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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 07-01-2009 and ending 06-30-2010

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
THE QUEEN'S MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1301 PUNCHBOWL STREET

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

D Employer identification number
99-0073524

E Telephone number
(808) 532-6100

G Gross receipts $ 687,608,377

F Name and address of principal officer

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW QUEENSMEDICALCENTER NET

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1859 | **M** State of legal domicile HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O ATTACHMENT 2

2 Check this box ▶ ☐ 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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of employees (Part V, line 2a)	**5**	4,140
6	Total number of volunteers (estimate if necessary)	**6**	360
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,718,604
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,107,725

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	13,626,490	25,662,588
9	Program service revenue (Part VIII, line 2g)	589,336,421	622,500,499
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,021,737	10,279,310
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,348,312	14,333,018
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	616,289,486	672,775,415
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,966,626	2,689,905
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	290,897,069	323,050,578
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶47,728		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	311,574,195	316,235,265
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	605,437,890	641,975,748
19	Revenue less expenses Subtract line 18 from line 12	10,851,596	30,799,667

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	798,744,269	881,785,450
21	Total liabilities (Part X, line 26)	556,344,495	601,515,918
22	Net assets or fund balances Subtract line 21 from line 20	242,399,774	280,269,532

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

****** | 2011-05-13
Signature of officer | Date

RICHARD C KEENE Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LORI TAIRA	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP 1132 BISHOP STREET SUITE 1200 HONOLULU, HI 96813			EIN ▶ Phone no ▶ (808) 543-0700

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF QMC IS TO FULFILL THE INTENT OF QUEEN EMMA AND KING KAMEHAMEHA IV TO PROVIDE IN PERPETUITY QUALITY HEALTHCARE SERVICES TO IMPROVE THE WELL-BEING OF NATIVE HAWAIIANS AND ALL OF THE PEOPLE OF HAWAI'I

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 $ 605,734,693 including grants of $ 2,689,905) (Revenue $ 622,500,499)

THE QUEEN'S MEDICAL CENTER IS THE LARGEST PRIVATE, NONPROFIT, ACUTE CARE MEDICAL FACILITY IN HAWAII ITS STAFF IS DEDICATED TO PROVIDING QUALITY HEALTH CARE TO THE PEOPLE OF HAWAII AND THE PACIFIC ESTABLISHED IN 1859 BY KING KAMEHAMEHA IV AND QUEEN EMMA, QUEEN'S IS THE FIRST HOSPITAL IN THE UNITED STATES FOUNDED BY ROYALTY TODAY, IT IS THE LARGEST PRIVATE HOSPITAL IN HAWAII AND THE PACIFIC BASIN THE QUEEN'S MEDICAL CENTER HAS 505 ACCUTE CARE BEDS AND 28 SUB-ACUTE BEDS WITH OVER 3,000 EMPLOYEES AND OVER 1,200 PHYSICIANS ON STAFF, IT IS ALSO ONE OF THE STATE OF HAWAII'S LARGEST EMPLOYERS AS THE LEADING MEDICAL REFERRAL CENTER IN HAWAII AND THE PACIFIC BASIN, QUEEN'S IS WIDELY KNOWN FOR ITS PROGRAMS IN CANCER, CARDIOVASCULAR DISEASE, NEUROSCIENCE, ORTHOPEDICS, SURGERY, TRAUMA, BEHAVIORAL MEDICINE, AND WOMEN'S HEALTH QUEEN'S OFFERS A COMPREHENSIVE RANGE OF SPECIALTIES, INCLUDING CARDIAC DIAGNOSTICS, GASTROENTEROLOGY, GENETICS, GERIATRICS, GYNECOLOGY, NEONATOLOGY, OBSTRETICS, AND PULMONOLOGY QUEEN'S IS THE ONLY LEVEL II TRAUMA CENTER IN HAWAII VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS QUEEN'S IS HOME TO A NUMBER OF RESIDENCY PROGRAMS OFFERED IN CONJUNCTION WITH THE JOHN A BURNS SCHOOL OF MEDICINE AT THE UNIVERSITY OF HAWAII THE QUEEN'S MEDICAL CENTER IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (TJC) QUEEN'S IS ALSO APPROVED TO PARTICIPATE IN RESIDENCY TRAINING BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), AND IS A MEMBER OF VHA, A NATIONAL COOPERATIVE OF OVER 1,400 HOSPITALS QUEEN'S HAS ACHIEVED MAGNET STATUS - THE HIGHEST INSTITUTIONAL HONOR FOR HOSPITAL EXCELLENCE - FROM THE AMERICAN NURSES CREDENTIALING CENTER MAGNET RECOGNITION IS HELD BY LESS THAN SEVEN PERCENT OF HOSPITALS IN THE UNITED STATES QUEEN'S IS THE FIRST HOSPITAL IN HAWAII TO ACHIEVE MAGNET STATUS

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

TO SUPPORT THE QUEEN'S MISSION AND TO FULFILL ITS TAX EXEMPT PURPOSE AS A CHARITABLE HOSPITAL, THE QUEEN'S MEDICAL CENTER PROVIDED COMMUNITY BENEFITS TOTALING APPROXIMATELY $81,025,000 FOR THE YEAR ENDED JUNE 30, 2010 SEE LINE 4C (SCHEDULE O ATTACHMENT 4) FOR A DETAILED EXPLANATION

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

The Queen's Medical Center ("QMC") supports Native Hawaiian Health initiatives through many of its programs and services, particularly its Native Hawaiian Health Program (NHH) The focus areas of NHH include improvements in clinical outcomes, healthcare training, research, access and outreach NHH conducts ongoing assessment and development of QMC programs and services focused on Native Hawaiians, including specific clinical programs in areas such as cardiology, oncology and behavioral health QMC collaborates and partners to provide healthcare training and education opportunities to Native Hawaiian students and those committed to serving Native Hawaiian communities, for example, the Ulu Kukui Project, which is a pre-college science education program at Stevenson Middle School to promote excellence in science education and the pursuit of biomedical careers by Native Hawaiians and Pacific Islanders In addition, NHH programs focus on quality improvement and increased access for Native Hawaiians to QMC and collaborate with the Native Hawaiian community in education, research, and community outreach Through each of these areas of focus, NHH works to provide a framework for the development, implementation and evaluation of clinical initiatives that aim to enhance the ola pono (well being) of Native Hawaiians In addition to NHH, many of QMC's program services described below provide benefits to Native Hawaiians, including components of charity care and uncompensated care provided to our patients THE QUEEN'S MEDICAL CENTER ("QMC") PROVIDED APPROXIMATELY $81,025,000 OF COMMUNITY BENEFITS, IN SUPPORT OF ITS MISSION AS A TAX-EXEMPT CHARITABLE HOSPITAL 1 UNCOMPENSATED CARE - QMC PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (PATIENTS ARE NOT BILLED CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY (BAD DEBTS) FOR THE YEAR ENDED JUNE 30, 2010, THE ESTIMATED LOSSES FROM PROVIDING CHARITY CARE AND FOR SERVICES THAT WERE BAD DEBTS WAS $2,628,000 AND $12,200,000 RESPECTIVELY 2 BEHAVIORAL HEALTH - QMC PROVIDES INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES THAT ARE NECESSARY AND IN CERTAIN INSTANCES, NOT GENERALLY AVAILABLE IN THE STATE OF HAWAII THE ESTIMATED LOSSES FROM OPERATIONS RESULTING FROM BEHAVIORAL HEALTH SERVICES WERE $8,640,000 FOR THE YEAR ENDED JUNE 30, 2010 3 QUEEN EMMA CLINICS - QMC PROVIDES OUTPATIENT SERVICES TO INDIGENT PATIENTS AND OTHERS THOUGH THE QUEEN EMMA CLINICS THE LOSSES FROM OPERATIONS FROM THE QUEEN EMMA CLINICS WERE APPROXIMATELY $3,843,000 FOR THE YEAR ENDED JUNE 30, 2010 4 ON CALL PHYSICIAN COMPENSATION - QMC MAINTAINS THE ONLY LEVEL II TRAUMA CENTER IN THE STATE OF HAWAII IN ORDER TO PROVIDE LEVEL II TRAUMA COVERAGE, THE MEDICAL CENTER INCURRED APPROXIMATELY $5,776,000 IN ON CALL PHYSICIAN COVERAGE DURING THE YEAR ENDED JUNE 30, 2010 5 RESIDENT AND INTERN COSTS - QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT OF APPROXIMATELY $4,491,000 DURING THE YEAR ENDED JUNE 30, 2010 RELATED TO RESIDENT AND INTERN PROGRAMS AS A TEACHING FACILITY, THE MEDICAL CENTER PARTICIPATES IN AND SHARES THE COSTS OF THE HAWAII RESIDENCY PROGRAM 6 HAWAII MEDICAL LIBRARY - QMC MAINTAINS A MEDICAL LIBRARY THAT BENEFITS HEALTHCARE PROFESSIONALS IN THE STATE OF HAWAII THE OPERATING LOSSES OF THE HAWAII MEDICAL LIBRARY FOR THE YEAR ENDED JUNE 30, 2010 WERE $975,000 7 TRANSFER HOTLINE - QMC MAINTAINS A CARDIAC TRANSFER HOTLINE AND A REFERRAL HOTLINE TO ASSIST PATIENTS AND OTHER HEALTHCARE PROVIDERS WITH THE TRANSFER AND/OR REFERRAL OF PATIENTS TO APPROPRIATE HEALTHCARE SERVICES THE OPERATING LOSSES OF PROVIDING THESE SERVICES FOR THE YEAR ENDED JUNE 30, 2010 WERE $1,259,000 8 TRANSPORTATION SERVICES - QMC PROVIDES TRANSPORTATION TO AND FROM THE MEDICAL CENTER TO PATIENTS WHO REQUIRE ASSISTANCE THE COST OF PROVIDING THESE SERVICES WAS $155,000 FOR THE YEAR ENDED JUNE 30, 2010 9 HEALTH AND WELLNESS EDUCATION - QMC PROVIDES HEALTH AND WELLNESS EDUCATION TO THE COMMUNITY IN AN EFFORT TO PROMOTE HEALTHY LIFESTYLES FOR THE YEAR ENDED JUNE 30, 2010, LOSSES OF PROVIDING HEALTH AND WELLNESS EDUCATION WERE $404,000 10 RESEARCH LOSSES - QMC EMPLOYS STAFF AND INCURS UNFUNDED COSTS FOR MEDICAL RESEARCH FOR THE YEAR ENDED JUNE 30, 2010, RESEARCH COSTS WERE $1,029,000 11 CHARITABLE CONTRIBUTIONS - QMC MAKES CONTRIBUTIONS TO OUTSIDE CHARITABLE ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2010, CONTRIBUTIONS TO OUTSIDE CHARITABLE ORGANIZATIONS WERE $859,000 12 EMERGENCY PREPAREDNESS - QMC IS THE ONLY LEVEL II TRAUMA CENTER IN THE STATE OF HAWAII QMC ALLOCATED RESOURCES TO PLAN AND TEST ITS READINESS FOR COMMUNITY EMERGENCIES, INCLUDING TRAUMA, TERRORIST ATTACKS AND CONDITIONS RESULTING FROM HAZARDOUS MATERIAL SPILLS FOR THE YEAR ENDED JUNE 30, 2010, THE COSTS OF EMERGENCY PREPAREDNESS WERE $237,000 13 ELECTRICAL GENERATOR PROJECT - IN ORDER TO MAINTAIN NECESSARY LIFE SUPPORT, DIAGNOSTIC AND OPERATING SYSTEMS, IN THE EVENT OF AN EMERGENCY, QMC SIGNIFICANTLY UPGRADED ITS POWER PLANT BY ADDING TWO NEW GENERATORS THAT ARE CAPABLE OF PROVIDING ELECTRICAL POWER FOR THE MEDICAL CENTER FOR THE YEAR ENDED JUNE 30, 2010, COSTS INCURRED FOR THE ELECTRICAL GENERATOR PROJECT WERE $4,969,000 TOTAL PROJECT COSTS INCURRED AS OF JUNE 30, 2010 WERE APPROXIMATELY $33,669,000 14 MEDICAID SHORTFALL IN PAYMENTS - QMC PROVIDES INPATIENT AND OUTPATIENT SERVICES TO MEDICAID PATIENTS IN THE STATE OF HAWAII QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT OF APPROXIMATELY $28,398,000 DURING THE YEAR ENDED JUNE 30, 2010 15 Medicare Shortfall in Payments - QMC provides inpatient and outpatient services to Medicare patients in the State of Hawaii QMC incurred costs in excess of reimbursement based on Medicare Cost reports of approximately $2,949,000 during the year ended June 30, 2010 Consistent with cost report requirements, there are amounts that are excluded from the costs above 16 LEASE PRICING BELOW FAIR MARKET VALUE - QMC EXTENDED LEASE RATES TO THE UNIVERSITY OF HAWAII THAT ARE BELOW FAIR MARKET VALUE FOR THE YEAR ENDED JUNE 30, 2010, REVENUES FOREGONE FROM LEASE RATES THAT WERE BELOW FAIR MARKET VALUE WERE $84,000 17 PROGRAMS THAT IMPROVE ACCESS TO HEALTHCARE - QMC IMPROVES THE COMMUNITY'S ACCESS TO HEALTHCARE BY HELPING PATIENTS QUALIFY FOR MEDICAID AND OTHER TYPES OF INSURANCE FOR THE YEAR ENDED JUNE 30, 2010, THESE PROGRAM COSTS TOTALED $1,029,000 18 KINAU STREET OFF-RAMP IMPROVEMENT - IN ORDER TO IMPROVE ACCESS TO ITS EMERGENCY DEPARTMENT AND HOSPITAL, QMC, IN CONJUNCTION WITH THE STATE DEPARTMENT OF TRANSPORTATION AND CITY DEPARTMENT OF TRANSPORTATION SERVICES, BEGAN CONSTRUCTION TO THE KINAU STREET OFF-RAMP FOR THE YEAR ENDED JUNE 30, 2010, COSTS INCURRED FOR THE IMPROVEMENT PROJECT WERE $337,000 19 DENTAL CLINIC - QMC PROVIDES DENTAL SERVICES TO INDIGENT PATIENTS AND OTHERS THROUGH ITS DENTAL CLINIC THE LOSSES FROM OPERATIONS FROM THE DENTAL CLINIC WERE APPROXIMATELY $71,000 FOR THE YEAR ENDED JUNE 30, 2010 20 DONATED USE OF CONFERENCE ROOMS - QMC ALLOWS PHYSICIANS AND TEACHERS FROM THE JOHN A BURNS SCHOOL OF MEDICINE OF THE UNIVERSITY OF HAWAII, VARIOUS GOVERNMENTAL Agencies INCLUDING THE HAWAII DEPARTMENT OF HEALTH, AND OTHER NONPROFIT Agencies THE FREE USE OF ITS FACILITIES AT THE QUEEN'S CONFERENCE CENTER FOR THE YEAR ENDED JUNE 30, 2010, COSTS INCURRED FOR THE USE OF THE CENTER TOTAL $100,000 21 JOB SHADOWING PROGRAM - QMC SPONSORS A JOB SHADOWING PROGRAM FOR STUDENTS IN THE STATE OF HAWAII FOR THE YEAR ENDED JUNE 30, 2010, COSTS INCURRED FOR THE PROGRAM TOTAL $8,000 22 QMC Nursing Program - QMC provides nursing internships and nurse training that help address the continued need for skilled nurses in the islands For the year ended June 30, 2010, these costs totaled $584,000

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

4e **Total program service expenses** ▶ $ 605,734,693

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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? *If "Yes," complete Schedule D, Part VII.*			
	● 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? *If "Yes," complete Schedule D, Part VIII.*			
	● 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? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No: **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	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? *If "Yes," complete Schedule G, Part 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? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**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**		No
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**		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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	487		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,140		
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		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to 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 15		
b	Enter the number of voting members that are independent . .	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
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	Yes	
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		No

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

CLINTON YEE
1301 PUNCHBOWL STREET
HONOLULU, HI 96813
(808) 585-5272

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 Report compensation for the calendar year ending with or within the organization's tax year 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 all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

1b Total . . . . . ▶	3,874,588	1,856,488	1,158,017

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 ▶ 611

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed 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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AFFILIATED COMPUTER SVS PO BOX 201322 DALLAS, TX 753201322	INFO SYS OUTSOURCING	10,197,588
UCERA 677 ALA MOANA BLVD STE 1025 HONOLULU, HI 96813	MEDICAL SERVICE	9,518,206
HAWAII RESIDENCY PROGRAMS INC 1356 LUSITANA ST 510 HONOLULU, HI 96813	MEDICAL SERVICE	8,734,780
Oracle USA Inc PO Box 44471 SAN FRANCISCO, CA 94144	system implement	2,813,834
SODEXHO MARRIOTT 1301 PUNCHBOWL STREET HONOLULU, HI 96813	MANAGEMENT SERVICE	4,112,160
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 ▶ 98		

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	17,700			
	d	Related organizations	1d	24,059,804			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,585,084			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		25,662,588			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE		614,441,694	614,441,694		
	b	INTERCO PURCHASED	561,000	8,058,805	5,407,051	2,651,754	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		622,500,499			
	3	Investment income (including dividends, interest and other similar amounts)		5,094,138		-881,697	5,975,835
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	800,239				
	b	Less rental expenses					
	c	Rental income or (loss)	800,239				
	d	Net rental income or (loss)		800,239		572	799,667
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	19,974,046				
	b	Less cost or other basis and sales expenses	14,234,861	554,013			
	c	Gain or (loss)	5,739,185	-554,013			
	d	Net gain or (loss)		5,185,172			5,185,172
Other Revenue	8a	Gross income from fundraising events (not including $ 17,700 of contributions reported on line 1c) See Part IV, line 18	a 224,175				
	b	Less direct expenses	b 44,088				
	c	Net income or (loss) from fundraising events		180,087			180,087
	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		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	SERVICE TAXABLE	812,300	1,681,882	1,470,269	211,613	
	b	RESEARCH	621,500	2,518,441	2,518,441		
	c	OTHER SERVICES	621,500	4,727,295	1,506,232	3,221,063	
	d	All other revenue		4,425,074	3,909,775	515,299	
	e	**Total.** Add lines 11a–11d		13,352,692			
	12	**Total revenue.** See Instructions		672,775,415	629,253,462	5,718,604	12,140,761

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	2,689,905	2,689,905		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	775,375	265,109	510,266	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	252,367,013	244,724,971	7,642,042	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,068,746	24,966,983	1,101,763	
9 Other employee benefits	26,215,081	25,214,055	1,001,026	
10 Payroll taxes	17,624,363	17,072,029	552,334	
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,461,697	1,190,509	271,188	
c Accounting	387,522	386,999	523	
d Lobbying	22,857	22,857		
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	22,380,098	22,217,905	162,193	
12 Advertising and promotion	727,341	669,886	57,455	
13 Office expenses	325,305	204,010	121,295	
14 Information technology	249,758	218,554	31,204	
15 Royalties	0			
16 Occupancy	13,714,268	13,453,897	260,371	
17 Travel	699,458	497,922	201,536	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	910	910		
20 Interest	10,177,640	10,177,640		
21 Payments to affiliates	31,165,468	17,329,740	13,835,728	
22 Depreciation, depletion, and amortization	36,917,688	36,862,812	54,876	
23 Insurance	8,279,087	292,178	7,986,909	
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	102,052,159	101,845,048	207,011	100
b PURCHASED SERVICES	44,331,068	43,165,085	1,165,983	
c BAD DEBT	29,976,199	29,976,199		
d LICENSE, PERMITS & FEES	2,015,575	1,749,745	265,280	550
e EDUCATION	2,296,661	2,287,955	8,706	
f All other expenses	9,054,506	8,251,790	755,638	47,078
25 **Total functional expenses.** Add lines 1 through 24f	641,975,748	605,734,693	36,193,327	47,728
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		25,816	1	29,034
	2	Savings and temporary cash investments		29,735,400	2	36,260,220
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		77,313,501	4	80,241,046
	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		7,722,961	8	8,284,333
	9	Prepaid expenses and deferred charges		7,844,144	9	9,084,695
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 609,826,776			
	b	Less accumulated depreciation	10b 366,960,345	258,643,848	10c	242,866,431
	11	Investments—publicly traded securities		332,782,289	11	411,434,750
	12	Investments—other securities See Part IV, line 11		10,384,099	12	9,072,698
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		74,292,211	15	84,512,243
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		798,744,269	16	881,785,450
Liabilities	17	Accounts payable and accrued expenses		180,740,975	17	209,050,265
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		294,845,000	20	286,220,000
	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		80,758,520	25	106,245,653
	26	**Total liabilities.** Add lines 17 through 25		556,344,495	26	601,515,918
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		225,923,775	27	262,843,000
	28	Temporarily restricted net assets		11,375,999	28	11,475,532
	29	Permanently restricted net assets		5,100,000	29	5,951,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		242,399,774	33	280,269,532
	34	Total liabilities and net assets/fund balances		798,744,269	34	881,785,450

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☐ Consolidated basis ☑ 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?	3a	Yes	
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	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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 (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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.** 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

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: THE QUEEN'S MEDICAL CENTER

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			
NALEEN N ANDRADE MD TRUSTEE	1.0	X						0	0	0
PAUL S AOKI TRUSTEE	1.0	X						0	0	0
EVELYN J BLACK TRUSTEE	1.0	X						0	0	0
NORMAN T S CHONG TRUSTEE	1.0	X						0	0	0
ERNEST H FUKEDA JR TRUSTEE	1.0	X						0	0	0
NEIL J HANNAHS TRUSTEE	1.0	X						0	0	0
NOREEN MOKUAU DSW CHAIR/TRUSTEE	2.0	X						0	0	0
WILLIAM G OBANA MD VICE CHAIR/TRUSTEE	2.0	X						87,848	0	0
CAROLINE WARD ODA TRUSTEE	1.0	X						0	0	0
GARRETT K SERIKAWA TRUSTEE	1.0	X						0	0	0
ARTHUR A USHIJIMA PRESIDENT/TRUSTEE	65.0	X		X				0	632,384	705,434
JULIA C WO TRUSTEE	1.0	X						0	0	0
ERIC K YEAMAN TRUSTEE	1.0	X						0	0	0
Peter Halford MD Trustee & COS	1.0	X						122,725	0	0
Robb Ohtani MD Trustee	1.0	X						42,238	0	0
SHARLENE K TSUDA SECRETARY	55.0			X				0	209,934	54,261
MARK H YAMAKAWA VICE PRESIDENT	55.0			X				0	535,219	119,739
PAULA YOSHIOKA EXECUTIVE VP/CAO	55.0			X				347,215	0	60,461
Richard C Keene Treasurer	55.0			X				0	478,951	66,039
Clinton Yee Assistant Treasurer	55.0			X				164,712	0	30,426
Michael H Dang MD Cardiovascular Surgeon	60.0					X		710,837	0	19,801
Cherylee W J Chang MD Medical Director	60.0					X		540,911	0	29,537
DAVID J G FERGUSSON MD CLINIC CARDIOLOGIST	60.0					X		462,517	0	18,215
CORY T MIYAMOTO MD GASTROENTEROLOGY	60.0					X		443,090	0	26,018
Scott Raymond Shay MD Medical Director	60.0					X		464,038	0	5,072

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			
RIX MAURER III FORMER VP/TREASURER	0 0						X	488,457	0	23,014

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	102,052,159	101,845,048	207,011	100
PURCHASED SERVICES	44,331,068	43,165,085	1,165,983	
BAD DEBT	29,976,199	29,976,199		
LICENSE, PERMITS & FEES	2,015,575	1,749,745	265,280	550
EDUCATION	2,296,661	2,287,955	8,706	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
THE QUEEN'S MEDICAL CENTER	99-0073524

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	22,857	31,942
c Total lobbying expenditures (add lines 1a and 1b)	22,857	31,942
d Other exempt purpose expenditures	605,711,836	660,088,389
e Total exempt purpose expenditures (add lines 1c and 1d)	605,734,693	660,120,331
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	352,614	244,324	134,730	31,942	763,610
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

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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
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of 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	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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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)? ☐ 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 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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	6,633,813	6,236,306			
b Contributions	852,775	710,304			
c Investment earnings or losses	386,481	42,671			
d Grants or scholarships	32,281	80,428			
e Other expenditures for facilities and programs	645,226	275,040			
f Administrative expenses					
g End of year balance	7,195,562	6,633,813			

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **100.000 %**
- c Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,116,519		18,116,519
b Buildings		375,992,012	222,750,652	153,241,360
c Leasehold improvements		6,548,478	1,564,303	4,984,175
d Equipment		188,043,992	136,032,826	52,011,166
e Other		21,125,775	6,612,564	14,513,211
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				242,866,431

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		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
OTHER ASSETS RESTRICTED FOR LT	4,424,824
ASSETS LIMITED - BOND FUND	11,911,678
INTANGIBLE - DEFERRED FINANCE	6,757,696
DUE FROM AFFILIATES	61,378,560
DEFERRED RENT-UH TOWER	39,485
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	84,512,243

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO AFFILIATES	66,077,383
DUE TO GOVERNMENT	6,018,209
CAPITAL LEASE/OTHER OBLIGATION	3,852,622
TAXABLE COMMERCIAL PAPER	18,378,645
DUE TO GOVT REIMBURSEMENT	11,918,794
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	106,245,653

2. Fin 48 Footnote 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	672,775,415
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	641,975,748
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	30,799,667
4	Net unrealized gains (losses) on investments	4	2,330,844
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,739,247
9	Total adjustments (net) Add lines 4 - 8	9	7,070,091
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	37,869,758

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	644,347,506
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	9,663,087		
e	Add lines **2a** through **2d**			2e	9,663,087
3	Subtract line **2e** from line **1**			3	634,684,419
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	38,090,996		
c	Add lines **4a** and **4b**			4c	38,090,996
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	672,775,415

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

1	Total expenses and losses per audited financial statements			1	637,438,534
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	-1,827,555		
e	Add lines **2a** through **2d**			2e	-1,827,555
3	Subtract line **2e** from line **1**			3	639,266,089
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	2,709,659		
c	Add lines **4a** and **4b**			4c	2,709,659
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	641,975,748

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
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	EQUITY IN SUBSIDIARIES 562,420 PENSION FAS 87 ADJUSTMENT (12,234,000) LOSS ON INTEREST RATE SWAP (8,097,684) OTHER THAN TEMPORARY GAIN ON INVESTMENT 24,508,511 ---------- 4,739,247
REVENUE BOOK TO TAX RECONCILIATION	SCHEDULE D, PART XII, LINE 2D	REVENUE FROM HAMAMATSU/QUEEN'S PET 3,890,768 ELIMINATION (5,796,396) NET ASSETS RELEASED FROM RESTRICTION 11,006,295 EQUITY IN SUBSIDIARIES 562,420 ---------- 9,663,087
REVENUE BOOK TO TAX RECONCILIATION	SCHEDULE D, PART XII, LINE 4B	INVESTMENT INCOME INCLUDED IN NONOPERATING INCOME 10,465,577 REVENUE - TEMP RESTRICTED 4,119,628 LOSS FROM SALE OF EQUIPMENT INCLUDED IN NONOPER INCOME (554,013) TRANSFERS FROM AFFILIATES 24,059,804 ---------- 38,090,996
EXPENSES BOOK TO TAX RECONCILIATION	SCHEDULE D, PART XIII, LINE 2D	EXPENSES FROM HAMAMATSU/QUEEN'S PET 2,991,903 ELIMINATION (4,819,458) ---------- (1,827,555)
EXPENSES BOOK TO TAX RECONCILIATION	SCHEDULE D, PART XIII, LINE 4B	TRANSFERS TO AFFILIATES 1,830,555 DONATIONS INCLUDED IN NONOPERATING EXPENSE 859,350 NONOPERATING EXPENSE 19,754 ---------- 2,709,659
ENDOWMENT FUNDS	Schedule D, Part V, line 4	The Queen's Medical Center uses the earnings on permanently endowed investments for the purposes intended by the donors of these funds

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ 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** ☐ **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	(iii) 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

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 benefit dinner (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	241,875			241,875
	2 Less Charitable contributions	17,700			17,700
	3 Gross income (line 1 minus line 2)	224,175			224,175
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	2,718			2,718
	6 Rent/facility costs				
	7 Food and beverages	34,981			34,981
	8 Entertainment	2,363			2,363
	9 Other direct expenses	4,026			4,026
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				44,088
	11 Net income summary Combine lines 3, column d, and line 10 ▶				180,087

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, column d, and line 7 ▶				

			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	Enter the name and address of the person who prepares the organization's gaming/special events 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 ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			2,628,000	0	2,628,000	0 410 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			99,744,000	71,346,000	28,398,000	4 420 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Charity Care and Means-Tested Government Programs			102,372,000	71,346,000	31,026,000	4 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			2,847,000	0	2,847,000	0 440 %
f Health professions education (from Worksheet 5)			6,058,000	0	6,058,000	0 940 %
g Subsidized health services (from Worksheet 6)			18,330,000	0	18,330,000	2 860 %
h Research (from Worksheet 7)			1,029,000	0	1,029,000	0 160 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,043,000	0	1,043,000	0 160 %
j **Total** Other Benefits			29,307,000	0	29,307,000	4 560 %
k **Total.** Add lines 7d and 7j			131,679,000	71,346,000	60,333,000	9 390 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			5,543,000	0	5,543,000	0 860 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			5,543,000	0	5,543,000	0 860 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	12,200,232		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	170,957,000
6	Enter Medicare allowable costs of care relating to payments on line 5	6	173,906,000
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-2,949,000
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	HamQueen's PET	operate/maint PET equipment	0 700 %	0 %	0 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
THE QUEEN'S MEDICAL CENTER 1301 Punchbowl Street HONOLULU, HI 96813	X	X		X		X	X		

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

QMC's mission is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all the people of Hawaii

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

QMC provides guidance and assistance to patients in applying potentially elibible patients to local, state, and/or federal health care programs This includes contracting with outside vendors to assist with this process

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

QMC is the leading medical referral center in the Pacific Basin Located in downtown Honolulu, it's the largest private hospital in Hawaii According to recent demographic census data, the State of Hawaii is very diverse and includes a population that is approximately 10% Native Hawaiian, other pacific islander, Native Alaskan and American Indian

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

The amounts in Part II represent costs incurred to ensure continued operations that benefit the community These include emergency preparedness costs and amounts expended to expand and test back-up power that can service patients in times of emergency

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

QMC is the leading medical referral center in the Pacific Basin and is designated by the State of Hawaii as a Level II trauma center, both of which require a significant amount of resources to ensure the needs of the population are met QMC is also approved to participate in residency training by the Accreditation Council for Graduate Medical Education, thus enabling it to contribute to the high quality of professional care in Hawaii and beyond

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

In addition to The Queen's Medical Center, affiliate organizations of The Queen's Health Systems operate the only hospital on the Island of Moloka'i, provide diagnostic laboratory services, operate pharmacies and provide the hospitals with general and professional liability insurance

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: THE QUEEN'S MEDICAL CENTER

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

For patients who are citizens of a foreign country who do not reside in the United States, QMC uses 125% of resident country's minimum wage

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Community benefits are reported annually as part of the Form 990 This is not separetely available to the public A formal report issued by the parent company, The Queen's Health Systems, includes the community benefits of The Queen's Medical Center This report is published periodically and is separately available to the public

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The costing methodology considers all patient segments Amounts represent the net costs for the various programs and operations, considering actual amounts incurred and calculated benefits based on cost-to-charge ratios and average rates (i e wage rates)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The Queen Emma Clinics provide comprehensive patient care to indigent patients and serve a large homeless population The net costs associated with these clininc was $3 8 million

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The audited financial statements do not describe bad debt expense The audited financial statements do describe the Allowance for Uncollectible Accounts "QMC provides for an allowance against accounts receivable that could become uncollectible by establishing an allowance to reduce the carrying value of such receivables to their estimated net realizable vale QMC estimates the allowance based on the aging of the accounts receivable, historical collection experience by payor, and other relevant factors " The data above is based on the application of a cost-to-charge ratio against the internal accounting of uncollectible accounts

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The Medicare amounts above are calculated with data from the June 30, 2010 Medicare cost report Consistent with cost report requirements, there are amounts that are excluded from the costs listed in line 6 above When using a fully allocated cost calculation, the Medicare shortfall was approximately $37 million

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Every attempt is made before discharge to screen patients who have no documentation or evidence of medical insurance for possible eligibility for discounted care The granting of charity care discounts are based on a determination of financial need using income and assets thresholds and is in compliance with all state and federal rules and regulations Patients are required to complete a discounted care application and must submit income and asset verification documents Once eligibility is confirmed, payment plans are arranged Billing statements are mailed monthly When eligible for discounted service, the statements reflect related discounts

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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 . . . ▶ 83

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" 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.

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING GRANT FUNDS	SCHEDULE I GRANTS AND OTHER ASSISTANCE, PART I, LINE 2	The Queens Medical Center makes donations to various tax-exempt organizations with the purpose of providing opportunities for better health and wellness to all the people of Hawaii There are generally no restrictions placed on the use of those donations and the receiving organizations may use the donations at their discretion in order to further their exempt purpose Where restrictions are placed on the use of those donations, QMC requests financial reports in order to monitor such use
BISHOP MUSEUM DONATION	SCHEDULE I, PART II	In Fiscal Year ended June 30, 2009, The Queen's Medical Center made a pledge commitment to Bishop Museum to contribute $90,000 over a period of eight years to sponsor the Queen Emma and King Kamehameha IV cases in Hawaiian Hall In Fiscal Year ended June 30, 2009, The Queen's Medical Center accrued the first $10,000 payment, and reported the $10,000 on the 2008 tax year Form 990, Schedule I, Part II In Fiscal Year ended June 30, 2010, The Queen's Medical Center accrued the remaining $80,000 and reported this on the 2009 tax year Schedule I, Part II In Fiscal Year ended June 30, 2010, The Queen's Medical Center also made two additional donations to Bishop Museum of $5,000 each, for other charitable purposes

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 99-0073524
Name: THE QUEEN'S MEDICAL CENTER

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
Aha KanePO Box 31303 Honolulu,HI 96820	27-0502942	501(C)(3)	8,200				Purchase of supplies for Men's Health Conference
Aloha Medical Mission810 North Vineyard Blvd HONOLULU,HI 96817	99-0234811	501(C)(3)	60,000				Sponsor Free Health Care Services
American Cancer Society 2370 Nuuanu Avenue HONOLULU,HI 96817	13-1788491	501(C)(3)	6,000				Sponsor Multiple Fundraising Events
American Diabetes Association875 Waimanu Street 601 HONOLULU,HI 96813	13-1623888	501(C)(3)	6,000				Sponsor Diabetes Annual Walk
American Heart Association 677 Ala Moana Blvd 600 HONOLULU,HI 96813	13-5613797	501(C)(3)	20,000				Sponsor Medical Symposium
American Red Cross4155 Diamond Head Road HONOLULU,HI 96816	53-0916605	501(C)(3)	7,500				Haiti & American Samoa Disaster Relief
Bishop Museum1525 BERNICE STREET HONOLULU,HI 96817	99-0161980	501(c)(3)	90,000				Donation for Queen Emma Display Cases
Friends of Iolani PalacePO Box 2259 Honolulu,HI 96804	99-0115665	501(c)(3)	5,500				Sponsor "Royal Garden Party"
Girl Scouts of Hawaii420 Wyllie Street HONOLULU,HI 96817	99-0073488	501(c)(3)	6,000				Sponsor Woman of Distinction
Hawaii Academy of Science 1776 University Ave COE UHM Honolulu,HI 96822	99-6006863	501(c)(3)	10,000				Sponsor Science & Engineering Fair

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
Hawaii Health Information Exchange345 Queen Street 601 Honolulu,HI 96813	41-2201519	501(c)(3)	100,000				Contribution to Capital Campaign
Hawaii Medical Association 1360 South Beretania St 200 HONOLULU,HI 96814	99-0067306	501(C)(3)	6,500				Sponsor Medical Gala
Hawaii Pacific University 1060 Bishop St 400 HONOLULU,HI 96813	99-0113930	501(C)(3)	8,000				Contribution to President's Fund
Hina Mauka45-845 Pookela Street Kaneohe,HI 96744	99-0173356	501(c)(3)	5,500				Sponsor Walk and Benefit Dinner
Kapiolani Community College Health Sciences4303 Diamond Head Road Ilima 212 HONOLULU,HI 96816	99-0085260	501(c)(3)	22,500				Native Hawaiian Health Training Scholarship Fund
Lunalilo Home501 Kekauluohi St HONOLULU,HI 96825	99-0075244	501(c)(3)	10,000				Support for Indigent Kapuna
Na Aikane O Pu'ukohola HeiauP O Box 2470 Kamuela,HI 96743	99-0303698	501(c)(3)	8,750				Purchase of health screening supplies
St Andrew's Priory School 224 Queen Emma Square HONOLULU,HI 96813	99-0073525	501(c)(3)	7,500				Sponsor "The Queen Emma Ball" and Contribution
The Queen's Health System 1099 ALAKEA ST 1100 HONOLULU,HI 96813	99-0238120	501(c)(3)	1,830,555				OPERATING GRANT TO AFFILIATE
University of Hawaii Foundation2444 Dole St Bachman Hall Rm 105 HONOLULU,HI 96822	99-0085260	501(c)(3)	261,000				Sponsor Hawaii Nursing Simulation Center and Contributions

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 at Manoa Office of Research Services2530 Dole Street HONOLULU,HI 96822	99-0085260	501(c)(3)	90,000				Ike Ao Pono / Native Hawaiian Health Initiative

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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**		No
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 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**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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				
RIX MAURER III	(i)	45,366	103,518	339,573	23,014	0	511,471	0
	(ii)	0	0	0	0	0	0	0
SHARLENE K TSUDA	(i)	0	0	0	0	0	0	0
	(ii)	167,681	24,723	17,530	30,121	24,140	264,195	0
ARTHUR A USHIJIMA	(i)	0	0	0	0	0	0	0
	(ii)	585,105	0	47,279	629,284	76,150	1,337,818	0
MARK H YAMAKAWA	(i)	0	0	0	0	0	0	0
	(ii)	422,305	80,239	32,675	68,802	50,937	654,958	0
PAULA YOSHIOKA	(i)	293,059	34,394	19,762	23,305	37,156	407,676	0
	(ii)	0	0	0	0	0	0	0
Richard C Keene	(i)	0	0	0	0	0	0	0
	(ii)	397,770	64,957	16,224	24,215	41,824	544,990	0
Clinton Yee	(i)	156,590	7,020	1,102	14,207	16,219	195,138	0
	(ii)	0	0	0	0	0	0	0
Michael H Dang MD	(i)	631,359	65,000	14,478	9,457	10,344	730,638	0
	(ii)	0	0	0	0	0	0	0
Cherylee W J Chang MD	(i)	462,369	65,172	13,370	20,482	9,055	570,448	0
	(ii)	0	0	0	0	0	0	0
DAVID J G FERGUSSON MD	(i)	406,986	55,531	0	9,457	8,758	480,732	0
	(ii)	0	0	0	0	0	0	0
CORY T MIYAMOTO MD	(i)	375,663	66,703	724	20,482	5,536	469,108	0
	(ii)	0	0	0	0	0	0	0
Scott Raymond Shay MD	(i)	464,038	0	0	0	5,072	469,110	0
	(ii)	0	0	0	0	0	0	0

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
COMPENSATION COMMITTEE	SCHEDULE J, PART I, LINE 3	Compensation committee refers to a committee of the organization's governing body responsible for determining the top management official's compensation package, whether or not the committee has been delegated the authority to make an employment agreement with the top management official on behalf of the organization The compensation committee may also have other duties
Arthur A Ushijima	FORM 990 PART VII	Arthur A Ushijima AVERAGE HOURS PER WEEK 50 hours per week - QMC President 2 hours per week - QMC & affiliates Trustee 65 hrs per week - QHS & affiliates MR USHIJIMA SERVES AS A TRUSTEE FOR THE QUEEN'S MEDICAL CENTER, THE QUEEN'S HEALTH SYSTEMS, AND SEVERAL OTHER QUEEN'S RELATED AFFILIATES (2 HOURS PER WEEK) He is a volunteer Trustee and is not compensated for those services Mr Ushijima also serves as the President & Chief Executive Officer of The Queen's Health Systems (parent company) and as the President of QMC The compensation listed on FORM 990 PART VII is his total compensation for his various services
Mark Yamakawa	FORM 990 PART VII	Mark Yamakawa AVERAGE HOURS PER WEEK 8 hours per week - QMC 55 hrs per week - QHS & affiliates Mr Yamakawa serves as QHS EVP & COO (parent company), QMC VP, President of QDC and President of QEL He is not separately compensated for these various services The compensation listed on FORM 990 PART VII is his total compensation for his various services
Richard C Keene	FORM 990 PART VII	Richard C Keene AVERAGE HOURS PER WEEK 20 hrs per week - QMC 55 hrs per week - QHS & affiliates Mr Keene serves as QMC Treasurer, EVP/CFO and Treasurer for Queen's Health Systems (parent company), QEL Treasurer and MGH Treasurer He is not separately compensated for these services The compensation listed on FORM 990 PART VII is his total compensation for his various services
Sharlene Tsuda	FORM 990 PART VII	Sharlene Tsuda AVERAGE HOURS PER WEEK 2 hrs per week - QMC 55 hrs per week - QHS & affiliates Ms Tsuda serves as QHS VP/Secretary (parent company) and QMC Secretary She is not separately compensated for these various services The compensation listed on FORM 990 PART VII is her total compensation for her various services
Paula Yoshioka	FORM 990 PART VII	Paula Yoshioka Average Hours Per Week 54 Hours per week - QMC 55 Hours per week - QHS & Affiliates Ms Yoshioka serves as EVP/CAO of QMC and EVP/CAD of QDC She is not separately compensated for these services The compensation listed on Form 990 Part VII is her total compensation for her various services
WILLIAM G OBANA MD	FORM 990 PART VII	DR OBANA SERVES AS A TRUSTEE FOR THE QUEEN'S MEDICAL CENTER (2 HOURS PER WEEK) HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THOSE SERVICES DR OBANA'S COMPENSATION IS FOR HIS ON-CALL SPECIALTY SERVICES AT THE QUEEN'S MEDICAL CENTER
Peter Halford MD	FORM 990 PART VII	DR HALFORD SERVES AS A TRUSTEE FOR THE QUEEN'S MEDICAL CENTER (1 HOUR PER WEEK) HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THOSE SERVICES DR HALFORD'S COMPENSATION IS FOR HIS SERVICES AS THE CHIEF OF STAFF AND ON-CALL SPECIALTY SERVICES AT THE QUEEN'S MEDICAL CENTER
Robb K Ohtani MD	FORM 990 PART VII	DR OHTANI SERVES AS A TRUSTEE FOR THE QUEEN'S MEDICAL CENTER (1 HOUR PER WEEK) HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THOSE SERVICES DR OHTANI'S COMPENSATION IS FOR HIS ON-CALL SPECIALTY SERVICES AT THE QUEEN'S MEDICAL CENTER
Discretionary spending account	SCHEDULE J Part I line 1a	Discretionary spending account payments are made to certain executives of QMC in lieu of reimbursement for expenses and are included in taxable income of the recipient The following individual received discretionary spending account payment in 2009 Paula Yoshioka - $15,000

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Department of Budget & Finance State of Hawaii	99-0266961	419800FB8	12-11-2003	114,300,000	ADVANCE REFUNDING		X		X
B	DEPARTMENT OF BUDGET & FINANCE STATE OF HAWAII	99-0266961	419800FR3	03-16-2006	144,875,000	Multipurpose Issue		X		X
C	DEPARTMENT OF BUDGET & FINANCE STATE OF HAWAII	99-0266961	419800HT7	05-06-2009	78,670,000	ADVANCE REFUNDING		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	114,300,000	149,237,584	78,670,000		
2	Gross proceeds in reserve funds	0	0	0		
3	Proceeds in refunding or defeasance escrows	0	0	0		
4	Other unspent proceeds	0	4,424,824	0		
5	Issuance costs from proceeds	4,667,958	3,463,358	1,244,547		
6	Working capital expenditures from proceeds	292,217	5,170,428	0		
7	Capital expenditures from proceeds	0	76,594,210	0		
8	Year of substantial completion	2003		2009		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?	X		X		X					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X			X				
b	Name of provider	BOA Merrill Lynch		BOA Merrill Lynch							
c	Term of hedge	25 6		17 2							
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

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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
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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	(c) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

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	(e) No
Eric K Yeaman	Trustee of QMC	344,390	see schedule o for description		No

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: THE QUEEN'S MEDICAL CENTER

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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
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Identifier	Return Reference	Explanation
FORM 990, PT VI, SECTION A, LINE 7A		QMC has a sole member, which is The Queen's Health Systems, a Hawaii nonprofit corporation ("QHS") QHS elects all of the board members of the QMC Board of Trustees

Identifier	Return Reference	Explanation
FORM 990, PT VI, SECTION A, LINE 7B		Certain major decisions approved by the QMC Board of Trustees must also be approved by QHS Such decisions include 1 A change to the purpose of the company, 2 A financing transaction in excess of $500,000, 3 A lease transaction that has a term that is longer than 3 years or has a rent obligation in excess of $1,000,000 over the lease term, 4 A transaction involving the sale, lease, disposition or hypothecation of real property, 5 Annual operational and capital budgets, 6 Strategic plans, 7 Merger or major acquisitions, 8 Creation of a new entity or joint venture, 9 Sale or disposition of all or substantially all of its assets, 10 Dissolution, 11 Amendment of Bylaws, 12 Adoption, amendment or rescission of a Board Policy, 13 Capital expenditures in excess of $2,000,000 for QMC

Identifier	Return Reference	Explanation
FORM 990, PT VI, SECTION A, LINE 11A		The Form 990 for The Queen's Health System (QHS) and the separate forms for each of the not-for-profit subsidiaries of QHS were reviewed by the governing body of QHS prior to the filing of the returns The QHS Finance Committee, which is comprised of members of the QHS Board of Trustees, was delegated the responsibility to review the returns prior to their filing The returns were presented to the Committee by management and by the independent public accounting firm that prepared the returns In addition, compensation related disclosures in the returns were reviewed by the Chairperson of the QHS Compensation Committee prior to filing the returns Also, a copy of the QHS returns was made available to each of the members of the Board of Trustees prior to the returns being filed with the Internal Revenue Service

Identifier	Return Reference	Explanation
FORM 990, PT VI, SECTION B, LINE 12C		All QHS companies are subject to a written Conflict of Interest Policy All trustees, officers, designated employees and contractors are required to complete an annual disclosure form The designated employees are those selected by Executives in the organization who identify those employees (typically manager level and above) who may be in a position to select or influence the selection of a vendor Disclosures are summarized and maintained by each company's corporate secretary The contracts management department and legal department have the conflict summaries and check for conflicts of interest at the beginning of the contract process Any conflict of interest involving a trustee is presented to the Board of Trustees Any transaction involving a disqualified person is subject to the process of establishing a rebuttable presumption of reasonableness Any trustee with a conflict of interest is excused for the portion of the meeting where the subject matter is discussed and voted on

Identifier	Return Reference	Explanation
FORM 990, PT VI, SECTION B, LINE 15A & 15B		A committee of the Board of Trustees called the Compensation Committee meets regularly to review compensation of all executives of all companies within QHS Executive compensation is reviewed annually All decisions regarding executive compensation are made in conformity with the procedures required to establish a rebuttable presumption of reasonableness Any adjustment to compensation is subject to the process of performance reviews and comparison to comparable compensation data prepared by a nationally recognized independent compensation consultant Outside counsel assists with the review process and documents the decisions of the committee

Identifier	Return Reference	Explanation
FORM 990, PT VI, SECTION C, LINE 19		QMC does not make its governing documents, conflict of interest policy or financial statements available to the public

Identifier	Return Reference	Explanation
Business Transactions Involving Interested Person	Schedule L, Part IV, (d) Description of Transaction	Eric K Yeaman is an officer of a telecommunications company that provides services to the organization During the year, the organization paid service fees to this telecommunications company totaling $344,390

Identifier	Return Reference	Explanation
Schedule K, Supplemental Information on Tax-Exempt Bonds		On December 11, 2003, The Queen's Medical Center issued Special Purpose Revenue Bonds (The Queen's Health System) 2003 Series A, 2003 Series B, and 2003 Series C (the 2003 Issue) The purpose of the 2003 Issue was to advance refund a portion of the 1996 bond series issued on July 18, 1996 On March 16, 2006, The Queen's Medical Center issued Special Purpose Revenue Bonds (The Queen's Health System) 2006 Series A and 2006 Series B (the 2006 issue) The purpose of the 2006 issue was to advance refund a portion of the 1998 bond series issued on July 1, 1998 and to finance approved capital projects On May 6, 2009, The Queen's Medical Center issued Special Purpose Revenue Bonds (The Queen's Health System) 2009 Series A and 2009 Series B (the 2009 Issue) The purpose of the 2009 issue was to advance refund the 2003C and 2006C bond series issued December 11, 2003 and March 16, 2006, respectively The Form 8038 filed with the Internal Revenue Service for this issue indicates an incorrect principal amount of $78,760,000 The CUSIP number for 2009 Series A is 419800HT7 and the CUSIP number for 2009 Series B is 419800HV2 The Queen's Medical center believes, and has prepared Schedule K in a manner consistent with such belief, that the Part III exclusion provided in the instructions for bonds that refund a pre-2003 bond issue applies to the 2003 Series A bonds, though no allocations under Regulations section 1 141-13(d) have yet been elected, this submission does not constitute an allocation election under Regulations section 1 141-13(d) The Queen's Medical center believes, and has prepared Schedule K in a manner consistent with such belief, that the Part III exclusion provided in the instructions for bonds that refund a pre-2003 bond issue applies to the 2003 Series B bonds, though no allocations under Regulations section 1 141-13(d) have yet been elected, this submission does not constitute an allocation election under Regulations section 1 141-13(d) The Queen's Medical center believes, and has prepared Schedule K in a manner consistent with such belief, that the Part III exclusion provided in the instructions for bonds that refund a pre-2003 bond issue applies to the 2006 Series A bonds, though no allocations under Regulations section 1 141-13(d) have yet been elected, this submission does not constitute an allocation election under Regulations section 1 141-13(d) The Queen's Medical center believes, and has prepared Schedule K in a manner consistent with such belief, that the Part III exclusion provided in the instructions for bonds that refund a pre-2003 bond issue applies to the 2009 Series A bonds, though no allocations under Regulations section 1 141-13(d) have yet been elected, this submission does not constitute an allocation election under Regulations section 1 141-13(d) The Queen's Medical center believes, and has prepared Schedule K in a manner consistent with such belief, that the Part III exclusion provided in the instructions for bonds that refund a pre-2003 bond issue applies to the 2009 Series B bonds, though no allocations under Regulations section 1 141-13(d) have yet been elected, this submission does not constitute an allocation election under Regulations section 1 141-13(d) For purposes of Part II, QMC assumes that amounts spent to retire prior debt are neither working capital nor capital expenditures, and are not reported herein Proceeds from the 2003 Issue included $3,276,390 of credit enhancement fees and $1,391,568 of bond issue costs Proceeds from the 2006 Issue included $2,193,032 of credit enhancement fees and $1,270,326 of bond issue costs Proceeds from the 2009 Issue included $236,880 of credit enhancement fees and $1,007,667 of bond issue costs

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
THE QUEEN'S HEALTH SYSTEM (QHS) 1099 ALAKEA STREET SUITE 1100 HONOLULU, HI 96813 99-0238120	ADMIN SERVICE	HI	501(c)(3)	11 TYPE I	NA
QUEEN EMMA LAND COMPANY 1099 ALAKEA STREET SUITE 1100 HONOLULU, HI 96813 99-0183769	SUPPORT SVCS	HI	501(c)(3)	11 TYPE II	QHS
MOLOKAI GENERAL HOSPITAL PO BOX 408 KAUNAKAKAI, HI 96748 99-0251372	HEALTH CARE	HI	501(c)(3)	3	QHS

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
HAMQUEEN'S PET 1301 PUNCHBOWL HON, HI96813 94-3266916	PET IMAGING	HI	QMC	related	755,473	7,590,768		No			No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
THE QUEEN'S DEVELOPMENT CORP & SUBS 1099 ALAKEA STREET SUITE 1100 HONOLULU, HI96813 99-0240109	DEVELOPMENT	HI	NA	C CORP			
QUEEN'S INSURANCE EXCHANGE INC 1099 ALAKEA STREET SUITE 1100 HONOLULU, HI96813 91-1913839	INSURANCE	HI	NA	INSURANCE CORP			
DIAGNOSTIC LABORATORY SERVICES INC 650 Iwilei Road Suite 300 HONOLULU, HI96817 99-0240499	MEDICAL LAB Svcs	HI	NA	C CORP			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 99-0073524
Name: THE QUEEN'S MEDICAL CENTER

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	THE QUEEN'S HEALTH SYSTEMS	B	1,830,556
(2)	QUEEN EMMA LAND COMPANY	c	24,059,804
(3)	THE QUEEN'S DEVELOPMENT CORP & SUBS	I	1,938,451
(4)	Diagnostic Laboratory Services Inc	I	1,155,786
(5)	QUEEN EMMA LAND COMPANY	J	384,070
(6)	THE QUEEN'S DEVELOPMENT CORP & SUBS	J	2,181,395
(7)	THE QUEEN'S HEALTH SYSTEMS	O	13,835,728
(8)	Diagnostic Laboratory Services Inc	O	11,824,701
(9)	Molokai General Hospital	P	665,067
(10)	QUEEN EMMA LAND COMPANY	P	921
(11)	THE QUEEN'S HEALTH SYSTEMS	P	468,078
(12)	THE QUEEN'S DEVELOPMENT CORP & SUBS	P	1,309,751

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE QUEEN'S MEDICAL CENTER	GENERAL DEPRECIATION	99-0073524

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	$ 125,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	$ 500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	36,408,959

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV **Summary** (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	36,408,959
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

21 Listed proper

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	508,730
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	508,730

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Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2009

Attachment Sequence No **27**

Name(s) shown on return
THE QUEEN'S MEDICAL CENTER

Identifying number
99-0073524

1	Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	**1**	

Part I **Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2 (a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
EQUIPMENT				21,228,064	21,559,335	-331,271
BUILDINGS				167,042	188,957	-21,915
FF&E				435,465	636,292	-200,827

3	Gain, if any, from Form 4684, line 43	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	**7**	-554,013
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	**8**	
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	**9**	

Part II **Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

11	Loss, if any, from line 7	**11**	(554,013)
12	Gain, if any, from line 7, or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 35 and 42a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	-554,013
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below		
a	If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	**18b**	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired(mo , day, yr)	(c) Date sold (mo , day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*) .	20				
21 Cost or other basis plus expense of sale . .	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21 .	23				
24 Total gain Subtract line 23 from line 20 . .	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions) . .	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions) . . .	26b				
c Subtract line 26a from line 24 If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976 . .	26d				
e Enter the **smaller** of line 26c or 26d . . .	26e				
f Sections 291 amount (corporations only) . .	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses . .	27a				
b Line 27a multiplied by applicable percentage (see instructions) .	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31	
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 37 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . .	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . .	35		