACY SERVICES, THE HEALTH CENTER ALSO PROVIDES THE FOLLOWING DENTAL SERVICES FOCUSED ON PEDIATRICS AND ADULTS AS WELL AS A SCREENING PROGRAM THROUGH AREA ELEMENTARY SCHOOLS, LABORATORY AND RADIOLOGY SERVICES PROVIDED 24 HRS TO ACCOMMODATE MEDICAL AND EMERGENCY SERVICES, ADULT DAY CARE PROVIDED THROUGH SEVERAL SITES, PREVENTIVE HEALTH/HEALTH EDUCATION, INCLUDING A FITNESS GYM, KID FIT PROGRAM, SMOKING CESSATION, ASTHMA EDUCATION, EMPLOYEE WELLNESS, ETC , HOMELESS OUTREACH SERVICES, HEALTH CAREER TRAINING AND HEALTH PROFESSIONAL TRAINING OTHER SERVICES/PROGRAMS INCLUDE SPECIALTY CARE (ORTHOPEDICS, PODIATRY, DERMATOLOGY, OB-GYN, NEPHROLOGY, GENERAL SURGERY, ACUPUNCTURE, PAIN MANAGEMENT, OPTHAMOLOGY), PERINATAL SUPPORT SERVICES, CAR PASSENGER SAFETY SEAT FITTING, MEDICAL NUTRITION THERAPY, WIC, CASE MANAGEMENT, CHRONIC DISEASE MANAGEMENT, PATIENT ASSISTANT SERVICES, NATIVE HAWAIIAN HEALING, INTEGRATIVE/ALTERNATIVE MEDICINE, BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT), TRANSPORTATION, AND HEALTHY DINING SERVICES ADDITIONAL INFORMATION PART III ---------- FOUNDED IN 1972, THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER IS A NON-PROFIT COMMUNITY OWNED AND OPERATED HEALTHCARE FACILITY, SERVING THE FEDERALLY DESIGNATED MEDICALLY UNDERSERVED RURAL COMMUNITY OF WAIANAE AND SURROUNDING COMMUNITIES IN CENTRAL AND LEEWARD OAHU IN THE STATE OF HAWAII THE HEALTH CENTER ACHIEVES ITS MISSION "TO MAKE AVAILABLE TO ALL RESIDENTS OF THE WAIANAE DISTRICT COMPLETE COMPREHENSIVE HEALTH AND RELATED HUMAN SERVICES" BY NOT ONLY SERVING PATIENTS WHO SEEK SERVICES, BUT ALSO BY INCORPORATING THE GOAL OF IMPROVING THE OVERALL HEALTH STATUS OF THE COMMUNITY IT SERVES THE WAIANAE COAST IS AN ECONOMICALLY DISTRESSED COMMUNITY IN THE STATE OF HAWAII WITH A POPULATION OF 42,259, RANKING HIGHEST ON THE ISLAND OF OAHU FOR HOUSEHOLDS RECEIVING FINANCIAL AID AND FOOD STAMPS, THOSE AT LESS THAN 100% AND 200% OF POVERTY LEVEL, UNEMPLOYMENT, INFANT MORTALITY, TEEN BIRTHS, AND CANCER, STROKE AND CHRONIC HEART DISEASE MORTALITY STRETCHING THROUGH 10-MILES OF COASTLINE AND INLAND FOR 5 MILES, THERE IS ONLY ONE ACCESS ROAD INTO THE WAIANAE COAST FROM THE EAST WHICH DEAD ENDS AT ITS WESTERN POINT DURING THE PAST 37 YEARS, THE HEALTH CENTER HAS EVOLVED A UNIQUE MODEL OF HEALTH CARE DELIVERY THAT ADDRESSES NOT ONLY AN INDIVIDUAL'S HEALTH CARE NEEDS, BUT THAT OF THE FAMILY AND THE COMMUNITY IN 2009, THE HEALTH CENTER PROVIDED SERVICES TO 29,273 INDIVIDUALS THROUGH 164,587 ENCOUNTERS SIXTY-FIVE PERCENT (65%) OF USERS WERE BELOW 100% OF THE FEDERAL POVERTY LEVEL, 13% WERE UNINSURED, AND MEDICAID/QUEST COVERED 53% SEVENTY-SIX PERCENT (76%) OF HEALTH CENTER USERS ARE ASIAN/PACIFIC ISLANDERS, OF WHICH 51% ARE NATIVE HAWAIIAN THE HEALTH CENTER IS THE HEALTH CARE HOME AND SAFETY NET FOR UNINSURED, MEDICALLY UNDERSERVED PATIENTS SERVICES ARE PROVIDED THROUGH FIVE CLINIC SITES LOCATED ON THE WAIANAE COAST, AND IN KAPOLEI AND WAIPAHU THE RANGE OF SERVICES PROVIDED BY THE HEALTH CENTER INCLUDE PRIMARY CARE (FAMILY PRACTICE, PEDIATRICS, INTERNAL MEDICINE), EMERGENCY CARE (24 HRS), SPECIALTY CARE (ORTHOPEDICS, PODIATRY, DERMATOLOGY, OB-GYN, NEPHROLOGY, GENERAL SURGERY, ACUPUNCTURE, PAIN MANAGEMENT, OPTHAMOLOGY), LABORATORY (24 HRS), RADIOLOGY (24 HRS), DENTAL, PHARMACY, PREVENTIVE HEALTH/HEALTH EDUCATION, EMPLOYEE WELLNESS, FITNESS GYM, KID FIT PROGRAM, SMOKING CESSATION, ASTHMA EDUCATION, PERINATAL SUPPORT SERVICES, CAR PASSENGER SAFETY SEAT FITTING, MEDICAL NUTRITION THERAPY, WIC, CASE MANAGEMENT, HOMELESS OUTREACH, CHRONIC DISEASE MANAGEMENT, PATIENT ASSISTANT SERVICES, NATIVE HAWAIIAN HEALING, INTEGRATIVE/ALTERNATIVE MEDICINE, ADULT DAY CARE, BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT), TRANSPORTATION, HEALTH CAREER TRAINING, HEALTH PROFESSIONAL TRAINING, AND HEALTHY DINING SERVICES THE HEALTH CENTER IS A MAJOR ECONOMIC PROVIDER IN THE COMMUNITY EMPLOYING 500 INDIVIDUALS, THE MAJORITY OF WHOM RESIDE ON THE LEEWARD COAST GOVERNED AND GUIDED BY A BOARD OF DIRECTORS THAT INCLUDES 10 MEMBERS ELECTED FROM THE WAIANAE COMMUNITY, AND 8 MEMBERS APPOINTED FOR EXPERTISE IN BUSINESS, MEDICINE, LAW, OR COMMUNITY AFFAIRS, WITH TWO REPRESENTING THE SERVICE AREAS OF WAIPAHU AND KAPOLEI, THE HEALTH CENTER HAS MAINTAINED A POSITIVE FINANCIAL POSITION FOR MANY YEARS BY CONTINUOUSLY INCREASING PRODUCTIVITY, DEVELOPING REVENUE GENERATING SERVICES, INITIATING TECHNOLOGICAL INNOVATIONS AND PROMOTING COMMUNITY INVOLVEMENT A LONG TIME MEMBER OF THE HEALTH CENTER'S BOARD OF DIRECTORS IS THE INCOMING PRESIDENT OF THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS THE HEALTH CENTER CONTINUES TO SEE MAJOR GROWTH AND EXPANSION, AS WELL AS INVOLVEMENT IN SEVERAL KEY INITIATIVES THE 3-STORY HARRY AND JEANETTE WEINBERG FAMILY MEDICAL BUILDING OPENED IN 2009 AND, AS ANTICIPATED, HAS INCREASED THE CAPACITY AND VISITS FOR PEDIATRIC AND WOMEN'S HEALTH SERVICES PLANS ARE UNDERWAY TO RENOVATE SPACE VACATED BY THE CLINICS THAT MOVED INTO THE NEW MEDICAL BUILDING, TO RENOVATE AND EXPAND THE CURRENT EMERGENCY SERVICES DEPARTMENT, AND TO EXPAND IN ORDER TO INCREASE CAPACITY FOR ADULT MEDICINE SERVICES DUE TO THE GROWTH IN THE COMMUNITY OF KAPOLEI, THE HEALTH CENTER'S KAPOLEI CLINIC HAS OUTGROWN ITS SPACE AND WILL BE MOVING INTO LARGER FACILITIES THE FIRST OF ITS KIND IN THE NATION, THE DR AGNES KALANIHOOKAHA COPE NATIVE HAWAIIAN TRADITIONAL HEALING CENTER OPENED ITS NEW FACILITY AND CONTINUES TO PROVIDE TRADITIONAL HEALING SERVICES INCLUDING LOMILOMI, PULE KAHEA, HOOPONOPONO, AND LAAU LAPAAU (MASSAGE, PRAYER, GROUP PROBLEM SOLVING AND HEALING WITH HERBAL MEDICINES) COMMUNITY HEALTH OUTREACH SERVICES CONTINUE TO ADDRESS THE NEEDS OF THE GROWING HOMELESS POPULATION BY PROVIDING A MEDICAL VAN TO MAKE WEEKLY VISITS TO THE HOMELESS, PRIMARILY THOSE LIVING ON THE BEACHES THE WAIANAE HEALTH ACADEMY CONTINUES ITS PARTNERSHIPS WITH COMMUNITY COLLEGES AND IS DEVELOPING A RELATIONSHIP WITH OTHER INSTITUTIONS OF HIGHER LEARNING TO DEVELOP CAREER PATHS, PARTICULARLY IN THE AREA OF NURSING GRADUATES HAVE COMPLETED PROGRAMS IN MEDICAL ASSISTING, NURSE AIDE, COMMUNITY HEALTH WORKER, MEDICAL CODING, PRACTICAL NURSING, PHLEBOTOMY, DENTAL ASSISTING, OCCUPATIONAL THERAPY, HEALTH ADMINISTRATION AND AGRICULTURAL TECHNOLOGY THE HEALTH CENTER IS NOW IN ITS THIRD YEAR AS ONE OF 10 COMMUNITY HEALTH CENTERS THROUGHOUT THE NATION TO HOUSE THE NEW MEDICAL SCHOOL PROGRAM FOR A T STILLS UNIVERSITY THE FIRST GRADUATING CLASS OF OSTEOPATHIC DOCTORS WILL BE JUNE 2011 THE HAWAII PROGRAM STUDENTS HAVE DONE EXCEPTIONALLY WELL IN BOARD EXAMS PLACEMENTS WITHIN THE STATE AND IN THE PACIFIC FOR STUDENT ROTATIONS HAVE INCREASED SUBSTANTIALLY THE HEALTH CENTER IS POISED FOR DEVELOPMENT AS A "TEACHING HEALTH CENTER" A KEY INITIATIVE FOR THE HEALTH CENTER IS DEVELOPING A "HEALTH CARE HOME," THAT FITS THE MODEL OF CARE THAT MEETS THE HEALTH CARE NEEDS OF OUR PATIENTS THE HEALTH CENTER IS PART OF A NATIONAL INITIATIVE TO FORMALIZE A DEFINITION AND WORKING STRUCTURE FOR A HEALTH CARE HOME A HEALTH CARE HOME IS AN APPROACH TO PRIMARY CARE IN WHICH PRIMARY CARE PROVIDERS, FAMILIES AND PATIENTS WORK IN PARTNERSHIP TO IMPROVE HEALTH OUTCOMES AND QUALITY OF LIFE FOR PATIENTS

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6	THE HEALTH CENTER HAS A CORPORATE MEMBERSHIP CORPORATE MEMBERS ARE DEFINED AS AN INDIVIDUAL, 18 YEARS OR OLDER, WHO RESIDES IN THE SERVICE AREA AND USES THE HEALTH CENTER AS A PRIMARY CARE FACILITY OR WHO HAS AN INTEREST IN THE FIELD OF HEALTH

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, QUESTION 7A	THE HEALTH CENTER HAS A CORPORATE MEMBERSHIP CORPORATE MEMBERS ARE DEFINED AS AN INDIVIDUAL, 18 YEARS OR OLDER, WHO RESIDES IN THE SERVICE AREA AND USES THE HEALTH CENTER AS A PRIMARY CARE FACILITY OR WHO HAS AN INTEREST IN THE FIELD OF HEALTH

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 10	SENIOR MANAGEMENT IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE FORM 990 THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER REVIEW THE FORM 990 ANY NECESSARY CHANGES ARE UPDATED ONCE ALL NECESSARY CHANGES ARE MADE, THE FINISHED FORM 990 IS SUBMITTED BY THE FILING DEADLINE POLICIES AND PROCEDURES ARE BEING DEVELOPED FOR THE DISTRIBUTION TO AND REVIEW BY THE BOARD OF DIRECTORS BEGINNING WITH THE 2009 FORM 990

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	ON AN ANNUAL BASIS, THE HEALTH CENTER REQUIRES REVIEW AND SIGNATURE ON A DISCLOSURE FORM ANY CONFLICTS THAT ARISE ARE ADDRESSED AND THOSE INVOLVED ARE REMOVED FROM VOTING ON RESPECTIVE ISSUES ACCORDINGLY

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTION 15A	THE HEALTH CENTER UTILIZES NUMEROUS HEALTH CARE-RELATED RESOURCES AND/OR CONTRACTS FOR SERVICES TO CONDUCT PAY STUDIES ON EMPLOYEE AND KEY MANAGEMENT POSTIONS THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS THE BOARD ESTABLISHES A CEO EVALUATION COMMITTEE TO REVIEW HIS PERFORMANCE, COMPLETED OBJECTIVES AND ANY COMPENSATION STUDIES ONCE COMPLETED THEY PREPARE THEIR RECOMMENDATIONS ON COMPENSATION AND BONUSES TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTION 15B	THE HEALTH CENTER UTILIZES NUMEROUS HEALTH CARE-RELATED RESOURCES AND/OR CONTRACTS FOR SERVICES TO CONDUCT PAY STUDIES ON EMPLOYEE AND KEY MANAGEMENT POSTIONS WE PARTICIPATE IN THE NACHC (NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS) HEALTH CENTER COMPENSATION & BENEFIT STUDY EACH YEAR WE STARTED PARTICIPATING IN 2004 THE LAST STUDY WAS COMPLETED ON FEBRUARY 26, 2010 WE ALSO CONDUCTED A CENTERWIDE COMPENSATION STUDY IN MARCH 2005 AND AN EXECUTIVE MANAGEMENT COMPENSATION STUDY IN SEPTEMBER 2009 WE UTILIZE THE NACHC COMPENSATION STUDIES AND THE HAWAII EMPLOYERS COUNCIL PAY SCALES TO DETERMINE COMPENSATION

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS, ALTHOUGH NOT PUBLICIZED, ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
PART IV BALANCE SHEET		SOME OF THE BEGINNING BALANCE SHEET LINE ITEMS WERE MOVED TO DIFFERENT LINES OF THE BALANCE SHEET TO BE CONSISTENT WITH THE CURRENT YEAR REPORTING

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING	PART IV QUES 12 & PART XI QUES 2A AND 2B	WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD, INC ANSWERED PART IV QUESTION 12 AND PART XI LINE 2A AND 2B "NO" BECAUSE IT DOES NOT HAVE SEPARATELY ISSUED AUDITED FINANCIAL STATEMENTS HOWEVER, WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD, INC IS INCLUDED IN CONSOLIDATED AUDITED FINANCIAL STATEMENTS WHICH DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE CONSOLIDATED AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD INC

Employer identification number
99-0148164

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
HAWAII PATIENT ACCOUNTING SERVICES CORP 86-260 FARRINGTON HIGHWAY WAIANAE, HI967923199 99-0280109	accounting svc	HI	WDCHHB	C CORP	783,060	29,945	100 %

Part V Transactions with Related Organizations

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

			Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	1o		No
p	Reimbursement paid by other organization for expenses	1p		No
q	Other transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	1r		No

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	HAWAII PATIENT ACCTG SERVICE CORP	L	753,237
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No