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 10/01 , 2008, and ending 09/30 , 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 REHABILITATION HOSPITAL OF THE
Doing Business As PACIFIC FOUNDATION
Number and street (or P O box if mail is not delivered to street address) Room/suite
226 NORTH KUAKINI STREET
City or town, state or country, and ZIP + 4
HONOLULU, HI 96817

D Employer identification number 99-0241634
E Telephone number (808)531-3511
G Gross receipts $ 4,755,213.

F Name and address of principal officer

H(a) Is this a group return for affiliates? [ ] Yes [X] 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 [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ WWW.REHABHOSPITAL.ORG

K Type of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ L Year of formation 1984 M State of legal domicile HI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ENGAGE IN CHARITABLE FUNDRAISING ACTIVITIES FOR AND TO OTHERWISE BENEFIT, PROMOTE AND CARRY OUT THE PURPOSES OF REHABILITATION HOSPITAL OF THE PACIFIC.

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	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of employees (Part V, line 2a)	5	NONE
6	Total number of volunteers (estimate if necessary)	6	NONE
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contribution and grants (Part VIII, line 1h)	1,281,790.	2,195,510.
	9	Program service revenue (Part VIII, line 2g)		NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	85,119.	-721,559.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,636.	-23,301.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,350,273.	1,450,650.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	716,920.	1,105,049.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	313,241.	309,994.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 498,287.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	242,828.	612,985.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,272,989.	2,028,028.
	19	Revenue less expenses Subtract line 18 from line 12	77,284.	-577,378.

Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	9,345,748.	9,414,223.
	21	Total liabilities (Part X, line 26)	94,173.	58,642.
	22	Net assets or fund balances. Subtract line 21 from line 20.	9,251,575.	9,355,581.

RECEIVED
JUL 28 2010
OGDEN, UT
IRS-OSC

SCANNED AUG 12 2010

Part II Signature Block

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

Sign Here
▶ ✓ [signature] — Signature of officer — Date: 1/ July 23, 2010
▶ ✓ Lynette Ko Miyataki Foundation President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature]	Date JUL - 7 2010	Check if self-employed ▶ [ ]	Preparer's identifying number (see instructions) P00131363
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP 1132 BISHOP STREET, SUITE 1200 HONOLULU, HI 96813		EIN ▶ 86-1065772	Phone no ▶ 808-543-0700

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ENGAGE IN CHARITABLE FUNDRAISING ACTIVITIES FOR AND TO OTHERWISE BENEFIT, PROMOTE AND CARRY OUT THE PURPOSES OF REHABILITATION HOSPITAL OF THE PACIFIC.

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 501(c)(4) organizations and section 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 $ 1,105,049. including grants of $ 1,105,049.) (Revenue $ NONE)

SEE STATEMENT 1

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 $ ______)

4e Total program service expenses ▶ $ 1,105,049. *(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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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	X	
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S.?	14a		X
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		X
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		X
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		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
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	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
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	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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		X
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		X
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		X

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		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
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	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
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	X	
36	**Section 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Form **990** (2008)

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	24		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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	NONE		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 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			X
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 more than $75?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions

			Yes	No
1a	Enter the number of voting members of the governing body . . . 1a 25			
b	Enter the number of voting members that are independent . . . 1b 25			
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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		X
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		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	15b		X
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		X
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 ▶

18 Section 6104 requires an organization to make its Forms 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GARY ARAKAKI 226 N KUAKINI ST, HONOLULU HI , 96817
808-531-3511

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), 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								NONE	146,723.	20,022.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ NONE

		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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
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		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue 99-0241634

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1a	Federated campaigns	1a				
b	Membership dues	1b				
c	Fundraising events	1c 323,436.				
d	Related organizations	1d				
e	Government grants (contributions)	1e				
f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,872,074.				
g	Noncash contributions included in lines 1a-1f $ 144,344.					
h	**Total.** Add lines 1a-1f ▶		2,195,510.			
Program Service Revenue		Business Code				
2a						
b						
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a-2f ▶		NONE			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) STMT. 3. ▶		185,422.			185,422
4	Income from investment of tax-exempt bond proceeds ▶		NONE			
5	Royalties ▶		NONE			
		(i) Real / (ii) Personal				
6a	Gross Rents					
b	Less rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss) ▶		NONE			
		(i) Securities / (ii) Other				
7a	Gross amount from sales of assets other than inventory	2,326,391				
b	Less cost or other basis and sales expenses	3,233,372				
c	Gain or (loss)	-906,981.				
d	Net gain or (loss) ▶		-906,981.			-906,981.
8a	Gross income from fundraising events (not including $ 323,436. of contributions reported on line 1c). See Part IV, line 18. a	STMT 4 47,890				
b	Less direct expenses b	71,191.				
c	Net income or (loss) from fundraising events STMT. 5. ▶		-23,301.	-23,301.		
9a	Gross income from gaming activities See Part IV, line 19 a					
b	Less direct expenses b					
c	Net income or (loss) from gaming activities ▶		NONE			
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 ▶		NONE			
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a-11d ▶		NONE			
12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		1,450,650.	-23,301.		-721,559.

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	1,099,026.	1,099,026.	STMT 8	
2 Grants and other assistance to individuals in the U S See Part IV, line 22	6,023.	6,023.	STMT 9	
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	147,608.	NONE	73,804.	73,804.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	100,876.		52,720.	48,156.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	61,510.		31,320.	30,190.
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	29,980.		29,980.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	31,205.			31,205.
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	23,640.		12,115.	11,525.
17 Travel	1,200.		1,200.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	20.		20.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	NONE			
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 SUPPLIES	354,684.		9,790.	344,894.
b IN-KIND CONTRIBUTIONS	144,344.		144,344.	
c PRINTING	45,276.		43,951.	1,325.
d GENERAL EXCISE TAX	20,932.			20,932.
e RECLASS FUNDRAISING EXPENSES	-71,191.			-71,191.
f All other expenses	32,895.		25,448.	7,447.
25 **Total functional expenses.** Add lines 1 through 24f	2,028,028.	1,105,049.	424,692.	498,287.
26 **Joint Costs.** Check here ▶ ☐ 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	100.	1	100.
	2	Savings and temporary cash investments	944,125.	2	1,642,397.
	3	Pledges and grants receivable, net	549,177.	3	510,210.
	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 sales or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis 10a			
	b	Less accumulated depreciation. Complete Part VI of Schedule D. 10b		10c	
	11	Investments - publicly traded securities STMT 6	7,749,667.	11	7,157,140.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	102,679.	15	104,376.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	9,345,748.	16	9,414,223.
Liabilities	17	Accounts payable and accrued expenses	63,049.	17	30,027.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables 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		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	31,124.	25	28,615.
	26	**Total liabilities.** Add lines 17 through 25	94,173.	26	58,642.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,739,498.	27	4,774,778.
	28	Temporarily restricted net assets	1,400,823.	28	1,423,066.
	29	Permanently restricted net assets	3,111,254.	29	3,157,737.
		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	9,251,575.	33	9,355,581.
	34	Total liabilities and net assets/fund balances	9,345,748.	34	9,414,223.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	X	
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		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

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: REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number: 99-0241634

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

The organization is not a private foundation because it is (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 [X] 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 supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

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? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the US? Yes	No	(vii) Amount of support
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule A (Form 990 or 990-EZ) 2008**

JSA 8E1210 4 000

61306P 1061 06/16/2010 21:23:51 V08-8.3 REH01382000

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")	654,088.	1,117,995.	1,219,119.	1,288,988.	2,230,989.	6,511,179.
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	654,088	1,117,995.	1,219,119.	1,288,988	2,230,989.	6,511,179.
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)						917,656.
6 **Public support.** Subtract line 5 from line 4						5,593,523.

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	654,088.	1,117,995.	1,219,119.	1,288,988.	2,230,989.	6,511,179.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	114,235.	217,604	173,434.	213,917.	185,422.	904,612.
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						7,415,791.

12 Gross receipts from related activities, etc (See instructions) | 12 | 318,506.

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 ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 75.43 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 77.49 %

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 ▶ ☒

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 ▶ ☐

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 "fact-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 organzation meets the "facts-and-circumstances"" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

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** ▶ ☐

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 ▶ ☐

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

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: REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number: 99-0241634

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

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 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 the arrangement 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 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	7,883,935.				
b Contributions	35,500.				
c Investment earnings or losses	59,840.				
d Grants or scholarships					
e Other expenditures for facilities and programs	14,940.				
f Administrative expenses					
g End of year balance	7,964,335.				

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

a Board designated or quasi-endowment ▶ 53.6700 %

b Permanent endowment ▶ 6.6800 %

c Term endowment ▶ 39.6500 %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO REHABILITATION HOSPITAL OF THE PACIFIC, AN EXEMPT AFFILIATE	28,615.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	28,615.

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	1,450,650.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,028,028.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-577,378.
4	Net unrealized gains (losses) on investments	4	674,945.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	6,439.
9	Total adjustments (net). Add lines 4-8	9	681,384.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	104,006.

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	1,273,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	674,945.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	71,191.		
e	Add lines 2a through 2d			2e	746,136.
3	Subtract line 2e from line 1			3	527,190.
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	923,460.		
c	Add lines 4a and 4b			4c	923,460.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	1,450,650.

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

1	Total expenses and losses per audited financial statements			1	994,170.
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	71,191.		
e	Add lines 2a through 2d			2e	71,191.
3	Subtract line 2e from line 1			3	922,979.
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	1,105,049.		
c	Add lines 4a and 4b			4c	1,105,049.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	2,028,028.

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 IV, 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.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

PART XI, LINE 8

CHANGE IN SPLIT-INTEREST AGREEMENTS = $ 6,439

PART XII, LINE 2D

RECLASS OF DIRECT EXPENSES RELATED TO SPECIAL EVENTS = $ 71,191

PART XII, LINE 4B

TEMPORARILY RESTRICTED CONTRIBUTIONS = $ 839,103

TEMPORARILY RESTRICTED INVESTMENT INCOME = $ 48,857

PERMANENTLY RESTRICTED CONTRIBUTIONS = $ 35,500

TOTAL TO PARRT XII, LINE 4B = $ 923,460

PART XII, LINE 2D

RECLASS OF DIRECT EXPENSES RELATED TO SPECIAL EVENTS = $ 71,191

PART XII, LINE 4B

TRANSFERS TO AFFILIATE = $ 1,105,049

Part XIV Supplemental Information *(continued)*

ENDOWMENT FUNDS

PART V, LINE 4

REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION USES THE ENDOWMENT FUNDS FOR THE PURPOSES INTENDED BY THE DONORS OF THESE FUNDS FOR THE FOLLOWING:

SPIRIT AWARD: ENDOWMENT DEDICATED TO PERPETUATING REHAB'S CORE VALUES OF RESPECT, QUALITY, TEAMWORK AND OPENNESS. AN EXEMPLARY INDIVIDUAL IS SELECTED EACH QUARTER FOR THIS HONOR.

RESEARCH: ENDOWMENTS ESTABLISHED TO PERPETUATE RESEARCH, EDUCATION AND TRAINING AT REHAB. FUNDS ARE USED FOR CONTINUING EDUCATION, APPLIED RESEARCH (AS PROJECTS ARISE) AND CLINICAL TRAINING.

PATIENT NEEDS: ENDOWMENTS DEDICATED TO OBTAINING SUPPLIES, MEDICAL EQUIPMENT AND EDUCATIONAL MATERIALS, ETC. TO HELP PATIENTS IN THEIR REHABILITATIVE PROCESS.

EDUCATION: FUNDS FROM THESE ACCOUNTS ARE USED FOR EMPLOYEE SCHOLARSHIPS. EMPLOYEES ARE SELECTED FOR THEIR LEADERSHIP QUALITIES; CUSTOMER SERVICE SKILLS; AND TO DEVELOP NEW AND INNOVATIVE PROGRAMS FOR REHAB.

BUILDING MAINTENANCE: PROCEEDS RESTRICTED TO MAINTAINING THE PHYSICAL PLANT.

GREENHOUSE: DEDICATED TO DEVELOPING HORTICULTURE THERAPY AS WELL AS BEAUTIFYING REHAB'S GROUNDS WITH PLANTS.

Part XIV Supplemental Information *(continued)*

FINANCIAL ASSISTANCE: PROCEEDS TO HELP FINANCIALLY NEEDY PATIENTS OBTAIN REHABILITATION CARE.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047
2008
Open To Public Inspection

Name of the organization: REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number: 99-0241634

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- a [ ] Mail solicitations
- b [ ] Email solicitations
- c [ ] Phone solicitations
- d [ ] In-person solicitations
- e [ ] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? [ ] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

HI,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 WINE EVENT (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	224,361.	146,965.		371,326.
	2 Less Charitable contributions	202,761.	120,675.		323,436.
	3 Gross revenue (line 1 minus line 2)	21,600.	26,290.		47,890.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	4,940.	1,575.		6,515.
	6 Rent/facility costs	11,525.	26,864.		38,389.
	7 Other direct expenses	18,017.	8,270.		26,287.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(71,191.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				-23,301.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: ______			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain ______			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain ______			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records Name ▶ ____ Address ▶ ____				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____ and the amount of gaming revenue retained by the third party ▶ $ ____.				
c	If "Yes," enter name and address Name ▶ ____ Address ▶ ____				
16	Gaming manager information Name ▶ ____ Gaming manager compensation ▶ $ ____ Description of services provided ▶ ____ ☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

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: REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number: 99-0241634

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? . . . . . [X] 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 (Form 990) 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
REHABILITATION HOSPITAL OF THE PACIFIC 226 N KUAKINI STREET HONOLULU, HI 96817	51-0160156	501(C)(3)	1,099,026.				SEE STATEMENT 8

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶ NONE

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

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
SPECIFIC ASSISTANCE TO INDIVIDUALS	10	6,023			SEE STATEMENT 9

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

PART I, LINE 2

FUNDS ARE PROVIDED TO AFFILIATE TO ASSIST REHABILIATION HOSIPITAL IN CARRYING OUT ITS EXEMPT PURPOSES AND THE EXEMPT PURPOSES OF REHABILIATION HOSPITAL OF THE PACIFIC FOUNDATION.

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 REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number 99-0241634

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate 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 indemnification 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 of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	Only 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III	5b		X
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		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III	6b		X
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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2008

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is 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 reportable compensation				
KO MIYATAKI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	125,023.	NONE	21,700.	NONE	20,022.	166,745.	159,307.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer Identification number 99-0241634

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
WILLIAM DAVIS DIRECTOR	1.	X						NONE	NONE	NONE
MATTHEW GAMBETTA DIRECTOR	1.	X						NONE	NONE	NONE
GLORIA GAINSLEY DIRECTOR	1.	X						NONE	NONE	NONE
GEORGE IRION DIRECTOR	1.	X						NONE	NONE	NONE
MICHAEL IRISH DIRECTOR	1.	X						NONE	NONE	NONE
JOHN KOMEIJI DIRECTOR	1.	X						NONE	NONE	NONE
GARRICK LAU DIRECTOR	1.	X						NONE	NONE	NONE
EILEEN LOTA DIRECTOR	1.	X						NONE	NONE	NONE
LYNNE MADDEN DIRECTOR	1.	X						NONE	NONE	NONE
JONATHAN MCMANUS DIRECTOR	1.	X						NONE	NONE	NONE
MARK OSHIO DIRECTOR	1.	X						NONE	NONE	NONE
GERALD SAITO DIRECTOR	1.	X						NONE	NONE	NONE
LLOYD SUEDA DIRECTOR	1.	X						NONE	NONE	NONE
SAMUEL TANIMOTO DIRECTOR	1.	X						NONE	NONE	NONE
MARK TERUYA DIRECTOR	1.	X						NONE	NONE	NONE
FRED TROTTER DIRECTOR	1.	X						NONE	NONE	NONE
BUZZ WO DIRECTOR	1.	X						NONE	NONE	NONE
DALE RUFF DIRECTOR	1.	X						NONE	NONE	NONE
STANFORD CARR DIRECTOR	1.	X						NONE	NONE	NONE
TED MCANEELEY DIRECTOR	1.	X						NONE	NONE	NONE
GLENN SEXTON DIRECTOR	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

61306P 1061 06/16/2010 21:23:51 V08-8.3 REH01382000

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer Identification number 99-0241634

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
PETER HO TREASURER	1.			X				NONE	NONE	NONE
JANICE LOO VICE CHAIR	1.			X				NONE	NONE	NONE
KO MIYATAKI PRESIDENT	40.			X				NONE	146,723.	20,022.
MICHAEL W. PERRY CHAIR	1.			X				NONE	NONE	NONE
LAURIE TOM SECRETARY	1.			X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA
8E1294 1 000
61306P 1061 06/16/2010 21:23:51 V08-8.3 REH01382000

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 REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number 99-0241634

Part I **Excess Benefit Transacations** (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II **Loans to and/or From Interested Persons.**
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III **Grants or Assistance Benefitting Interested Persons.**
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
PETER HO	TREASURER OF FOUNDATION	NONE	SEE SCHEDULE O FOR DESCRIPTION		X

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number: 99-0241634

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(STMT 7)			144,344.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information.

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	Employer identification number
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION	99-0241634

FORM 990 PART V LINE 2

THE ORGANIZATION DOES NOT FILE FORM 941, THEREFORE, THERE ARE NO EMPLOYEES REPORTED ON FORM 941. ALL EMPLOYEES OF THE ORGANIZATION ALSO PROVIDE CONCURRENT EMPLOYMENT SERVICES FOR A RELATED ENTITY, AND ARE REPORTED ON FORM 941 OF THE RELATED ENTITY. THE ORGANIZATION FULLY REIMBURSES THE RELATED ENTITY FOR THE ORGANIZATION'S SHARE OF EMPLOYMENT RELATED COSTS OF EMPLOYEES IN QUESTION.

Name of the organization REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number 99-0241634

FORM 990, PART VI, LINE 6

REHABILITATION HOSPITAL OF THE PACIFIC IS THE SOLE MEMBER OF REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION.

Name of the organization REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number 99-0241634

FORM 990, PART VI, LINE 10

THE ORGANIZATION HAS ESTABLISHED THE FOLLOWING PROCEDURES FOR THE REVIEW OF THE FORM 990:

THE AUDIT COMMITTEE OF THE BOARD WILL MEET TO REVIEW THE FORM 990 AND MAKE RECOMMENDATIONS FOR APPROVAL TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

DUE TO SCHEDULING CONFLICTS, THE BOARD WAS NOT ABLE TO MEET BEFORE THE FINAL DUE DATE OF THE RETURN. AS SUCH, THE ORGANIZATION WAS NOT ABLE TO PROVIDE A COPY OF THIS YEAR'S RETURN TO THE GOVERNING BODY BEFORE IT WAS FILED.

Name of the organization REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number 99-0241634

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST QUESTIONNAIRES ARE COMPLETED ANNUALLY BY BOARD MEMBERS AND MANAGEMENT. IF A BOARD MEMBER HAS A CONFLICT OF INTEREST, SUCH BOARD MEMBER WILL BE EXCUSED FROM VOTING.

Name of the organization: REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number: 99-0241634

FORM 990, PART VI, LINE 15B

THE HR COMMITTEE REVIEWS AND APPROVES COMPENSATION OF THE ORGANIZATION'S PRESIDENT. THE COMMITTEE IS MADE UP OF INDEPENDENT BOARD MEMBERS. IN DETERMINING COMPENSATION, THE COMMITTEE REVIEWS APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUSLY DOCUMENTS ITS DELIBERATION AND DECISIONS.

Name of the organization REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number 99-0241634

FORM 990, PART VI, LINE 19

UPON REQUEST, THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC.

Name of the organization REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number 99-0241634

SCHEDULE L, PART IV

PETER HO IS AN OFFICER OF A FINANCIAL INSTITUTION WITH WHICH THE ORGANIZATION HAS A BANKING AND INVESTMENT RELATIONSHIP.

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 answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

Employer identification number: 99-0241634

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
REHABILITATION HOSPITAL OF THE PACIFIC 51-0160156 226 NORTH KUAKINI STREET HONOLULU, HI 96817	MEDICAL CARE	HI	501(C)(3)	BOX 3	N/A

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

Schedule R (Form 990) 2008

JSA
8E1307 1 000

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) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

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

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

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

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	REHABILITATION HOSPITAL OF THE PACIFIC	B	1,105,049.
(2)			
(3)			
(4)			
(5)			
(6)			

JSA
8E1309 1 000

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) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

THE REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION'S MISSION IS TO ASSIST THE REHABILITATION HOSPITAL OF THE PACIFIC THROUGH PRIVATE GIFTS FROM INDIVIDUALS, FOUNDATIONS, AND CORPORATIONS. THE FOUNDATION PROVIDES FINANCIAL SUPPORT IN AREAS SUCH AS FOR PATIENT CARE, CAPITAL IMPROVEMENTS, PATIENT EQUIPMENT AND SUPPLIES, STAFF EDUCATION, INDIGENT CARE, PROGRAM DEVELOPMENT AND PATIENT AND FAMILY EDUCATION. IN 2009, REHAB SERVED 6,900 PATIENTS IN ITS INPATIENT AND OUTPATIENT PROGRAMS. THE FOLLOWING ARE DESCRIPTIONS OF PROGRAMS THAT BENEFITED FROM FOUNDATION GRANTS DURING FISCAL YEAR 2009.

FACILITY AND EQUIPMENT REPLACEMENT:

EACH YEAR, THE FOUNDATION RAISES FUNDS TO HELP THE HOSPITAL WITH LARGE, ONE-TIME CAPITAL PURCHASES. IN FY 2009, THE FOUNDATION PROVIDED NEARLY $518,000 TO UPGRADE THE HOSPITAL'S COMPUTER SYSTEM. IN ADDITION, THE FOUNDATION HELPED TO RAISE FUNDS TO PROVIDE MORE THAN $28,000 FOR VARIOUS PATIENT EQUIPMENT, USED IN BOTH THE INPATIENT AND OUTPATIENT AREAS.

PATIENT FINANCIAL ASSISTANCE FUND:

THE FOUNDATION SUPPLEMENTS THE HOSPITAL'S PROVISION OF SERVICES TO UNINSURED AND UNDERINSURED PATIENTS OTHERWISE KNOWN AS CHARITY CARE. BOTH INPATIENTS AND OUTPATIENTS IN NEED APPLY FOR FINANCIAL ASSISTANCE WITH THE HOSPITAL. APPLICANTS MUST MEET INCOME AND ASSET REQUIREMENTS SET BY THE HOSPITAL. THE FOUNDATION REIMBURSES THE HOSPITAL FOR CHARITY CARE PROVIDED DURING THE YEAR, AS DONATED FUNDS BECOME AVAILABLE UP TO A MAXIMUM LIMIT SET BY ITS BOARD OF DIRECTORS ANNUALLY. THE FOUNDATION REIMBURSED THE HOSPITAL APPROXIMATELY $6,000 FOR CHARITY CARE PROVIDED IN FY 2009.

LOUIS VUITTON CREATIVE ARTS PROGRAM:

FOR THE PAST 15 YEARS THE CREATIVE ARTS PROGRAM HAS PROVIDED ART THERAPY PROGRAM FOR PERSONS WITH PHYSICAL AND COGNITIVE DISABILITIES. FIVE-HOUR SESSIONS ARE HELD TWICE A WEEK AT THE HOSPITAL. THE PROGRAM CURRICULUM EMPHASIZES ART AS THERAPY FOR HEALING AND SELF-EXPRESSION. APPROXIMATELY 30 TO 35 PEOPLE PARTICIPATE ON A WEEKLY BASIS AND THE COST FOR MAINTAINING THE PROGRAM IS APPROXIMATELY $96,000 FOR ART SUPPLIES AND INSTRUCTION.

EDUCATION AND TRAINING PROGRAMS:

THE FOUNDATION FUNDS CONTINUING EDUCATION PROGRAMS FOR REHAB

FORM 990, PART III - PROGRAM SERVICES
====================================

STAFF, PATIENTS AND THEIR FAMILIES. IN FY 2009 $19,400 WAS USED TO PROVIDE COURSES TO HOSPITAL EMPLOYEES ON MYOFASCIAL, DYSPHAGIA/GAIT AND REACH AND BARIATRIC ERGONOMICS, TRANSFERS AND MOBILITY OF THE OBESE PATIENT.

GIFT CATALOG:
THIS ANNUAL "WISH CATALOG" FEATURES ITEMS, DEEMED IMPORTANT BY REHAB CLINICIANS, TO IMPROVE AND ENHANCE PATIENT CARE. LISTED IN THE CATALOG ARE ITEMS SUCH AS WEIGHTS, BRACES, EQUIPMENT, HEART RATE MONITORS, EDUCATIONAL MANUALS OR OTHER ITEMS ESSENTIAL TO ENSURING QUALITY PATIENT CARE. IN FY 2009, $15,000 IN CONTRIBUTIONS WERE RECEIVED IN SUPPORT OF THESE ITEMS.

SCHOLARSHIPS:
IN 2009, $26,000 OF SCHOLARSHIPS WERE AWARDED TO STUDENTS IN RELATED FIELDS.

REHABILITATION HOSPITAL OF THE PACIFIC 99-0241634

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST ON SAVINGS & TEMP. INTEREST	48,117.			48,117.
DIVIDEND INCOME FROM SECURITIES	137,305.			137,305.
TOTALS	185,422.			185,422.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GOLF TOURNAMENT	202,761.
WINE EVENT	120,675.
TOTAL	323,436.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	21,600.	34,482.	-12,882.
WINE EVENT	26,290.	36,709.	-10,419.
TOTALS	47,890.	71,191.	-23,301.

REHABILITATION HOSPITAL OF THE PACIFIC 99-0241634

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
EQUITY SECURITIES	4,214,994.	3,411,006.	FMV
CORPORATE BONDS	1,103,357.	996,275.	FMV
U.S. GOVERNMENT OBLIGATIONS	1,633,502.	767,394.	FMV
CERTIFICATES OF DEPOSIT	511,299.	1,136,876.	FMV
MONEY MARKET FUNDS	286,515.	845,589.	FMV
TOTALS	7,749,667.	7,157,140.	

STATEMENT 6

REHABILITATION HOSPITAL OF THE PACIFIC 99-0241634

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
DONATED GIFTS-IN-KIND	X		144,344.	FMV
TOTALS			144,344.	

REHAB FOUNDATION 99-0241634
FYE 9/30/2009

Grants and Other Assistance

Plant Replacement & Equipment - See Statement 7A	$	688,423
Education & Scholarships - See Statement 7B		3,413
Others - See Statement 7C		164,155
Subtotal		855,991
Unrestricted Grants		243,035
Total Grants and Other Assistance to REHAB Hospital		1,099,026
Grants and Other Assistance to Individuals - See Statement 8		6,023
TOTAL PROGRAM SERVICES	**$**	**1,105,049**

REHAB FOUNDATION 99-0241634
FYE 9/30/2009

Plant Replacement & Equipment

GRANTEE	DESCRIPTION	AMOUNT
REHAB Hospital	QCPR Hardware & software	$ 510,000
REHAB Hospital	Fuel Tank	150,000
REHAB Hospital	Motomed Viva 2	7,000
REHAB Hospital	Accumax Bed	6,322
REHAB Hospital	Chattanooga Vectra Genisys 2 Channel Combination / Chattanooga Vectra Genisys 4 Channel Combination	5,050
REHAB Hospital	Shower Commode Chairs	4,087
REHAB Hospital	Chart Racks	2,850
REHAB Hospital	Sleeper Chair	1,970
REHAB Hospital	Pulse Probe	1,144
		$ 688,423

.REHAB FOUNDATION 99-0241634
FYE 9/30/2009

Education & Scholarships

GRANTEE	DESCRIPTION	AMOUNT
REHAB Hospital	Nursing conference/tuition	$ 1,327
REHAB Hospital	Physical therapy conferences	1,233
REHAB Hospital	Occupational therapy conferences	853
		$ 3,413

REHAB FOUNDATION
FYE 9/30/2009

99-0241634

Others

GRANTEE	DESCRIPTION	AMOUNT
REHAB Hospital	Louis Vuitton Art Fund	$ 110,256
REHAB Hospital	Research, education and training	19,047
REHAB Hospital	AccesSurf	4,000
REHAB Hospital	Gift catalog	3,433
REHAB Hospital	Spinal cord injury fund	2,927
REHAB Hospital	Stroke education program	1,982
REHAB Hospital	Therapy	1,636
REHAB Hospital	Medical training	10,000
REHAB Hospital	Volunteer	10,874
		$ 164,155

REHAB FOUNDATION 99-0241634
FYE 9/30/2009

Schedule of Specific Assistance to Individuals

FIRST NAME	LAST NAME	DESCRIPTION	AMOUNT
		Financial Assistance	$ 4,383
		Supplies	1,485
		Transportation	155
			$ 6,023

REHABILITATION HOSPITAL OF THE PACIFIC 99-0241634

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
PUBLICLY TRADED SECURITIES	VARIOUS	VARIOUS	2,326,391.	3,233,372.	-906,981.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			2,326,391.	3,233,372.	-906,981.
Totals			2,326,391.	3,233,372.	-906,981.

JSA
8F0970 1 000

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION	**Employer identification number** 99-0241634
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O. box, see instructions 226 NORTH KUAKINI STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HONOLULU, HI 96817	

Check type of return to be filed (File a separate application for each return):

☒ Form 990 ☐ Form 990-PF ☐ Form 1041-A ☐ Form 6069
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 4720 ☐ Form 8870
☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ GARY ARAKAKI

Telephone No. ▶ 808-566-3451 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box . . . . . . ▶ ☐ . If it is for part of the group, check this box. . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 16, 2010.

5 For calendar year ______, or other tax year beginning OCTOBER 1, 2008, and ending SEPTEMBER 30, 2009.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER TO INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ CPA Date ▶ MAY 17 2010