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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
HAWAI'I PACIFIC HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
55 MERCHANT STREET 24TH FLOOR

City or town, state or country, and ZIP + 4
HONOLULU, HI 96813

D Employer identification number
99-0246363

E Telephone number
(808) 535-7401

G Gross receipts $ 80,714,225

F Name and address of Principal Officer
CHARLES A STED
55 MERCHANT STREET 24TH FLOOR
HONOLULU, HI 96813

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 HAWAIIPACIFICHEALTH ORG

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

L Year of Formation 1986

M State of legal domicile HI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	944
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	36,514
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	11,712,384	7,959,105
9	Program service revenue (Part VIII, line 2g)	81,859,642	89,448,423
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,948,334	-16,896,828
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,670	73,354
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,546,030	80,584,054
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	135,420	271,473
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)	52,617,544	60,501,675
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 1,575,534)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	46,492,474	47,499,888
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	99,245,438	108,273,036
19	Revenue less expenses Subtract line 18 from line 12	-2,699,408	-27,688,982
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	212,845,052	303,402,116
21	Total liabilities (Part X, line 26)	278,395,145	437,820,665
22	Net assets or fund balances Subtract line 21 from line 20	-65,550,093	-134,418,549

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: 2010-05-13

EARL INOUYE VP/SYSTEM CONTROLLER
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
TWO NORTH CENTRAL AVENUE STE 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

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 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 $ 47,301,999 including grants of $) (Revenue $ 29,997,664)

SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $ 59,414,245)

4e Total program service expenses $ 47,301,999 *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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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**		No
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**	Yes	
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	405		
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	944		
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		Yes	
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 15		
b	Enter the number of voting members that are independent . .	1b 8		
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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
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	Yes	
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	Yes	
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

DONNA MASUDA-KAM
55 MERCHANT STREET 24TH FLOOR
HONOLULU, HI 96813
(808) 535-7355

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

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

1a Complete this table for all persons required to be listed 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)						(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			
1b Total . . . . . ▶								8,400,947	1,473,568	1,980,306

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 90

			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**	Yes	
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
EPIC SYSTEMS CORPORATION 5301 TORAY BOULEVARD MADISON, WI 53711	MED'L RECORD SYSTEM	3,007,737
CENTURY COMPUTERS INC 500 ALA MOANA BLVD HONOLULU, HI 96813	PC PRODUCTS & SVCS	1,769,944
XEROX CORPORATION PO BOX 7413 PASADENA, CA 911097413	XEROX COPIERS	1,274,368
PATTON BOGGS LLP 2550 M STREET NW WASHINGTON, DC 20037	LEGAL	926,397
HEWLETT-PACKARD COMPANY P O BOX 932956 ATLANTA, GA 93295	PC PRODUCTS & SVCS	764,608

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 7,693,192				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 265,913				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	7,959,105			
Program Service Revenue		Business Code				
	2a	ADMIN/MGT SERVICES TO TAX EXEMPT AFFILIATES 561,000	87,822,278	87,785,764	36,514	
	b	CLINICAL TRIALS 900,099	539,395	539,395		
	c	INDIRECT COSTS 900,099	1,086,750	1,086,750		
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 89,448,423				
	3	Investment income (including dividends, interest other similar amounts)	-16,872,554			-16,872,554
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 98,315				
	b	Less rental expenses 24,960				
	c	Rental income or (loss) 73,355				
	d	Net rental income or (loss)	73,354			73,354
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 80,937				
	b	Less cost or other basis and sales expenses 105,211				
	c	Gain or (loss) -24,274				
	d	Net gain or (loss)	-24,274			-24,274
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					
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** $ 0				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	80,584,054	89,411,909	36,514	-16,823,474

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	271,473	271,473		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,535,745		8,535,745	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	41,617,041	18,873,604		1,224,202
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,700,547	641,957	1,016,927	41,663
9 Other employee benefits	5,412,377	3,332,388	1,945,786	134,203
10 Payroll taxes	3,235,965	1,371,891	1,779,382	84,692
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,587,908	99,195	1,488,713	
c Accounting	144,456	68,080	76,376	
d Lobbying	53,805	2,805	51,000	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	3,303		3,303	
g Other	9,084,664	3,866,372	5,175,816	42,476
12 Advertising and promotion	3,682,370	67,303	3,615,067	
13 Office expenses	1,046,431	476,108	569,872	451
14 Information technology	6,452,555	778,020	5,674,535	
15 Royalties	0			
16 Occupancy	2,425,823	2,114,020	311,803	
17 Travel	400,456	167,996	232,460	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	209,700	50,833	158,867	
20 Interest	3,212,371	231,121	2,981,250	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,591,016	1,318,248	2,230,610	42,158
23 Insurance	527,096	3,181	523,915	
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 PROGRAM SERVICE EXPENDITURES	13,274,626	13,269,228		5,398
b OTHER PURCHASES	992,210	241,899	750,020	291
c UTILITIES-OTHER	35,241	35,241		
d ALL OTHER EXPENSES	775,857	21,036	754,821	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	108,273,036	47,301,999	59,395,503	1,575,534
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	
	2	Savings and temporary cash investments		38,670,144	2	33,975,710
	3	Pledges and grants receivable, net		2,063,339	3	913,624
	4	Accounts receivable, net			4	
	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			8	
	9	Prepaid expenses and deferred charges		1,399,827	9	1,268,596
	10a	Land, buildings, and equipment cost basis	10a 70,486,717			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 47,229,606	25,977,311	10c	23,257,111
	11	Investments—publicly traded securities		35,822,953	11	150,613,572
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		20,644,229	12	27,848,610
	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*		88,267,249	15	65,524,893
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		212,845,052	16	303,402,116
Liabilities	17	Accounts payable and accrued expenses		20,546,366	17	20,459,433
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		219,487,047	20	302,461,066
	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*			22	
	23	Secured mortgages and notes payable to unrelated third parties		15,000,000	23	25,000,000
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		23,361,732	25	89,900,166
	26	**Total liabilities.** *Add lines 17 through 25*		278,395,145	26	437,820,665
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		-79,718,807	27	-143,455,190
	28	Temporarily restricted net assets		12,283,143	28	6,981,730
	29	Permanently restricted net assets		1,885,571	29	2,054,911
		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		-65,550,093	33	-134,418,549
	34	Total liabilities and net assets/fund balances		212,845,052	34	303,402,116

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
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (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	
KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN	990177350	03	Yes		Yes		Yes		23462912
KAPI'OLANI MEDICAL CENTER AT PALI MOMI	990274038	03	Yes		Yes		Yes		8986138
WILCOX MEMORIAL HOSPITAL	990074365	03	Yes		Yes		Yes		21719145
KAUA'I MEDICAL CLINIC	990326099	03	Yes		Yes		Yes		1914475
STRAUB CLINIC & HOSPITAL	990331208	03	Yes		Yes		Yes		5774228
Total									61,856,898

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: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

Form 990, Schedule A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN	990177350	03	Yes		Yes		Yes		23462912
KAPI'OLANI MEDICAL CENTER AT PALI MOMI	990274038	03	Yes		Yes		Yes		8986138
WILCOX MEMORIAL HOSPITAL	990074365	03	Yes		Yes		Yes		21719145
KAUA'I MEDICAL CLINIC	990326099	03	Yes		Yes		Yes		1914475
STRAUB CLINIC & HOSPITAL	990331208	03	Yes		Yes		Yes		5774228

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

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			
KAREN CHANG , BOARD OF DIRECTOR	1 0	X						0	0	0
CLINTON R CHURCHILL , BOARD OF DIRECTOR	1 0	X						0	0	0
PAMELA DOHRMAN , BOARD OF DIRECTOR	1 0	X						0	0	0
DALE GLENN MD , BOARD OF DIRECTOR	1 0	X						0	190,633	20,547
FAYE KURREN , BOARD OF DIRECTOR	1 0	X						0	0	0
COLBERT M MATSUMOTO , BOARD OF DIRECTOR	1 0	X						0	0	0
KENNETH T NAKAMURA MD , BOARD OF DIRECTOR	1 0	X						297,954	0	56,881
DAVID T PIETSCH JR , CHAIR, BOARD OF DIRECTOR	1 0	X		X				0	0	0
KENN SARUWATARI MD , VICE CHAIR, BOARD OF DIRECTOR	1 0	X		X				0	254,376	42,093
DENNIS SCHEPPERS MD , BOARD OF DIRECTOR	1 0	X						0	259,863	21,030
CHARLES A STED , PRESIDENT & CEO, BOARD OF DIR	32 0	X		X				1,094,570	0	275,201
MELVIN VENTURA , BOARD OF DIRECTOR	1 0	X						0	0	0
DON WILCOX MD , BOARD OF DIRECTOR	1 0	X						0	0	0
MARK WONG , BOARD OF DIRECTOR	1 0	X						0	0	0
GERI YOUNG MD , BOARD OF DIRECTOR	1 0	X						145,863	166,647	22,258
ROBERT SCHULZ MD , BOARD OF DIRECTOR	1 0	X						0	602,049	21,980
DAVID OKABE , EVP, CFO & TREASURER	35 0			X				496,310	0	127,411
RAYMOND P VARA JR , EVP & CEO OF OPERATIONS	5 0			X				697,755	0	215,557
KENNETH B ROBBINS MD , EVP & CMO	10 0			X				516,480	0	152,219
GAIL LERCH , EVP	40 0			X				412,285	0	125,040
VIRGINIA PRESSLER-FISHER MD , EVP	45 0			X				378,706	0	103,219
CHARLES R CHING , EVP, GEN'L COUNSEL & SECRETARY	30 0			X				369,306	0	93,530
STEVEN ROBERTSON , EVP & CIO	15 0			X				336,069	0	104,403
TERRY LONG , VP	30 0			X				219,177	0	53,362
EARL INOUYE , VP & SYSTEM CONTROLLER	25 0			X				263,160	0	56,245
ARTHUR GLADSTONE , VP & CNE	5 0			X				335,804	0	55,604
HILTON RAETHEL , VP	15 0			X				215,367	0	36,616
SUSAN MASUMOTO-NONAKA , VP	20 0			X				204,732	0	47,775
WARREN CHAIKO , VP	10 0			X				241,294	0	44,259
PRUDENCE KUSANO , COMPLIANCE OFFICER	1 0			X				150,472	0	14,700

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			
MELINDA ASHTON MD , MEDICAL DIRECTOR	40 0			X				239,213	0	22,356
DAVID FOX , PRIVACY & INFO SECURITY OFF'R	4 0			X				101,691	0	14,487
JESSICA BRUGGEMANN , ASSISTANT CORPORATE SECRETARY	1 0			X				80,794	0	8,337
MARTHA SMITH , COO KMCWC	1 0					X		389,409	0	89,112
JENNIE CHAHANOVICH , COO KMCPM	1 0					X		270,036	0	42,437
DELIA KNUDSEN , VP	15 0					X		226,081	0	43,935
KIM HADDEN , VP & CNE HOSPITAL OPER	1 0					X		225,451	0	32,071
KATHLEEN CLARK , COO WMH	1 0					X		223,171	0	37,298
KENNETH PIERCE MD , FORMER OFFICER							X	269,797	0	343

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
HAWAI'I PACIFIC HEALTH	99-0246363

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in 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 **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

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 Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		53,805
j	Total lines 1c through 1i			53,805
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	2a $
a	Current Year	
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 (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY	PART II-B, LINE 1H	REGISTERED LOBBYIST PROVIDES GENERAL ADVICE ON LEGISLATIVE ACTIVITIES INCLUDING INFORMATION AND INSIGHT ON LEGISLATIVE ACTIONS THAT MAY BE OF INTEREST TO HPH INDIVIDUAL ALSO PROVIDES GUIDANCE AND INSIGHT ON HOW TO NEGOTIATE THROUGH THE LEGISLATIVE PROCESS WHEN TRYING TO PASS LEGISLATION AS WELL AS INFORMATION AND INSIGHT ON THE GENERAL ACTIVITIES OF WHAT'S HAPPENING AT THE LEGISLATURE INDIVIDUAL DOES SPEAK TO LEGISLATORS, SOMETIMES ON BEHALF OF LEGISLATION OR ISSUES IN WHICH HPH HAS AN INTEREST INDIVIDUAL ALSO HAS AN INPUT ON HPH'S OVERALL LEGISLATIVE/COMMUNITY COMMUNICATION PLAN BUT DOES NOT SEND MAILINGS OUT TO LEGISLATORS OR THE PUBLIC ON OUR BEHALF

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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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
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

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	22,012,121				
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	3,027,713				
f Administrative expenses					
g End of year balance	18,984,408				

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

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

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

		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		10,935,332		10,935,332
b Buildings		970,680	573,969	396,711
c Leasehold improvements		7,759,565	7,156,709	602,855
d Equipment		46,468,273	39,346,775	7,121,498
e Other		4,352,867	152,153	4,200,715
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				23,257,111

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 HPH BOARD DESIGNATED	8,125,327	F
Other HPH INVESTMENT IN HPHPI	19,723,283	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	27,848,610	

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
DUE FROM AFFILIATE	583,030
BENEFICIAL INTEREST	42,076,287
DEFERRED BOND ISSUANCE COST	5,575,412
LONG TERM LIAB-SWAP	7,264,927
SECURITY PLEDGE FOR CREDITORS	4,430,000
CSV-LIFE INSURANCE	2,224,189
ALL OTHER ASSETS	3,371,048
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	65,524,893

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATE	752,967
ACCRUED PENSION BENEFIT COST	67,638,060
HPHPI LOAN PAYABLE	8,000,000
OTHER LONG TERM LIABILITY	12,940,335
OTHER LIABILITIES	568,804
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	89,900,166

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
SCHEDULE D, PART X	FIN 48 FOOTNOTE	EFFECTIVE 7/1/2007, HAWAI'I PACIFIC HEALTH ADOPTED PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO 48, ACCOUNTING FOR INCOME TAXES (FIN 48) FIN 48 ADDRESSES THE ACCOUNTING UNCERTAINTY IN INCOME TAXES RECOGNIZED FOR AN ENTERPRISE'S FINANCIAL STATEMENT AND PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE AS A RESULT OF THE IMPLEMENTATION OF FIN 48, HAWAI'I PACIFIC HEALTH DETERMINED THAT THE PROVISIONS OF FIN 48 DID NOT HAVE A MATERIAL EFFECT ON ITS FINANCIAL STATEMENTS AT JUNE 30, 2009

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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
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

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
ALOHA COUNCIL BOYS SCOUT OF AMERICA42 PUIWA ROAD HONOLULU,HI 96717	99-0073482	501(c)(3)	39,500				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION677 ALA MOANA 600 HONOLULU,HI 96813	13-5613797	501(c)(3)	30,000				GENERAL SUPPORT
HAWAI'I PACIFIC UNIVERSITY1060 BISHOP ST 400 HONOLULU,HI 96813	99-0085260	501(C)(3)	15,000				GENERAL SUPPORT
AMERICAN CANCER SOCIETY2370 NUUANU AVENUE HONOLULU,HI 96817	99-0073489	501(C)(3)	7,500				GENERAL SUPPORT
UNIVERSITY OF HAWAII 2528 MCCARTHY MALL W420 HONOLULU,HI 96822	99-0085260	170(C)(1)	15,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

3 Enter total number of other organizations . . . . . ▶ 0

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
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	FORM 990, SCHEDULE I	THE HAWAII PACIFIC HEALTH DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO 501(C)3 ORGANIZATIONS ON AN ANNUAL BASIS THE DONATIONS ARE CLASSIFIED AS GENERAL, DISCRETIONARY, OR OTHER DONATIONS GENERAL DONATIONS ARE FOR ORGANIZATIONS WITH A DIRECT CONNECTION TO HEALTH CARE SERVICES OR HEALTH CARE RELATED SOCIAL SERVICES THESE DONATIONS ARE SPECIFICALLY IDENTIFIED IN TERMS OF THE DONATION RECIPIENT AND AMOUNT DISCRETIONARY DONATIONS ARE AT THE DISCRETION OF HAWAII PACIFIC HEALTHS EXECUTIVE LEADERSHIP UP TO SPECIFIC DOLLAR LIMITS BASED ON JOB RESPONSIBILITIES OTHER DONATIONS ARE SIMILAR TO DISCRETIONARY DONATIONS BUT ARE HOSPITAL OR CLINIC FACILITY BASED THE COMMITTEE APPROVED DONATIONS LIST IS FORWARDED TO THE HPH CONTROLLERS DEPARTMENT WHICH TRACKS ACTUAL DONATIONS AGAINST APPROVED DONATIONS AND PERIODICALLY UPDATES THE COMMITTEE ON DONATION STATUS DURING THE YEAR, DONATIONS REQUEST ARE FORWARD TO THE HPH EXECUTIVE IN CHARGE OF PHILANTHROPY IF THE DONATION REQUEST IS FOR A GENERAL DONATION PRE-APPROVED BY THE COMMITTEE, THE DONATION IS PROCESSED IF THE DONATION IS A DISCRETIONARY OR OTHER DONATION WITHIN PRE-APPROVED LIMITS, THE DONATION IS PROCESSED IF THE DONATION REQUEST IS FOR A NEW GENERAL DONATION OR IS IN EXCESS OF THE PRE-APPROVED DISCRETIONARY OR OTHER DONATION LIMITS IT IS REVIEWED BY THE COMMITTEE AND EITHER APPROVED OR DISAPPROVED DONATIONS IN EXCESS OF THE APPROVED DONATIONS ARE SUBJECT TO HPH MANAGEMENTS DELEGATED AUTHORITY LIMITS DONATIONS IN EXCESS OF DELEGATED AUTHORITY LIMITS ARE APPROVED BY THE HPH BOARD OF DIRECTORS

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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
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

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**	Yes	
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**	Yes	
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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
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				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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
SCHEDULE J, PART I, LINE 1A	HEALTH & SOCIAL CLUB DUES	PERTAINS TO VARIOUS OFFICERS OF THE ORGANIZATION OF WHICH THE AMOUNTS HAVE BEEN REPORTED ON THEIR W-2
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT	PAID TO KENNETH PIERCE, M D $269,797
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	JENNIE CHAHANOVICH $25,527 WARREN CHAIKO $18,712 CHARLES R CHING $40,512 KATHLEEN CLARK $21,852 ARTHUR GLADSTONE $26,000 KIM HADDEN $19,337 EARL INOUYE $29,872 DELIA KNUDSEN $21,600 GAIL LERCH $53,872 TERRY LONG $21,650 SUSAN MASUMOTO-NONAKA $15,393 KENNETH T NAKAMURA, M D $33,501 DAVID OKABE $61,866 VIRGINIA PRESSLER-FISHER, M D $34,084 HILTON RAETHEL $25,760 KENNETH B ROBBINS, M D $70,369 STEVEN ROBERTSON $37,886 KENN SARUWATARI, M D $13,200 MARTHA SMITH $44,603 CHARLES A STED $171,539 RAYMOND P VARA, JR $113,706
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS TO PERSON LISTED ON PART VII, SECTION A, LINE 1A	NON-FIXED PAYMENTS ARE MADE TO EXECUTIVES BASED ON SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS NON-FIXED PAYMENTS MADE TO PHYSICIANS ARE BASED ON CLINICAL PERFORMANCE MEASURES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
DALE GLENN MD	(I)	0	0	0	0	0	0	0
	(II)	169,774	13,100	7,759	7,687	12,860	211,180	0
KENNETH T NAKAMURA MD	(I)	224,717	29,007	44,230	44,426	12,455	354,835	138,650
	(II)	0	0	0	0	0	0	0
KENN SARUWATARI MD	(I)	0	0	0	0	0	0	0
	(II)	236,276	15,100	3,000	22,400	19,693	296,469	114,600
DENNIS SCHEPPERS MD	(I)	0	0	0	0	0	0	0
	(II)	251,286	6,560	2,017	9,200	11,830	280,893	113,964
CHARLES A STED	(I)	698,977	203,227	192,366	274,431	770	1,369,771	528,826
	(II)	0	0	0	0	0	0	0
GERI YOUNG MD	(I)	145,411	0	452	6,799	15,459	168,121	153,119
	(II)	166,647	0	0	0	0	166,647	0
ROBERT SCHULZ MD	(I)	0	0	0	0	0	0	0
	(II)	573,852	28,100	97	9,200	12,780	624,029	301,606
DAVID OKABE	(I)	383,410	89,902	22,998	114,884	12,527	623,721	207,098
	(II)	0	0	0	0	0	0	0
RAYMOND P VARA JR	(I)	559,000	130,955	7,800	201,705	13,852	913,312	278,900
	(II)	0	0	0	0	0	0	0
KENNETH B ROBBINS MD	(I)	376,337	83,100	57,043	138,775	13,444	668,699	240,142
	(II)	0	0	0	0	0	0	0
GAIL LERCH	(I)	288,188	70,803	53,294	113,100	11,940	537,325	195,894
	(II)	0	0	0	0	0	0	0
VIRGINIA PRESSLER-FISHER MD	(I)	299,871	69,357	9,478	78,063	25,156	481,925	157,108
	(II)	0	0	0	0	0	0	0
CHARLES R CHING	(I)	281,213	66,981	21,112	82,372	11,158	462,836	156,921
	(II)	0	0	0	0	0	0	0
STEVEN ROBERTSON	(I)	271,581	64,488	0	79,020	25,383	440,472	132,500
	(II)	0	0	0	0	0	0	0
TERRY LONG	(I)	191,475	27,702	0	47,654	5,708	272,539	95,550
	(II)	0	0	0	0	0	0	0
EARL INOUYE	(I)	211,985	29,339	21,836	55,497	748	319,405	105,690
	(II)	0	0	0	0	0	0	0
ARTHUR GLADSTONE	(I)	256,594	42,345	36,865	36,925	18,679	391,408	147,259
	(II)	0	0	0	0	0	0	0
HILTON RAETHEL	(I)	188,279	25,708	1,380	35,957	659	251,983	93,190
	(II)	0	0	0	0	0	0	0
SUSAN MASUMOTO-NONAKA	(I)	180,035	24,697	0	25,300	22,475	252,507	90,825
	(II)	0	0	0	0	0	0	0
WARREN CHAIKO	(I)	191,997	27,688	21,609	29,637	14,622	285,553	115,709
	(II)	0	0	0	0	0	0	0
PRUDENCE KUSANO	(I)	150,472	0	0	7,218	7,482	165,172	64,766
	(II)	0	0	0	0	0	0	0
MELINDA ASHTON MD	(I)	220,296	18,917	0	9,464	12,892	261,569	109,362
	(II)	0	0	0	0	0	0	0
MARTHA SMITH	(I)	300,353	54,565	34,491	71,028	18,084	478,521	184,990
	(II)	0	0	0	0	0	0	0
JENNIE CHAHANOVICH	(I)	207,853	40,578	21,605	36,452	5,985	312,473	122,404
	(II)	0	0	0	0	0	0	0
DELIA KNUDSEN	(I)	182,973	26,633	16,475	34,556	9,379	270,016	106,475
	(II)	0	0	0	0	0	0	0
KIM HADDEN	(I)	199,619	25,832	0	23,799	8,272	257,522	95,000
	(II)	0	0	0	0	0	0	0
KATHLEEN CLARK	(I)	187,975	35,196	0	32,280	5,018	260,469	91,050
	(II)	0	0	0	0	0	0	0
KENNETH PIERCE MD	(I)	0	0	269,797	0	343	270,140	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	STATE OF HAWAII DEPARTMENT OF BUDGET & FINANCE	99-0266961	419771AA8	01-14-2004	29,447,000	FINANCE HPH HEALTHCARE CONSTRUCT		X	X	
B	STATE OF HAWAII DEPARTMENT OF BUDGET & FINANCE	99-0266961	419771AC4	01-14-2004	50,000,000	FINANCE HPH HEALTHCARE CONSTRUCT		X	X	
C	STATE OF HAWAII DEPARTMENT OF BUDGET & FINANCE	99-0266961	419800FH5	04-07-2005	128,305,000	EQUIPMENT FINANCED W BOND PROCESS		X	X	
D	STATE OF HAWAII DEPARTMENT OF BUDGET & FINANCE	99-0266961		06-27-2005	28,600,000	EQUIPMENT FINANCED W BOND PROCESS		X	X	
E	STATE OF HAWAII DEPARTMENT OF BUDGET & FINANCE	99-0266961	419800HS9	04-02-2009	88,875,000	TO REFUND SERIES 2005 BOND		X	X	

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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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
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

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	(c) Corrected? 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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	(e) No
FAYE KURREN	HPH B/M FHB DIR	855,923	FEES & INT PAID TO FHB		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
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

Identifier	Return Reference	Explanation
PRIOR YEAR REVENUE AMOUNTS	FORM 990, PART I, LINE 10 - 12	PRIOR YEAR UNREALIZED GAINS HAVE BEEN RECLASSIFIED OUT OF PRIOR YEAR REVENUES AND INTO EQUITY IN ORDER TO PROPERLY STATE COMPARABLE INVESTMENT INCOME

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART I, LINE 1, AND PART III, LINE 1	HAWAI'I PACIFIC HEALTH IS A NONPROFIT HEALTH CARE SYSTEM THAT IS COMMITTED TO PROVIDING THE HIGHEST QUALITY AND MOST ACCESSIBLE MEDICAL CARE AND SERVICE TO THE PEOPLE OF HAWAI'I AND THE PACIFIC REGION

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR MORE THAN A CENTURY, RESIDENTS AND VISITORS HAVE DEPENDED ON THE HOSPITALS, CLINICS, PHYSICIANS AND STAFF OF HAWAI'I PACIFIC HEALTH AS THEIR TRUSTED HEALTH CARE PROVIDERS AS THE STATE'S LARGEST HEALTH CARE PROVIDER AND LARGEST PRIVATE EMPLOYER, IT PROVIDES A FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES THE NETWORK IS ANCHORED BY ITS FOUR NONPROFIT HOSPITALS KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN, KAPI'OLANI MEDICAL CENTER AT PALI MOMI, STRAUB CLINIC & HOSPITAL AND WILCOX MEMORIAL HOSPITAL THE SYSTEM EMPLOYS MORE THAN 5,400 FULL- AND PART-TIME EMPLOYEES AND MORE THAN 1,300 PHYSICIANS IN ADDITION, HUNDREDS OF PEOPLE FROM THE COMMUNITY VOLUNTEER AT THE HOSPITALS EVERY YEAR DURING FISCAL YEAR 2009, THE FOUR HOSPITALS ADMITTED 34,445 PATIENTS FOR A TOTAL OF 155,836 PATIENT DAYS KAUA'I MEDICAL CLINIC'S TOTAL PATIENT VISITS WERE 229,703 THE EMERGENCY ROOMS AT KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN, KAPI`OLANI MEDICAL CENTER AT PALI MOMI, STRAUB CLINIC & HOSPITAL AND WILCOX MEMORIAL HOSPITAL COMBINED TO TREAT 115,860 PATIENTS AFFILIATES AND SUBSIDIARIES HAWAI'I PACIFIC HEALTH IS COMPRISED OF FOUR AFFILIATE HOSPITALS, 44 OUTPATIENT CLINICS AND SERVICE SITES INCLUDING KAUA'I MEDICAL CLINIC, AND THE SPECIALTY PHYSICIAN GROUP KAPI`OLANI MEDICAL SPECIALISTS IN ADDITION, THE SYSTEM INCLUDES THREE FOUNDATIONS AND TWO SUBSIDIARIES KAPI`OLANI HEALTH FOUNDATION, STRAUB FOUNDATION AND WILCOX HEALTH FOUNDATION MAKE UP THE FOUNDATIONS OF HAWAI'I PACIFIC HEALTH THESE CHARITABLE ENTITIES HELP SUPPORT HEALTH RESEARCH, FACILITY ENHANCEMENTS, TECHNOLOGY INVESTMENTS, EDUCATIONAL PROGRAMS AND OTHER NECESSARY RESOURCES FOR THEIR RESPECTIVE HOSPITALS HAWAI'I PACIFIC HEALTH PARTNERS, INC IS A FOR-PROFIT SUBSIDIARY THAT SERVES AS THE JOINT VENTURE PARTNER WHEN HAWAI'I PACIFIC HEALTH PARTNERS WITH OTHER PROVIDERS PROVIDERS INSURANCE CORPORATION IS A CAPTIVE INSURANCE COMPANY THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE TO HAWAI'I PACIFIC HEALTH-AFFILIATED EMPLOYED PHYSICIANS PATIENT CARE COLLECTIVELY, THE HOSPITALS AND CLINICS OF HAWAI'I PACIFIC HEALTH LEAD THE STATE IN THE AREAS OF WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, BONE AND JOINT SERVICES AND CANCER CARE THEY RANK AMONG THE TOP 3 8 PERCENT OF HOSPITALS NATIONWIDE IN ELECTRONIC MEDICAL RECORD (EMR) ADOPTION, WITH SYSTEM-WIDE EMR IMPLEMENTATION THAT ENABLES INTEGRATED, COORDINATED CARE THROUGHOUT THE STATE THIS STATEWIDE NETWORK OF ACUTE CARE HOSPITALS AND OUTPATIENT CLINICS INCLUDES THE REGION'S ONLY FULL SERVICE CHILDREN'S HOSPITAL, A STATE-OF-THE-ART IMAGING CENTER ON KAUA'I, LEEWARD O'AHU'S ONLY CARDIAC CATHETERIZATION LAB, A PIONEERING BONE AND JOINT PRACTICE, A FULLY ACCREDITED SLEEP DISORDERS CENTER, THE PACIFIC REGION'S ONLY MULTI-DISCIPLINARY BURN UNIT, THE STATE'S FIRST WOMEN'S CENTER, THE STATE'S ONLY BREAST AND WOMEN'S CANCER CENTERS, AND OTHER SPECIALIZED HEALTH SERVICES CONSIDERED CRITICAL TO THE REMOTE HAWAIIAN ARCHIPELAGO COMMUNITY ROLE/ACTIVITY AS THE STATE'S LARGEST HEALTH CARE PROVIDER, HAWAI'I PACIFIC HEALTH IS COMMITTED TO IMPROVING THE HEALTH OF ALL HAWAI'I RESIDENTS BY CONDUCTING HEALTH EDUCATION, TEACHING AND RESEARCH, AND BY SUPPORTING SIMILAR EFFORTS BY OTHER ORGANIZATIONS IN FISCAL YEAR 2009, HAWAI'I PACIFIC HEALTH'S COMMUNITY BENEFIT PROGRAMS AMOUNTED TO $8 7 MILLION THESE INCLUDED THE SEX ABUSE TREATMENT CENTER, KAPI'OLANI CHILD PROTECTION CENTER, HEART DISEASE PREVENTION, BREAST AND CERVICAL CANCER SCREENING FOR UNINSURED INDIVIDUALS, WOMEN AND INFANT HEALTH AND NUTRITION, REHABILITATION SERVICES, VARIOUS SUPPORT GROUPS, FREE GLUCOSE MONITORING AND BLOOD PRESSURE SCREENING, HEMOPHILIA PROGRAM COORDINATION, AND MANY OTHER EDUCATION AND SCREENINGS FOR HAWAI'I RESIDENTS ON THE LATEST HEALTH, WELLNESS AND PREVENTION STRATEGIES IN FISCAL 2009, ITS MEDICAL SPECIALISTS DELIVERED FREE PUBLIC HEALTH EDUCATION PROGRAMS THAT HELPED THOUSANDS OF INDIVIDUALS LEARN THE LATEST STRATEGIES FOR PREVENTING OR MANAGING HEART ATTACKS, CANCER, ARTHRITIS, ASTHMA, ALLERGIES, STRESS, OSTEOPOROSIS, OBESITY AND DRUG ABUSE THEY INCLUDED KIDS FEST, LIVING HEALTHY IN PARADISE, WOMEN'S WAY TO HEALTH, CANCER CARE CURRENT ISSUES, BREATHE WITH EASE, VALENTINE IN PARADISE AND GETTING A GRIP ON ARTHRITIS TO TRAIN HEALTH CARE PROVIDERS FOR THE NEXT GENERATION, HAWAI'I PACIFIC HEALTH HAS STRONG ALLIANCES WITH THE UNIVERSITY OF HAWAII'S JOHN A BURNS SCHOOL OF MEDICINE AND HAWAI'I PACIFIC UNIVERSITY AS A MAJOR PEDIATRIC AND OB/GYN TRAINING FACILITY FOR THE UNIVERSITY OF HAWAI'I, HAWAI'I PACIFIC HEALTH INVESTS MORE THAN $5,435,000 EACH YEAR INTO TEACHING AND RESEARCH KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS ACTIVELY INVOLVED IN CLINICAL TRIALS OTHER RESEARCH AREAS OF FOCUS INCLUDE PEDIATRICS, ONCOLOGY, OPHTHALMOLOGY AND CARDIOLOGY PUBLIC POLICY HAWAI'I PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION THE ORGANIZATION'S LEADERS ARE PASSIONATE ADVOCATES FOR LEGISLATIVE REFORMS AND REGULATORY ENHANCEMENTS TO RETAIN TOP PHYSICIANS IN THE STATE AND PROVIDE GREATER STABILITY FOR ALL HEALTH CARE PROVIDERS DURING THE MOST RECENT LEGISLATIVE SESSION, HAWAI'I PACIFIC HEALTH SUPPORTED LEGISLATION TO REFORM THE STATE'S REIMBURSEMENT SYSTEM, CURB PUBLIC SMOKING, ENHANCE SERVICES FOR PREGNANT WOMEN WITH SUBSTANCE ABUSE PROBLEMS, IMPROVE ACCESS TO TELEMEDICINE, RECRUIT AND TRAIN NURSES, AND STRENGTHEN THE STATE'S EMERGENCY PREPAREDNESS PLANS OTHER IN 2009, HAWAI'I PACIFIC HEALTH SUPPORTED NUMEROUS COMMUNITY EVENTS, INCLUDING THE GREAT ALOHA RUN, AMERICAN HEART ASSOCIATION HEARTWALK, SUSAN G KOMEN RACE FOR THE CURE, AMERICAN CANCER SOCIETY RELAY FOR LIFE, AND ARTHRITIS FOUNDATION ARTHRITIS WALK IT PARTICIPATED IN THE ASIA-PACIFIC ASSOCIATION OF PEDIATRIC UROLOGY'S 10TH ANNUAL MEETING, THE 4TH COLLABORATIVE NEONATAL AND PEDIATRIC NURSES CONFERENCE, AND OTHER MEETINGS FOR HEALTH CARE PROFESSIONALS IT HIRED 62 COLLEGE STUDENTS AS SUMMER INTERNS, AND SPONSORED WORKSHOPS FOR ITS MORE THAN 800 VOLUNTEERS HAWAI'I PACIFIC HEALTH IS COMMITTED TO THE ENVIRONMENT IN FISCAL YEAR 2009, WILCOX MEMORIAL HOSPITAL WENT "GREEN" BY CONSTRUCTING A SOLAR FARM, RECYCLING OFFICE WASTE, AND PARTNERING WITH LOCAL RECYCLERS TO REDUCE BOTH WASTE AND DISPOSAL COSTS STRAUB CLINIC & HOSPITAL SWITCHED TO RECYCLABLE SHARPS CONTAINERS AND FOOD PRODUCTS, AND CREATED A SUSTAINABILITY COMMITTEE KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN PURCHASED A CARDBOARD BALER AND AIR HANDLER, SWITCHED TO REUSABLE LAUNDRY BAGS, AND IS WORKING TO BE MORE EFFICIENT IN ITS USE OF ELECTRICITY KAPI'OLANI MEDICAL CENTER AT PALI MOMI INSTALLED TINTED WINDOWS AND CHANGED THE LIGHTING IN ELEVATORS AND PERIMETER AREAS IT IS THE ONLY HOSPITAL IN THE STATE TO PARTICIPATE IN HAWAIIAN ELECTRIC COMPANY'S ENERGYSCOUT FOR BUSINESS PROGRAM, WHICH REDUCES THE HOSPITAL'S ELECTRICAL CAPACITY IN AN EMERGENCY AFFILIATES OF HAWAI'I PACIFIC HEALTH TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS THE COMMUNITY'S SAFETY NET PROVIDER OF HEALTH CARE AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES ON WHICH PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE HAWAI'I PACIFIC HEALTH COLLECTIVELY CONTRIBUTES MORE THAN $1 BILLION DOLLARS TO THE LOCAL AND STATE ECONOMY EACH YEAR, SUPPORTING ITS EMPLOYEES, THEIR FAMILIES, AND MANY LARGE AND SMALL BUSINESSES THROUGH PURCHASES MADE BY ITS HOSPITALS AND CLINICS

Identifier	Return Reference	Explanation
FINANCIAL ACCOUNT IN FOREIGN COUNTRIES	FORM 990, PART V, QUESTION 4A AND 4B	BERMUDA CANADA CAYMAN ISLANDS IRELAND UNITED KINGDOM

Identifier	Return Reference	Explanation
REVIEW OF THE 990'S BY THE ORGANIZATION'S GOVERNING BODY	FORM 990, PART VI, QUESTION 10	VARIOUS SCHEDULES OF THE 990'S 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 990'S OF EACH FILING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE 990'S 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 (HPH) BOARD PROVIDES OVERSIGHT FOR THE 990 REPORTING AND REVIEWS THE 990'S FOR EACH ENTITY PRIOR TO FILING IN ADDITION, THE 990'S FOR EACH ENTITY IS MADE AVAILABLE TO THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER PORTAL FOR REVIEW PRIOR TO THE FILING OF THE 990 COPIES OF THE 990'S ARE MADE AVAILABLE TO THE BOARD MEMBERS OF EACH SUBSIDIARY UNIT OF HPH AND IS PHYSICALLY LOCATED AT EACH FACILITY'S SITE FOR THE BOARD MEMBER TO REVIEW PRIOR TO FILING THE 990'S WILL BE POSTED TO HPH'S WEB SITE FOR PUBLIC ACCESS AFTER THE FILING OF THE RETURNS WITH THE IRS

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	ANNUALLY, EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON 1) RECEIVED A COPY OF THE COI POLICY 2) HAS READ AND UNDERSTANDS THE POLICY 3) AGREES TO COMPLY WITH THE POLICY AND 4) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THE IN-HOUSE LEGAL DEPARTMENT DISTRIBUTES THE STATEMENT REQUEST AND REVIEWS THE COI STATEMENTS RETURNED IDENTIFIED CONFLICTS OF INTEREST ARE PRESENTED TO THE BOARD FOR REVIEW, DELIBERATION AND CONFIRMATION/REFUTATION THAT A CONFLICT OF INTEREST EXISTS IF A CONFLICT OF INTEREST HAS BEEN FOUND, THE INDIVIDUAL MAY ADDRESS THE BOARD AND EXPLAIN THE TRANSACTION OR ARRANGEMENT CAUSING THE CONFLICT AFTER THE PRESENTATION, THE INDIVIDUAL IS EXCUSED FROM THE MEETING AND SHALL NOT PARTICIPATE WITH ANY DISCUSSION OR VOTE ON MATTERS PERTAINING TO THE TRANSACTION OR ARRANGEMENT IN MEETINGS WHERE APPLICATION OF THE COI POLICY OCCURS, THE MEETING MINUTES INCLUDE NATURE OF THE FINANCIAL INTEREST/CONFLICT, NAME(S) OF THE PERSON(S) WITH THE POTENTIAL OR ACTUAL CONFLICT, ANY ACTION TAKEN TO ASSIST IN THE DETERMINATION OF WHETHER A CONFLICT EXISTED, INCLUDING ANY DISCUSSION OF ALTERNATIVE ARRANGEMENTS, THE BOARD'S DECISION(S) REGARDING THE CONFLICT AND NAMES OF PERSON PRESENT IN THE DISCUSSION AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT

Identifier	Return Reference	Explanation
COMPENSATION PROCESS OF ORGANIZATION'S CEO, EXEC DIRECTORS, OR TOP MGMT	FORM 990, PART VI, QUESTION 15A & 15B	COMPENSATION FOR HPH EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE INDEPENDENT BOARD MEMBERS WHO ARE MEMBERS OF THE HPH COMPENSATION COMMITTEE ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE'S COMPENSATION AND BENEFITS THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS THE COMPENSATION COMMITTEE MAKES FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED ORGANIZATION PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19	AT THIS TIME, THE Hawaii PACIFIC HEALTH ARTICLES OF INCORPORATION, BYLAWS, CHARTERS OF STANDING BOARD COMMITTEES, CONFLICT OF INTEREST POLICY, STANDARDS OF CONDUCT AND THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE GENERAL PUBLIC VIA THE Hawaii PACIFIC HEALTH WEBSITE

Identifier	Return Reference	Explanation
CONSOLIDATED FINANCIAL STATEMENTS	FORM 990, PART XI, LINE 2B	THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF HAWAI'I PACIFIC HEALTH

Identifier	Return Reference	Explanation
SCHEDULE J-2 COLUMN B		MEMBERS OF THE BOARD LISTED ON SCHEDULE J-2 ALSO DEVOTE TIME TO RELATED ORGANIZATIONS AS LISTED BELOW HPH PIC KHF KMS KMC KMCPM KMCWC SF SCH WIF WMH ASHTON 40 1 2 2 2 1 BOYD 40 BRUGGEMANN 1 1 1 3 6 11 15 4 CHAHANOVICH 1 55 CHAIKO 10 1 4 10 15 10 5 CHING 30 2 1 3 4 1 4 1 3 1 5 CLARK 1 1 60 CLEMENTE 1 1 CULLINEY 1 1 DIAS 1 40 1 1 FOX 4 6 10 10 4 GIBSON 1 1 1 GLADSTONE 5 1 1 1 50 1 HADDEN 1 50 HARLACHER 1 1 HAZENFIELD 20 HEDBERG 1 1 INOUYE 25 1 2 4 1 5 6 12 JOSEPH 50 HPH PIC KHF KMS KMC KMCPM KMCWC SF SCH WIF WMH KANESHIRO 1 1 KIKUCHI 34 KNUDSEN 15 KURREN 1 KUSANO 1 1 5 9 20 LERCH 40 1 1 5 5 5 1 LONG 30 1 1 8 1 1 1 16 MAGELSSEN 40 MASUMOTO -NONAKA 20 1 1 8 10 12 9 MATSUMOTO 1 1 MORTON 6 45 NAKAMURA 1 30 NIKAIDO 40 OKABE 35 1 1 1 1 3 4 1 6 1 3 PIETSCH 1 1 PRESSLER -FISHER 45 1 1 1 1 1 1 2 2 RAETHEL 15 5 5 5 10 10 5 ROBBINS 10 1 10 1 40 1 ROBERTSON 15 1 1 8 12 15 8 ROBINSON 20 6 1 ROVINSKY 40 HPH PIC KHF KMS KMC KMCPM KMCWC SF SCH WIF WMH SARUWATARI 1 1 SCHULZ 1 1 SHIGEMITSU 50 SMITH 1 5 55 STED 32 1 3 1 6 2 2 1 3 1 8 VARA 5 5 5 10 10 1 15

Identifier	Return Reference	Explanation
LEGEND OF ACRONYMS		HPH HAWAI'I PACIFIC HEALTH KHF KAPI'OLANI HEALTH FOUNDATION KMS KAPI'OLANI MEDICAL SPECIALISTS KMC KAUA'I MEDICAL CLINIC KMCPM KAPI'OLANI MEDICAL CENTER AT PALI MOMI KMCWC KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN PIC PROVIDERS INSURANCE CORPORATION SF STRAUB FOUNDATION SCH STRAUB CLINIC & HOSPITAL WHF WILCOX HEALTH FOUNDATION WMH WILCOX MEMORIAL HOSPITAL

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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
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

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
See Additional Data Table					

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
KEAHONUIOKALANI LLC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 38-3789483	HOLDING COMPANY	HI	HPHPI	INVESTMENT	0	0		No	0	Yes	

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
HAWAI'I PACIFIC HEALTH PARTNERS INC &SUB 55 MERCHANT STREET 24TH FLOOR Honolulu, HI96813 99-0318588	BIZ RELATE HEALTH	HI	NA	C CORP	11,221,940	20,295,624	100 %
HICORD INC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0251496	MANAGEMENT	HI	NA	C CORP	0	0	0 %
STRAUB PHARMACY INC 55 MERCHANT STREET 24TH FLOOR Honolulu, HI96813 99-0145107	PHARMACY	HI	SC&H	C CORP	0	0	0 %
STRAUB PROFESSIONAL SERVICES INC 55 MERCHANT STREET 24TH FLOOR Honolulu, HI96813 99-0265504	INVESTMENT	HI	SC&H	C CORP	0	0	0 %
PREMIERE PROPERTY DEVELOPMENT CORP 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0329231	INVESTMENT	HI	NA	C CORP	0	0	0 %

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
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	Yes	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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) **See Additional Data Table**		
(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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

Form 990, Schedule R, 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 501(c)(3))	(F) Direct Controlling Entity
KAPI'OLANI MEDICAL CENTER WOMEN CHILDREN 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0177350	HOSPITAL	HI	501 (C)(3)	3	NA
KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0246364	FUNDRAISING	HI	501 (C)(3)	7	NA
KAPI'OLANI MEDICAL SPECIALISTS 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0322406	HEALTHCARE	HI	501 (C)(3)	9	NA
KAPI'OLANI MEDICAL CENTER AT PALI MOMI 55 Merchant Street 24th Floor HONOLULU, HI96813 99-0274038	HOSPITAL	HI	501 (C)(3)	3	NA
WILCOX MEMORIAL HOSPITAL 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0074365	HOSPITAL	HI	501 (C)(3)	3	NA
WILCOX HEALTH FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0204242	FUNDRAISING	HI	501 (C)(3)	7	NA
KAUA'I MEDICAL CLINIC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0326099	HOSPITAL	HI	501 (C)(3)	3	NA
STRAUB CLINIC & HOSPITAL 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 91-2151670	HOSPITAL	HI	501 (C)(3)	3	NA
STRAUB FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0109350	RESEARCH/EDU	HI	501 (C)(3)	7	NA
PROVIDERS INSURANCE CORPORATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 71-0893000	NFP INSURANCE	HI	501 (C)(3)	11B-TYPE II	NA

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	KAPI'OLANI MEDICAL CTR FOR WOMEN CHILDREN	B	1,589,246
(2)	KAPI'OLANI MEDICAL CTR FOR WOMEN CHILDREN	R	145,396,336
(3)	KAPI'OLANI MEDICAL CTR FOR WOMEN CHILDREN	P	2,240,983
(4)	KAPI'OLANI MEDICAL CTR FOR WOMEN CHILDREN	I	105,007
(5)	KAPI'OLANI MEDICAL CTR FOR WOMEN CHILDREN	N	8,345,227
(6)	KAPI'OLANI MEDICAL CTR FOR WOMEN CHILDREN	O	44,797,712
(7)	KAPI'OLANI MEDICAL CTR FOR WOMEN CHILDREN	Q	72,496,765
(8)	PROVIDERS INSURANCE CORPORATION	O	1,493,292
(9)	PROVIDERS INSURANCE CORPORATION	Q	29,000,000
(10)	PROVIDERS INSURANCE CORPORATION	E	14,000,000
(11)	PROVIDERS INSURANCE CORPORATION	C	1,807,581
(12)	PROVIDERS INSURANCE CORPORATION	N	321,169
(13)	KAPI'OLANI HEALTH FOUNDATION	B	3,222,014
(14)	KAPI'OLANI HEALTH FOUNDATION	P	74,081
(15)	KAPI'OLANI HEALTH FOUNDATION	O	434,936
(16)	KAPI'OLANI HEALTH FOUNDATION	I	90,103
(17)	KAPI'OLANI HEALTH FOUNDATION	N	1,160,667
(18)	KAPI'OLANI MEDICAL SPECIALISTS	B	4,014,404
(19)	KAPI'OLANI MEDICAL SPECIALISTS	Q	387,113
(20)	KAPI'OLANI MEDICAL SPECIALISTS	P	137,568
(21)	KAPI'OLANI MEDICAL SPECIALISTS	N	1,417,972
(22)	KAPI'OLANI MEDICAL SPECIALISTS	O	3,786,934
(23)	KAPI'OLANI MEDICAL CENTER AT PALI MOMI	B	888,017
(24)	KAPI'OLANI MEDICAL CENTER AT PALI MOMI	P	1,571,554
(25)	KAPI'OLANI MEDICAL CENTER AT PALI MOMI	R	95,604,965
(26)	KAPI'OLANI MEDICAL CENTER AT PALI MOMI	N	4,974,027
(27)	KAPI'OLANI MEDICAL CENTER AT PALI MOMI	O	39,742,421
(28)	KAPI'OLANI MEDICAL CENTER AT PALI MOMI	Q	44,398,343
(29)	STRAUB CLINIC & HOSPITAL	B	1,193,712
(30)	STRAUB CLINIC & HOSPITAL	J	77,760

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(31)	STRAUB CLINIC & HOSPITAL	P	1,194,361
(32)	STRAUB CLINIC & HOSPITAL	R	65,412,418
(33)	STRAUB CLINIC & HOSPITAL	H	51,721
(34)	STRAUB CLINIC & HOSPITAL	N	13,929,547
(35)	STRAUB CLINIC & HOSPITAL	O	48,344,905
(36)	STRAUB FOUNDATION	B	428,235
(37)	STRAUB FOUNDATION	O	102,232
(38)	WILCOX MEMORIAL HOSPITAL	B	2,294,117
(39)	WILCOX MEMORIAL HOSPITAL	R	25,833,173
(40)	WILCOX MEMORIAL HOSPITAL	P	167,212
(41)	WILCOX MEMORIAL HOSPITAL	N	3,686,297
(42)	WILCOX MEMORIAL HOSPITAL	Q	109,586
(43)	WILCOX MEMORIAL HOSPITAL	O	13,894,072
(44)	WILCOX HOSPITAL FOUNDATION	B	399,874
(45)	WILCOX HOSPITAL FOUNDATION	N	187,485
(46)	KAUA'I MEDICAL CLINIC	B	1,924,721
(47)	KAUA'I MEDICAL CLINIC	P	158,573
(48)	KAUA'I MEDICAL CLINIC	R	2,049,412
(49)	KAUA'I MEDICAL CLINIC	Q	7,444,142
(50)	KAUA'I MEDICAL CLINIC	N	2,624,144
(51)	KAUA'I MEDICAL CLINIC	O	5,261,480
(52)	HI PACIFIC HEALTH PARTNERS	P	151,529
(53)	HI PACIFIC HEALTH PARTNERS	N	104,450
(54)	HI PACIFIC HEALTH PARTNERS	O	155,128
(55)	HI PACIFIC HEALTH PARTNERS	E	8,000,000
(56)	KAPI'OLANI MEDICAL CTR FOR WOMEN CHILDREN	P	255,651
(57)	KAPI'OLANI MEDICAL CTR FOR WOMEN CHILDREN	P	159,613
(58)	KAPI'OLANI HEALTH FOUNDATION	C	193,895
(59)	KAPI'OLANI MEDICAL SPECIALISTS	P	578,235
(60)	KAPI'OLANI MEDICAL SPECIALISTS	O	74,392

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(61)	STRAUB CLINIC AND HOSPITAL	P	159,613

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SCHEDULE O (Form 8865)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership

(under section 6038B)

▶ **Attach to Form 8865. See Instructions for Form 8865.**

OMB No 1545-1668

2008

Name of transferor
HAWAI'I PACIFIC HEALTH

Filer's identifying number
99-0246363

Name of foreign partnership
GMO MULIT-STRATEGY FUND (OFFSHORE) LP

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	2009-06-01		250,000				10 %
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ☑ Yes ☐ No

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TY 2008 Transfer Statement

Name: HAWAI'I PACIFIC HEALTH

EIN: 99-0246363

Description	Amount
GROSS RECEIPTS	250,000