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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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

C Name of organization

ALOHACARE

Doing Business As

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

1357 Kapiolani Blvd No 1250

Room/suite

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

HONOLULU, HI 96814

D Employer identification number

99-0309519

E Telephone number

(808) 973-1650

G Gross receipts \$ 190,460,043

F Name and address of principal officer

John E McComas

1357 Kapiolani Blvd No 1250

HONOLULU, HI 96814

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) (4) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www alohacarehawaii org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1994

M State of legal domicile

HI

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities ALOHACARE IS A HAWAII CORPORATION THAT CONTRACTS WITH THE STATE OF HI, DEPT OF HUMAN SERVICES MED-QUEST DIVISION TO PROVIDE MANAGED HEALTH CARE IN ACCORDANCE WITH THE STATE OF HI HEALTH QUEST DEMONSTRATION, AND WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) TO PROVIDE MANAGED HEALTH CARE THROUGH A MEDICARE ADVANTAGE HEALTH/PRESCRIPTION DRUG PLAN AND A MEDICARE ADVANTAGE HEALTH/PRESCRIPTION DRUG SPECIAL NEEDS PLAN ALOHACARE ALSO PARTICIPATES IN AND HELPS TO FUND HEALTH RELATED ACTIVITIES TO IMPROVE THE QUALITY OF HEALTH OF THE PEOPLE OF HAWAII ALOHACARE OPERATES FOR CHARITABLE, EDUCATIONAL, RECREATIONAL PURPOSES, WITHIN THE MEANING OF SECTION 501(C)(4) OF THE IRS CODE OF 1986 AS AMENDED		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of employees (Part V, line 2a)	5	257
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	164,372,043	189,338,350
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,825,390	602,113
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	339,997	519,580
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	167,537,430	190,460,043
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	200,178	1,447,322
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,852,529	10,927,460
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="text"/>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	156,090,691	170,748,028
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	166,143,398	183,122,810
	19	Revenue less expenses Subtract line 18 from line 12	1,394,032	7,337,233
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	101,644,012	105,217,538
	21	Total liabilities (Part X, line 26)	36,011,902	32,248,197
	22	Net assets or fund balances Subtract line 21 from line 20	65,632,110	72,969,341

Part II

Signature Block

Sign Here

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

Signature of officer

John McComas CEO

2010-11-12

Date

Paid Preparer's Use Only

Preparer's signature

Accuity LLP

Date

Check if self-employed

☐

Preparer's identifying number (see instructions)

EIN

Phone no

Firm's name (or yours if self-employed), address, and ZIP + 4

Accuity LLP

999 Bishop Street Ste 1900

Honolulu, HI 96813

(808) 531-3400

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

AlohaCare is a Hawaii corporation that contracts with the State of Hawaii, Department of Human Services Med-QUEST Division to provide managed health care in accordance with the State of Hawaii Health Quest Demonstration, and with the Centers for Medicare and Medicaid Services (CMS) to provide managed health care through a Medicare Advantage Health/Prescription Drug Plan and a Medicare Advantage Health/Prescription Drug Special Needs Plan. AlohaCare also participates in and helps to fund health related activities to improve the quality of health of the people of Hawaii. AlohaCare operates for charitable, educational and recreational purposes within the meaning of section 501 (c)(4) of the IRS Code of 1986 as amended.

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 \$ 169,485,014 including grants of \$ 1,447,322) (Revenue \$ 189,338,350)
	Health Care Programs, General/Other Provide managed health care services to approximately 70,445 qualified Medicaid members, and 1,243 Medicare members who are residents of Hawaii (71,688 Members)









[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 169,485,014
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> 	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	1,425		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	257		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	No
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	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 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

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	12	
b	Enter the number of voting members that are independent . . .	1b	4	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶HI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ALOHACARE - CO Cindy Neeley 1357 Kapiolani Blvd Suite 1250 Honolulu, HI 96814 (808) 973-6347

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

• 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

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

[illegible]

1b Total	1,315,260	0	117,425
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FELDESMAN 2001 L Street NW Suite 200 WASHINGTON, DC 20036	LEGAL	541,068
DENNIS QUEBE 11400 W Parmer Lane 26 CEDAR PARK, TX 78613	CONSULTING	225,788
KEMPER 1100 Alakea Street Suite 2400 HONOLULU, HI 96813	LEGAL	126,633
Accuity LLP 999 Bishop St Ste 1900 Honolulu, HI 96813	accounting	121,465
MILLIMAN 1301 Fifth Avenue Suite 3800 SEATTLE, WA 98101	ACTUARIAL	105,901

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	Capitation	624,100	179,191,988	179,191,988			
	b	Reinsurance	624,100	10,146,362	10,146,362			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		189,338,350				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		601,388			601,388	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
				725				
				725				
	d	Net gain or (loss)		725				725
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses		b				
	c	Net income or (loss) from fundraising events . .						
	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 . .							
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 . .							
Miscellaneous Revenue		Business Code						
11a	Other Revenue		624,100	363,714			363,714	
b	Medicare Rebates		624,100	155,866			155,866	
c								
d	All other revenue							
e	Total. Add lines 11a-11d			519,580				
12	Total revenue. See Instructions			190,460,043	189,338,350	0	1,121,693	

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	1,447,322	1,447,322		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,432,685		1,432,685	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,449,566	4,792,573	2,656,993	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	176,713		176,713	
9	Other employee benefits	1,213,004		1,213,004	
10	Payroll taxes	655,492		655,492	
11	Fees for services (non-employees)				
a	Management				
b	Legal	184,634		184,634	
c	Accounting	24,127		24,127	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	131,791,113	131,791,113		
12	Advertising and promotion	986,735		986,735	
13	Office expenses	159,191		159,191	
14	Information technology				
15	Royalties				
16	Occupancy	784,992		784,992	
17	Travel	95,678		95,678	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,748		29,748	
20	Interest	3,930		3,930	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	519,742		519,742	
23	Insurance	173,635		173,635	
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	Other Professional Serv	17,328,388	17,328,388		
b	Capitation	11,692,122	11,692,122		
c	Quality Program Service	1,432,360	1,432,360		
d	Other Professional Fees	1,104,235		1,104,235	
e	Emergency Services	1,001,136	1,001,136		
f	All other expenses	3,436,262		3,436,262	
25	Total functional expenses. Add lines 1 through 24f	183,122,810	169,485,014	13,637,796	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			35,605,757	2	35,467,835
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			11,309,408	4	29,264,677
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			282,216	9	322,022
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,655,870			
	b	Less accumulated depreciation	10b	3,725,994	837,386	10c	929,876
	11	Investments—publicly traded securities			53,609,245	11	39,233,128
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			101,644,012	16	105,217,538
Liabilities	17	Accounts payable and accrued expenses			3,147,254	17	2,827,540
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	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 to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			32,864,648	25	29,420,657
	26	Total liabilities. Add lines 17 through 25			36,011,902	26	32,248,197
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			65,632,110	27	72,969,341
28		Temporarily restricted net assets				28	
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			65,632,110	33	72,969,341
34		Total liabilities and net assets/fund balances			101,644,012	34	105,217,538

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
ALOHACARE

Employer identification number
99-0309519

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? <div>YesNo</div>	
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 for any other purpose conferring impermissible private benefit <div>YesNo</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

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, handling of violations, and enforcement of the conservation easements it holds?

YesNo

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)?

YesNo

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▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

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

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		168,560	113,220	55,340
d Equipment		4,487,310	3,612,774	874,536
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				929,876

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	190,460,043
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	183,122,810
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,337,233
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2
9	Total adjustments (net) Add lines 4 - 8	9	-2
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,337,231

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	180,658,493
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	344,812
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	344,812
3	Subtract line 2e from line 1	3	180,313,681
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	10,146,362
c	Add lines 4a and 4b	4c	10,146,362
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	190,460,043

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	173,017,678
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	41,230
e	Add lines 2a through 2d	2e	41,230
3	Subtract line 2e from line 1	3	172,976,448
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	10,146,362
c	Add lines 4a and 4b	4c	10,146,362
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	183,122,810

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		rounding -2
Part XII, Line 4b - Other Adjustments		RECLASSIFICATION OF REINSURANCE REVENUES 10146362
Part XIII, Line 2d - Other Adjustments		BROKER FEES 41230
Part XIII, Line 4b - Other Adjustments		RECLASSIFICATION OF REINSURANCE REVENUES 10146362

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALOHACARE

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
99-0309519

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

35

3

Enter total number of other organizations

2

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

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

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

[illegible]

Software ID:
Software Version:
EIN: 99-0309519
Name: ALOHACARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Alii Health Center (Alii Community Care)79-1019 Haukapila Street Kealahakua, HI 96750	26-0318372	501(c)(3)	45,000				Community Health Center assistance
Aloha Medical Mission810 N Vineyard Blvd Honolulu, HI 96817	99-0234811	501(c)(3)	1,000				Medical / surgical services to needy
American Cancer Society-HI Pacific Inc2370 Nuuanu Avenue Honolulu, HI 96817	99-0301430	501(c)(3)	5,000				Dedicated to eliminating cancer
Bay Clinic Inc224 Haili St Suite B Hilo, HI 96720	99-0222784	501(c)(3)	250,964				Community Health Center assistance
Coalition for a Tobacco-Free Hawaii1500 S Beretania St Suite 309 Honolulu, HI 96826	68-0637054	501(c)(3)	1,000				Promotion of Social Welfare
Community Clinic of Maui48 Lono Street Kahului, HI 96732	99-0303304	501(c)(3)	116,611				Community Health Center assistance
Community Health Partnerships315 SW Fifth Avenue 202 Portland, OR 97201	93-1259522	501(c)(3)	250				Promote education, appreciation, & support for public health activities
Good Beginnings Alliance33 S King St Suite 200 Honolulu, HI 96813	94-3257650	501(c)(3)	2,000				Community outreach program
Hamakua Health Center45-549 Plumeria Street Hamakua, HI 96827	99-0115515	501(c)(3)	87,000				Community Health Center assistance
Hana Community Health CenterPO Box 807 Hana, HI 96713	99-0326154	501(c)(3)	45,000				Community Health Center assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HI Association-Education of Young Children1806 S King St Suite 30 Honolulu, HI 96826	23-7425746	501(c)(3)	1,000				Early childhood program support
HinaMauka45-845 Pookela Street Kaneohe, HI 96744	99-0173356	501(c)(3)	750				Provide care, counseling,rehab for persons suffering from alcohol
HSRHA3040 Umi Street Lihue, HI 96766	99-0338158	501(c)(3)	2,000				general assistance
Island Pediatrics198 Ponahawai Street Hilo, HI 96720	99-0351098	Domestic Profit	6,000				Child Care
John A Burns School of Medicine435 E Halaloa Place Honolulu, HI 96821	99-0169930	501(c)(3)	500				Medical School
Kalihi Palama Health Center915 North King Street Honolulu, HI 96819	99-0161221	501(c)(3)	112,806				Community Health Center assistance
Kauai Community Health Center4643 Waimea Canyon Dr B Waimea, HI 96796	99-0250042	501(c)(3)	20,000				Community Health Center assistance
Kihei Youth CenterPO Box 1722 Kihei, HI 96753	99-0222885	501(c)(3)	2,500				Youth conseling, recreation, & cultural activities
Kokua Kalihi Valley2239 North School Street Honolulu, HI 96819	99-0149797	501(c)(3)	56,997				Community Health Center assistance
Koolauloa Community Health & Wellness CenterPO Box 395 Kahuku, HI 96731	73-1681833	501(c)(3)	45,000				Community Health Center assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Lanakila Meals on Wheels (Lanakila Pacific)1809 Bachelot Street Honolulu, HI 96817	99-0103922	501(c)(3)	500				Providing meals to homebound seniors
Life Foundation677 Ala Moana Blvd 226 Honolulu, HI 96813	99-0230542	501(c)(3)	1,500				Community support for AIDS
Mauı Adult Day Care Center 11 Mahaolu Street Suite B Kahului, HI 96732	99-0216306	501(c)(3)	709				Adult day care
Mental Health America of Hawaii1124 Fort Street Mall 205 Honolulu, HI 96813	99-0076458	501(c)(3)	1,500				Mental health advocacy
Moıılı Community Center 2535 South King Street Honolulu, HI 96815	99-0073515	501(c)(3)	1,000				Enriching lives & Moıılı community
Molokai Community Health Center28 Kamoı St Suite 600 Kaunakakai, HI 96748	51-0439659	501(c)(3)	76,750				Community Health Center assistance
National Kidney Foundation of HI2200 Maui Street Suite 310 Wailuku, HI 96732	99-0266733	501(c)(3)	1,000				Conduct activities & programs for Kidney diseases
Queen Emma ClinicPO Box 30160 Honolulu, HI 968200160	99-0073524	501(c)(3)	65,733				Community Health Center assistance
Ronald McDonald House Charities of HIPO Box 61777 Honolulu, HI 968391777	99-0222124	501(c)(3)	3,000				Housing for families w/ seriously ill children
The Institute of Human Services549 Kaaahi Street Honolulu, HI 96817	99-0199107	501(c)(3)	5,000				Emergency temporary shelter/support svcs

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UH Foundation2444 Dole Street Honolulu, HI 96822	99-0085260	501(c)(3)	3,000				General support
Waianae Coast Comprehensive Health Center86-260 Farrington Hwy Waianae, HI 96792	99-0148164	501(c)(3)	257,745				Community Health Center assistance
Waikiki Health Center758 Kapahulu Ave A-319 Honolulu, HI 96816	99-0159253	501(c)(3)	51,750				Community Health Center assistance
Waimanalo Health Center41-1347 Kalanianaʻole Hwy A Waimanalo, HI 96795	99-0273205	501(c)(3)	51,900				Community Health Center assistance
Waimea Women's Center (North HI Community Hosp)65-1267 Kawaihae Rd Kamuela, HI 96743	99-0260423	501(c)(3)	29,000				Community Hospital
West Hawaii CHC75-5751 Kuakini Hwy Suite 203 KailuaKona, HI 96740	20-0495394	501(c)(3)	88,750				Community Health Center assistance
JCRG Elder Care & TransServices1185 Hoolaulea Street Pearl City, HI 96782	04-3629497	Domestic LLC	7,107				Elder care & transportation services

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization ALOHACARE	Employer identification number 99-0309519
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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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input checked="" type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	DISCRETIONARY SPENDING IS APPROVED BY BOARD OF DIRECTORS AS DOCUMENTED IN THE EMPLOYMENT CONTRACT
	Part I, Line 4a	ALOHA CARE AND AN EMPLOYEE LISTED IN FORM 990, SECTION VII ENTERED INTO A CONFIDENTIAL SEVERANCE AGREEMENT

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ALOHACARE

Employer identification number

99-0309519

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) 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.

Complete if the organization 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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

[illegible]

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Additional Data

Software ID:
Software Version:
EIN: 99-0309519
Name: ALOHACARE

Form 990, Schedule L, Part III - Grants or Assistance Benefitting Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
Paul Strauss BAY CLINIC CEO	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$1.9 MILLION)
Dana Alonzo-Howeth COMMUNITY CLINIC OF MAUI EXEC DIR	DIRECTOR & PRESIDENT OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$1.2 MILLION)
Susan Hunt HAMAKUA HEALTH CENTER CEO	DIRECTOR & PAST PRESIDENT OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$350,000)
Emmanuel Kintu KALIHI PALAMA HEALTH CENTER EXEC DIR	DIRECTOR & TREASURER OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$2.2 MILLION)
David Derauf KOKUA KALIHI VALLEY EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$900,000)
Rich Bettini WAIANAE COAST COMP HEALTH CENTER CEO	DIRECTOR & VICE PRESIDENT OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$6.1 MILLION)
Phillip Kinnicutt WAIKIKI HEALTH CENTER BOARD MEMBER	DIRECTOR & SECRETARY OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$300,000)
May Akamine WAIMANALO HEALTH CENTER EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$500,000)

SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ALOHACARE

Employer identification number

99-0309519

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		BOTH THE CEO & CFO OF ALOHACARE REVIEW FORM 990 PRIOR TO OBTAINING APPROVAL FROM ALOHACARE'S BOARD OF DIRECTORS
Form 990, Part VI, Section B, line 12c		OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPELTE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY, AND NOTIFY ALOHACARE SHOULD ANY CONFLICTS ARISE DURING THE YEAR
Form 990, Part VI, Section B, line 15		THE BOARD OF DIRECTORS HOLDS MEETINGS TO DETERMINE FAIR COMPENSATION OF ALOHACARE'S CEO THE CEO DETERMINES FAIR COMPENSATION OF ALOHACARE'S KEY EMPLOYEES
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST BY ALOHACARE
FORM 990, PART XI, Line 2C		AlohaCare has a committee that is responsible for the oversight of the audit and selection of the independent accountant This process has not changed since the prior year
SCHEDULE L, PART III		GRANTS ARE AWARDED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS BASED ON PRE-ESTABLISHED CRITERIA AND REVIEWED BY A SELECTION COMMITTEE, AS DESCRIBED IN REGULATIONS SECTION 53 4945-4(b)

Additional Data

Software ID:
Software Version:
EIN: 99-0309519
Name: ALOHACARE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dawn Hofmann Director	1 00	X						0	0	0
Russell Saito Director	1 00	X						0	0	0
May Akamine Director	1 00	X						0	0	0
Paul Strauss Director	1 00	X						0	0	0
DAVID DERAUF Director	1 00	X						0	0	0
MARTH SMITH Director	1 00	X						0	0	0
JOHN MCCOMAS CEO	40 00			X				297,010	0	29,732
Richard Banner Medical Director	40 00			X				182,579	0	20,500
Dana Howeth President	1 00			X				0	0	0
Susan Hunt Past President	1 00			X				0	0	0
Richard Bettini VICE PRESIDENT	1 00			X				0	0	0
David Bess VICE PRESIDENT	1 00			X				0	0	0
Phillip Kinnicutt Secretary	1 00			X				0	0	0
Emmanuel Kintu TREASURER	1 00			X				0	0	0
George Irion Dir of communication	40 00				X			88,066	0	5,578
francis appel Dir of QI	40 00				X			52,451	0	2,584
victor rodriguez Chief information office	40 00				X			34,383	0	2,064
machille brown dir of plan OPERATIONS	40 00				X			90,735	0	11,727
ruby menon dir of HR	40 00				X			79,099	0	6,434
paula arcena dir of public policy	40 00				X			73,983	0	1,191
CINDY NEELEY CFO	40 00					X		211,189	0	13,495
PATRICK BRENNAN DIR OF PLAN OPERATIONS	40 00					X		165,939	0	20,535
MARIE WAGNER CORP COMPLIANCE OFFICER	40 00					X		111,938	0	13,468
STELLA CATALAN DIR OF CLINICAL OPS	40 00					X		128,816	0	10,617
rane shoji clinical pharmacist	40 00					X		106,815	0	6,168

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
robert mcclay - FORMER dir of ProDUCT Bus Dev	40 00						X	110,974	0	2,910

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Other Professional Serv	17,328,388	17,328,388		
Capitation	11,692,122	11,692,122		
Q uality Program Service	1,432,360	1,432,360		
Other Professional Fees	1,104,235		1,104,235	
Emergency Services	1,001,136	1,001,136		