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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 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

HILO MEDICAL CENTER FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address)

1190 WAINUENUE AVE., BOX 629

City or town, state or country, and ZIP + 4

HILO, HI 96720

D Employer identification number

99-0323155

E Telephone number

(808) 935-2436

F Group Exemption Number

▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: WWW.HAWAIIHEALTHFOUNDATION.ORG/FOUNDATION/

J Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 317,629.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	260,756.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	402.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	46,727.
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	46,727.
7a	Gross sales of inventory, less returns and allowances STMT 7	7a	8,775.
b	Less: cost of goods sold	7b	3,095.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	5,680.
8	Other revenue (describe INCREASE IN CSV -- LIFE INSURANCE)	8	969.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	314,534.
10	Grants and similar amounts paid (attach schedule) STMT 6	10	63,378.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5	14	73.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe SEE STATEMENT 1)	16	79,511.
17	Total expenses Add lines 10 through 16	17	142,962.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	171,572.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	171,393.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	-1,532.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	341,433.

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	137,973.	236,730.
23 Land and buildings		
24 Other assets (describe SEE STATEMENT 2)	34,376.	106,851.
25 Total assets	172,349.	343,581.
26 Total liabilities (describe SEE STATEMENT 3)	956.	2,148.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	171,393.	341,433.

G8

8

Part V. Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The books are in care of ▶ VALERIE PERALTO Telephone no. ▶ 808-961-3462		
Located at ▶ 188 KINOOLE STREET, SUITE 203, HILO, HI ZIP + 4 ▶ 96720		
b 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)?		X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

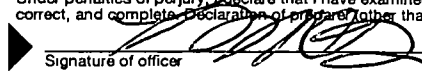
	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

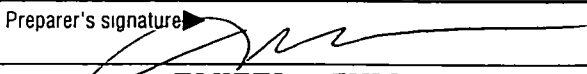
- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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

Sign Here: Signature of officer  Date 05-14-10

LORI ROGERS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only: Preparer's signature  Date 05/14/10 Check if self-employed ☐ Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4: TAKETA, IWATA, HARA & ASSOCIATES, LLC
101 AUPUNI STREET SUITE 139
HILO, HAWAII 96720

EIN:
Phone no. (808) 935-5404

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number

HILO MEDICAL CENTER FOUNDATION

99-0323155

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
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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 the 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?

(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 supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

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.")	339,521.	190,338.	140,938.	122,599.	260,756.	1,054,152.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	339,521.	190,338.	140,938.	122,599.	260,756.	1,054,152.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						59,346.
6 Public Support. Subtract line 5 from line 4						994,806.

Section B. 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	339,521.	190,338.	140,938.	122,599.	260,756.	1,054,152.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,057.	2,107.	3,012.	38,154.	1,371.	45,701.
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.)	31,270.	34,249.	36,796.		46,727.	149,042.
11 Total support. Add lines 7 through 10						1,248,895.
12 Gross receipts from related activities, etc. (see instructions)					12	64,291.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	79.65 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	84.50 %
16a 33 1/3% support 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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 Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. 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% support 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% support 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 ▶ ☐

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SUPPORTIVE SERVICES - MANAGEMENT & GENERAL		17,399.	
SUPPORTIVE SERVICES - FUNDRAISING		62,112.	
TOTAL TO FORM 990-EZ, LINE 16		79,511.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CSV - LIFE INSURANCE	34,376.	34,177.	
PLEDGES RECEIVABLE	0.	72,383.	
OTHER DEPRECIABLE ASSETS	0.	291.	
TOTAL TO FORM 990-EZ, LINE 24	34,376.	106,851.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
GENERAL EXCISE TAXES & PAYROLL TAXES PAYABLE	956.	2,148.	
TOTAL TO FORM 990-EZ, LINE 26	956.	2,148.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION	AMOUNT		
PRIOR PERIOD ADJUSTMENT	-835.		
ADJUSTMENT TO CURRENT YEAR DEPRECIATION	-697.		
TOTAL TO FORM 990-EZ, LINE 20	-1,532.		

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
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DESCRIPTION	AMOUNT
DEPRECIATION	73.
TOTAL TO FORM 990-EZ, LINE 14	73.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SUPPORT FOR HOSPITAL HILO MEDICAL CENTER - EMERGENY ROOM 11910 WAIANUENUE AVENUE HILO, HI 96720	NONE	61,114.
SUPPORT FOR HOSPITAL HILO MEDICAL CENTER - MISC. GIFTS	NONE	2,264.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	63,378.
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FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 7

INCOME

1. GROSS RECEIPTS	8,775	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		8,775
4. COST OF GOODS SOLD (LINE 13)	3,095	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		5,680

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	3,095	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		3,095
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		3,095

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT 9
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB ACCOUNT
BARRY MARK 80 PAUAAHI ST. #201, HILO, HI 96720	PRESIDENT/TRUSTEE 1.00	0.	0.	0.
MONIKA MALLICK POB 47, PAPAIIKOU, HI 96781	VICE-PRESIDENT/TRUSTEE 0.25	0.	0.	0.
MITCHELL OISHI POB 672, HILO, HI 96720	SECRETARY/TRUSTEE 0.25	0.	0.	0.
VALERIE PERALTO 180 KINOOLE ST. #302, HILO, HI 96720	TREASURER/TRUSTEE 0.25	0.	0.	0.
NAOMI BARTHOLOMEW 1190 WAIANUENUE AVE., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
VALTA COOK 80 PAUAAHI ST. #203, HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
BEVERLY DODO 199 WAINAKU ST., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
DR. LYNDA DOLAN 409 KILAUEA AVE., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
MERLE ENDO 349 KAPIOLANI ST., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
AMY HAMANE 151 ALAE ST., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
DAVE HONMA 1205 KILAUEA AVE, HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
BRAD KINOSHITA 410 KILAUEA AVE., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
JUNE KUNIMOTO 91 KAULANA ST., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
PHOEBE LAMBETH 1285 WAINUENUE AVE., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.

HILO MEDICAL CENTER FOUNDATION

99-0323155

GARRY MAEDA 100 HONOLII PALI, HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
DR. STEVE MORRISON 1388 WAILUKU , HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
DR.HOON PARK 1609 NOHOANA PLACE, HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
ALAN PARKER 101 AUPUNI ST. #342, HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
DAWN PUNG 645 AINAKO AVE., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
MARIE RUHLAND 1190 WAIANUENUE AVE., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
DR. LYRIC SANTIAGO 1190 WAIANUENUE AVE., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
RICHARD SANTOS 1088 APO NO PL, HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
DR. MICHAEL SEU 670 PONAHA WAII #110, HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
MARCELLA STROH 525 KILAUEA AVE., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
CHRIS TAKAHASHI 1190 WAIANUENUE AVE., HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
REP. CLIFTON TSUJI 1382 AUAHI PLACE, HILO, HI 96720	TRUSTEE 0.25	0.	0.	0.
JULIE TULANG 2273 PIIHONUA PL., HILO, HI 96721	TRUSTEE 0.25	0.	0.	0.
TIM YOUNG POB 1473 , HILO, HI 96721	TRUSTEE 0.25	0.	0.	0.
LORI ROGERS 1190 WAIANUENUE AVE., HILO, HI 96721	EXECUTIVE DIRECTOR 40.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990-EZ, PART IV

0.	0.	0.
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TO SUPPORT THE HEALTHCARE OF THE COMMUNITY AND ITS VISITORS BY ASSISTING
HILO MEDICAL CENTER THROUGH VOLUNTEERISM, COMMUNITY EDUCATION, AND FINANCIAL
SUPPORT.

HILO MEDICAL CENTER FOUNDATION

EIN 99-0323155

AMENDED FORM 990-EZ FOR THE YEAR ENDED JUNE 30, 2009

ATTACHMENT 1

STATEMENT REGARDING ITEM AMENDED

The form 990-EZ was amended solely to add a contributor to Schedule B as item number 2 on Page 1 Part 1 (a). The contributor was inadvertently not included on the return as originally filed. No other changes were made to the return.