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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
Waianae District Comprehensive Health & Hospital Board Incorporated

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
86-260 FARRINGTON HWY

City or town, state or country, and ZIP + 4
WAIANAE, HI 96792

D Employer identification number
99-0148164

E Telephone number
(808) 697-3457

G Gross receipts $ 44,355,197

F Name and address of principal officer
RICHARD P BETTINI PRES CEO
86-260 FARRINGTON HWY
WAIANAE,HI 96792

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 WCCHC COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1972 | **M** State of legal domicile HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO MAKE AVALIABLE TO ALL RESIDENTS OF THE WAIANE DISTRICT COMPLETE COMPREHENSIVE HEALTH AND RELATED HUMAN SERVICES

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of employees (Part V, line 2a)	**5**	585
6	Total number of volunteers (estimate if necessary)	**6**	143
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	12,471
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	11,801,079	9,943,251
	9 Program service revenue (Part VIII, line 2g)	31,350,582	33,496,647
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,658	10,374
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,341,386	904,925
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,517,705	44,355,197
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	394,984	327,210
	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)	27,072,232	28,554,106
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,713		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	12,409,545	13,658,194
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	39,876,761	42,539,510
	19 Revenue less expenses Subtract line 18 from line 12	4,640,944	1,815,687

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	33,920,699	36,281,074
	21 Total liabilities (Part X, line 26)	8,489,672	9,429,913
	22 Net assets or fund balances Subtract line 21 from line 20	25,431,027	26,851,161

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-05-13

▶ JAMES Z CHEN CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 55 MERCHANT ST SUITE 1900 C-120 HONOLULU, HI 96813			EIN ▶ Phone no ▶ (808) 531-2037

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

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 $ 14,772,870 including grants of $ 0) (Revenue $ 16,985,500)

MEDICAL CARE PRIMARY CARE MEDICAL SERVICES (PEDIATRICS, WOMEN'S ADULT, ADULT MEDICINE AND INTERNAL MEDICINE) ARE PROVIDED THROUGH A MAIN CLINIC SITE AND FOUR SATELLITE CLINICS SERVING THE LEEWARD AND CENTRAL AREAS ON THE ISLAND OF OAHU FOR ADDITIONAL INFORMATION SEE SCHEDULE O

4b (Code) (Expenses $ 4,971,362 including grants of $ 0) (Revenue $ 6,283,957)

EMERGENCY MEDICAL SERVICES TWENTY-FOUR HOUR EMERGENCY MEDICAL SERVICES ARE PROVIDED TO THE COMMUNITY THROUGH THE HEALTH CENTER'S MAIN CLINIC SITE ON THE WAIANAE COAST FOR ADDITIONAL INFORMATION SEE SCHEDULE O

4c (Code) (Expenses $ 2,904,792 including grants of $ 0) (Revenue $ 5,226,425)

PHARMACY THE HEALTH CENTER OPERATES A 340B PHARMACY ON SITE WHICH REDUCES THE BARRIERS FOR PATIENTS WITHOUT DRUG COVERAGE BENEFITS OR HAVING TO MAKE AN ADDITIONAL STOP AT AN OFF-SITE PHARMACY TO PICK UP A PRESCRIPTION THE PHARMACY IS LOCATED A THE MAIN HEALTH CENTER IN WAIANAE

4d Other program services (Describe in Schedule O)

(Expenses $ 13,392,223 including grants of $ 327,210) (Revenue $ 5,893,219)

4e **Total program service expenses** ▶ $ 36,041,247

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		No
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		No
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		No
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		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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**		No
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	161		
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	585		
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	17		
b	Enter the number of voting members that are independent	1b	16		
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
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		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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 ▶

DAVID MORIN
86-260 FARRINGTON HWY
WAIANAE, HI 96792
(808) 697-3457

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 . . . . . ▶	1,667,839	0	72,020

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 ▶ 49

			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**		No
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
Nan Inc 636 Laumaka St HONOLULU, HI 96819	Construction	1,107,756
Honsador Lumber 91-151 Malakole Rd KAPOLEI, HI 96707	Construction	688,226
Kober Hanssen Mitchell Architects 55 Merchant St Ste 1812 HONOLULU, HI 96813	Architectural svcs	382,909
Mark Ka'aha'aina 85-1192 Waianae Valley Rd WAIANAE, HI 96792	Cafeteria mgmt	195,090
Torkildson Katz Moore Heatherington 700 Bishop St 15th Floor HONOLULU, HI 96813	Legal Services	188,192
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 ▶ 10		

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 91,900				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 7,955,879				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,895,472				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		9,943,251			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621,400	23,039,756	23,039,756	0	0
	b	CAPITATION REVENUE	621,400	3,822,474	3,822,474	0	0
	c	SETTLEMENT INCOME	621,400	6,588,496	6,588,496	0	0
	d	RISK SHARING	621,400	29,337	29,337	0	0
	e	MOB - RENTAL MENTAL HEALTH CENTER	621,400	16,584	16,584	0	0
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		33,496,647			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		10,374			10,374
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	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	STATE OF HAWAII REIMBURSEMENT	621,400	104,429	104,429	0	0
	b	AAPCHO - PACIFIC HEALTH TECH INNOVATION	621,400	45,485	45,485	0	0
	c	SALE OF MEDICAL RECORDS	621,400	11,535	11,535	0	0
	d	All other revenue		743,476	731,005	12,471	0
	e	**Total.** Add lines 11a–11d		904,925			
	12	**Total revenue.** See Instructions		44,355,197	34,389,101	12,471	10,374

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	322,410	322,410		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	4,800	4,800		
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	1,652,122		1,652,122	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	14,500		14,500	
7	Other salaries and wages	21,176,938	18,754,843	2,422,095	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	874,467	842,580	31,887	
9	Other employee benefits	3,136,079	2,807,531	328,457	91
10	Payroll taxes	1,700,000	1,512,754	187,246	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	179,528		179,528	
c	Accounting	129,267		129,267	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	2,215,714	1,955,150	260,564	
12	Advertising and promotion	65,745	504	65,241	
13	Office expenses	5,150,394	4,870,975	279,419	
14	Information technology	323,228	186,987	136,241	
15	Royalties	0			
16	Occupancy	2,358,360	2,055,008	303,352	
17	Travel	123,645	98,670	24,975	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	111,279	63,310	47,969	
20	Interest	80,680		80,680	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,396,440	1,171,480	223,671	1,289
23	Insurance	268,075	194,220	73,806	49
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	Provision for bad debt	949,624	949,624		
b	Employee incentives	137,590	92,058	45,532	
c	Employee recruitment	36,278	34,321	1,957	
d	Dues and licenses	46,256	42,972	3,284	
e	UBTI	9,744	9,460		284
f	All other expenses	76,347	71,590	4,757	
25	**Total functional expenses.** Add lines 1 through 24f	42,539,510	36,041,247	6,496,550	1,713
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		2,305	1	3,065
	2	Savings and temporary cash investments		2,602,458	2	4,415,184
	3	Pledges and grants receivable, net		2,958,858	3	4,044,790
	4	Accounts receivable, net		4,378,227	4	2,903,561
	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		194,738	8	203,512
	9	Prepaid expenses and deferred charges		285,745	9	42,442
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 36,517,092			
	b	Less accumulated depreciation	10b 12,278,459	23,152,808	10c	24,238,633
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		345,560	15	429,887
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		33,920,699	16	36,281,074
Liabilities	17	Accounts payable and accrued expenses		6,007,945	17	6,336,177
	18	Grants payable			18	
	19	Deferred revenue		749,413	19	1,129,201
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		758,823	23	1,210,441
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		973,491	25	754,094
	26	**Total liabilities.** Add lines 17 through 25		8,489,672	26	9,429,913
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		20,900,524	27	26,539,576
	28	Temporarily restricted net assets		4,330,503	28	111,585
	29	Permanently restricted net assets		200,000	29	200,000
		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		25,431,027	33	26,851,161
	34	Total liabilities and net assets/fund balances		33,920,699	34	36,281,074

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
Waianae District Comprehensive Health & Hospital Board Incorporated

Employer identification number
99-0148164

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

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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
Waianae District Comprehensive Health & Hospital Board Incorporated

Employer identification number
99-0148164

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	200,000	200,000			
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	200,000	200,000			

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		0		
b Buildings		26,187,981	6,694,939	19,493,042
c Leasehold improvements		845,613	845,613	
d Equipment		9,483,498	4,737,907	4,745,591
e Other		0	0	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				24,238,633

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
CAPITAL LEASES	754,094
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	754,094

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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
DESCRIPTION OF THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	PART V, QUESTION 4	ADULT DAY CARE SERVICES

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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
Waianae District Comprehensive Health & Hospital Board Incorporated

Employer identification number
99-0148164

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
Kalihi Palama Health Center 915 North King St Honolulu, HI 96819	910161221	501(c)(3)	13,074				Pacific Innovation Collaborative
University of Hawaii Office of Research Svcs2530 Dole St SAK D200 Honolulu, HI 96822	996000354	GOVT	253,363				VOCATIONAL & CAREER CLASSES, ACADEMIC ADVISING FOR WAIANAE HEALTH ACADEMY

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

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
FORM 990, SCHEDULE I	Description of Organization's Procedures for Monitoring the Use of Grants	DELIVERABLES FOR SUBCONTRACTS ARE MONITORED BY THE PROGRAM DIRECTOR FOR THE GRANT/PROGRAM ACTIVITY AS WELL AS BY THE PROJECT OFFICER FOR THE FUNDING SOURCE AS PART OF THE GRANT EVALUATION PROCESS SCHOLARSHIP AWARDS ARE SENT DIRECTLY TO THE SCHOOLS THE STUDENTS ARE ATTENDING THE SCHOOL ADMINISTERS THE AWARDS PER OUR DIRECTION AND RETURNS ANY UNSPENT FUNDS OR RETURNS THE ENTIRE SCHOLARSHIP IF THE AWARDEE DOES NOT ATTEND THE SCHOOL/PROGRAM AT ALL

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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
Waianae District Comprehensive Health & Hospital Board Incorporated

Employer identification number
99-0148164

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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	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				
Richard P Bettini	(i)	205,302	76,410	396	11,500	0	293,608	0
	(ii)	0	0	0	0	0	0	0
Robert T Bonham	(i)	212,400	6,125	258	10,821	0	229,604	0
	(ii)	0	0	0	0	0	0	0
Constance Nesbitt	(i)	124,253	84,077	0	4,840	0	213,170	0
	(ii)	0	0	0	0	0	0	0
Scott T Padavan	(i)	196,992	5,400	60	9,820	0	212,272	0
	(ii)	0	0	0	0	0	0	0
Ricardo C Custodio	(i)	181,180	19,303	138	9,969	0	210,590	0
	(ii)	0	0	0	0	0	0	0
Robert Young	(i)	198,442	300	138	8,652	0	207,532	0
	(ii)	0	0	0	0	0	0	0
Vija M Sehgal	(i)	154,810	39,759	138	8,598	0	203,305	0
	(ii)	0	0	0	0	0	0	0
James Z Chen	(i)	131,906	15,462	90	7,820	0	155,278	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
Supplemental Compensation Information	SCHEDULE J, PART III	Compensation of officers and highly compensated employees includes non-fixed payments in the form of bonuses and/or incentive payments paid on either a quarterly or annual basis

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
Waianae District Comprehensive Health & Hospital Board Incorporated

Employer identification number
99-0148164

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S MISSION	FORM 990, PART III, LINE 3	THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER ("THE HEALTH CENTER") IS A HEALING CENTER TH AT PROVIDES ACCESSIBLE AND AFFORDABLE MEDICAL AND TRADITIONAL HEALING SERVICES WITH ALOHA THE HEALTH CENTER IS A LEARNING CENTER THAT OFFERS HEALTH CAREER TRAINING TO ENSURE A BET TER FUTURE FOR OUR COMMUNITY THE HEALTH CENTER IS ALSO AN INNOVATOR, USING LEADING EDGE T ECHNOLOGY TO DELIVER THE HIGHEST QUALITY OF HEALTH CARE SERVICES DESCRIPTION OF OTHER PRO GRAM SERVICES FORM 990, PART III, LINE 4D THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER SE RVES THE MEDICALLY UNDERSERVED COMMUNITY OF WAIANAE AND SURROUNDING COMMUNITIES IN THE LEE WARD AND CENTRAL REGIONS OF THE ISLAND OF OAHU SERVING THE COMMUNITY SINCE 1972, THE HEAL TH CENTER WILL BE CELEBRATING ITS 40TH ANNIVERSARY IN 2012 FROM ITS START AS A ONE DOCTOR OFFICE, THE HEALTH CENTER IS THE LARGEST, AND OLDEST, OF THE FOURTEEN COMMUNITY HEALTH CE NTERS IN THE STATE OF HAWAII THE STRENGTH OF THE HEALTH CENTER LIES IN THE STRONG FOUNDAT ION SET BY ITS FOUNDERS, THE VISION AND EXPERTISE OF ITS BOARD OF DIRECTORS, THE SENSE OF OWNERSHIP BY ITS STAFF, PATIENTS AND COMMUNITY, THE YEARS OF SERVICE AND COMMITMENT OF ITS MANAGEMENT TEAM, AND THE RELATIONSHIPS FORGED AT THE COMMUNITY, STATE AND NATIONAL LEVEL BESIDES THE MAIN CENTER IN WAIANAE, THE HEALTH CENTER HAS SATELLITE CLINICS LOCATED IN TH E WAIANAE MALL (WAIOLA CLINIC), NANAKULI SHOPPING CENTER (THE JAMES AND ABIGAIL CAMPBELL C LINIC), THE KAPOLEI MEDICAL BUILDING (KAPOLEI HEALTH CARE CENTER) AND THE FILIPINO COMMUNI TY CENTER IN WAIPAHU (WAIPAHU FAMILY HEALTH CENTER) IN 2010, THE HEALTH CENTER SERVED 28, 912 PATIENTS, THE MAJORITY BEING NATIVE HAWAIIAN (52%), FOLLOWED BY ASIAN & OTHER PACIFIC ISLANDERS (27%), AND CAUCASIANS (16%) DATA SHOWS 67% OF PATIENTS ARE AT 100% OF THE FEDER AL POVERTY LEVEL OR BELOW, 13% ARE UNINSURED, AND 55% ARE RECEIVING COVERAGE UNDER QUEST, THE STATE MEDICAID PROGRAM THE WAIANAE COAST IS AN ECONOMICALLY DISTRESSED COMMUNITY WITH A POPULATION OF 42,259, RANKING HIGHEST ON THE ISLAND OF OAHU FOR HOUSEHOLDS RECEIVING FI NANCIAL AID AND FOOD STAMPS, THOSE AT LESS THAN 100% AND 200% OF POVERTY LEVEL, UNEMPLOYME NT, INFANT MORTALITY, AND TEEN BIRTHS THE HEALTH CENTER'S MISSION JUST BEGINS TO TELL OUR STORY THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER IS A HEALING CENTER THAT PROVIDES AC CESSIBLE AND AFFORDABLE MEDICAL AND TRADITIONAL HEALING SERVICES WITH ALOHA THE HEALTH CE NTER IS A LEARNING CENTER THAT OFFERS HEALTH CAREER TRAINING TO ENSURE A BETTER FUTURE FOR OUR COMMUNITY THE HEALTH CENTER IS ALSO AN INNOVATOR, USING LEADING EDGE TECHNOLOGY TO D ELIVER THE HIGHEST QUALITY OF HEALTH CARE SERVICES THE HEALTH CENTER ACHIEVES ITS MISSION BY NOT ONLY SERVING PATIENTS WHO SEEK SERVICES, BUT ALSO BY INCORPORATING THE GOAL OF IMP ROVING THE OVERALL HEALTH STATUS OF THE COMMUNITY IT SERVES THE VISION OF THE FOUNDERS OF THE HEALTH CENTER, TO OFFER COMPREHENSIVE HEALTH SERVICES, HAS GUIDED THE DEVELOPMENT OF SERVICES AND ACTIVITIES PROVIDED TODAY, WHICH INCLUDE -ADULT DAY CARE -CAFETERIA -CASE MA NAGEMENT -CHRONIC DISEASE MANAGEMENT (DIABETES SELF MANAGEMENT EDUCATION, ASTHMA EDUCATION , ETC) - EMERGENCY ROOM SERVICES (24 HOURS, 365 DAYS/YEAR) -EXERCISE/FITNESS TRAINING & WA LKING TRAILS -FAMILY PLANNING -HEALTH EDUCATION -HEALTH CAREER TRAINING -HEALTH EMERGENCY LIAISON PROGRAM -HOMELESS OUTREACH -INSTITUTIONAL REVIEW BOARD OF RESEARCH -INTEGRATED HEA LING (WEIGHT MANAGEMENT, PAIN MANAGEMENT AND MORE) -LABORATORY -MEDICAL SCHOOL TRAINING SI TE -MENTAL HEALTH TREATMENT -NATIVE HAWAIIAN HEALING (LOMILOMI, HO'OPONOPONO, LA'AU LAPA'A U, PALE KEIKI, AND HA HA) -NUTRITION COUNSELING -PATIENT SERVICES -PHARMACY - PRIMARY CARE CLINICS (FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS, WOMEN'S HEALTH) - RADIOLOGY/MAMMOG RAPHY/BONE DENSITY SCREENING -SPECIALISTS (GENERAL SURGERY, OPTHAMOLOGY, OBESTETRICS/GYNEC OLOGY, ORTHOPEDICS, PERINATOLOGY, PODIATRY, PSY CHIATRY, PSY CHOLOGY, DERMATOLOGY, & CHRONIC PAIN MANAGEMENT) -SUBSTANCE ABUSE TREATMENT -TRANSPORTATION -WOMEN, INFANT, CHILDREN PROG RAM (WIC) THE HEALTH CENTER IS A MAJOR ECONOMIC PROVIDER IN THE COMMUNITY, EMPLOY ING 455 I NDIV IDUALS, THE MAJORITY OF WHOM RESIDE ON THE WAIANAE COAST GOVERNED AND GUIDED BY A BOA RD OF DIRECTORS THAT INCLUDES 10 MEMBERS ELECTED FROM THE WAIANAE COMMUNITY, AND 7 MEMBERS APPOINTED FOR EXPERTISE IN BUSINESS, MEDICINE, LAW, OR COMMUNITY AFFAIRS, WITH TWO REPRES ENTING THE SERVICE AREAS OF WAIPAHU AND KAPOLEI, THE HEALTH CENTER HAS MAINTAINED A POSITI VE FINANCIAL POSITION FOR MANY YEARS BY CONTINUOUSLY INCREASING PRODUCTIVITY, DEVELOPING R EVENUE GENERATING SERVICES, INITIATING TECHNOLOGICAL INNOVATIONS AND PROMOTING COMMUNITY I NVOLVEMENT THE HEALTH CENTER'S FULL ARRAY OF PRIMARY HEALTH CARE SERVICES IS DESIGNED TO MEET THE NEEDS OF THE TARGET POPULATION MUCH WORK HAS GONE INTO PLACING CLINICS THAT ARE STRATEGICALLY LOCATED ALONG BUS ROUTES AND VISIBLE AREAS THE HOURS OF OPERATION AT ALL SI TES REPRESENT A COMMITMENT TO MEET THE NEEDS OF PA

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S MISSION	FORM 990, PART III, LINE 3	TIENTS AND THEIR PERSONAL SITUATIONS CLINICS ARE OPEN WEEKDAYS AS EARLY AS 7 00 AM AND ST AY OPEN, AT THE LATEST, TILL 8 00 PM CLINICS ARE ALSO OPEN ON SATURDAYS AND A WALK-IN CLI NIC IS AVAILABLE AT THE MAIN CAMPUS CLINIC FOR URGENT CARE THE HEALTH CENTER'S EMERGENCY ROOM IS AVAILABLE 24 HOURS, 365 DAYS A YEAR PRIMARY, PREVENTIVE, AND ENABLING SERVICES AR E AVAILABLE AND ACCESSIBLE TO ALL LIFE CYCLES REGARDLESS OF ABILITY TO PAY FOR SERVICES S PECIFIC PREVENTIVE (CHRONIC DISEASE MANAGEMENT, HEALTH EDUCATION - DIABETES, ASTHMA, NUTRI TION, EXERCISE/FITNESS, AND SMOKING CESSATION) AND ENABLING SERVICES (CASE MANAGEMENT, ELI GIBILITY ASSISTANCE) ARE INTEGRATED WITH PRIMARY CARE AS CAPACITY ALLOWS ALL LIFE CYCLES ARE COVERED BY PROVIDERS WHO RANGE FROM PEDIATRICIANS TO WOMEN'S HEALTH TO INTERNISTS TO G ERIATRICIANS ORAL HEALTH CARE HAS GROWN 34% AND THIS IS AIDED BY THE IMPLEMENTATION OF GE NERAL DENTAL RESIDENCY AND PERIODONTAL DENTAL RESIDENCY PROGRAMS BEHAVIORAL HEALTH SERVIC ES HAVE ALSO GROWN TO MEET THE NEEDS OF THE COMMUNITY INCREASING 38% FROM 2008 TO 2009 TH E INCREASE IS PARTIALLY DUE TO BEHAVIORAL HEALTH INTERNS AND RESIDENTS WHO COME TO US VIA MULTIPLE PSY CHOLOGY PROGRAMS, SUCH AS TRIPLER ARMY MEDICAL CENTER, ARGOSY UNIVERSITY AND T HE UNIVERSITY OF HAWAII FUNDING HAS BEEN RECEIVED AND THE HEALTH CENTER IS ON ITS WAY TO GROUNDBREAKING IN THE FALL OF 2011 FOR A TWO-STORY INTEGRATED ADULT MEDICAL SERVICES BUILD ING THAT WILL ALSO HOUSE AN EXPANDED PHARMACY THE CONSTRUCTION OF A NEW EMERGENCY DEPARTM ENT WILL FOLLOW AFTER THE COMPLETION OF THE ADULT MEDICAL SERVICES BUILDING THE HEALTH CE NTER'S KAPOLEI CLINIC MOVED INTO A LARGER FACILITY AND WILL SOON INCLUDE PHARMACY AND PEDI ATRIC DENTAL SERVICES THE HEALTH CENTER WILL BE GRADUATING ITS FIRST CLASS OF OSTEOPATHIC DOCTORS IN JUNE 2011 THROUGH ITS PARTNERSHIP WITH A T STILLS UNIVERSITY THE HEALTH CENT ER IS COMMITTED TO ESTABLISHING ITSELF AS A TEACHING HEALTH CENTER A KEY INITIATIVE FOR T HE HEALTH CENTER IS DEVELOPING A "HEALTH CARE HOME," THAT FITS THE MODEL OF CARE THAT MEET S THE HEALTH CARE NEEDS OF OUR PATIENTS THE HEALTH CENTER IS PART OF A NATIONAL INITIATIV E TO FORMALIZE A DEFINITION AND WORKING STRUCTURE FOR A HEALTH CARE HOME TOWARDS THESE EF FORTS, THE HEALTH CENTER HAS PARTNERED WITH TWO OTHER COMMUNITY HEALTH CENTERS ON OAHU TO FORM THE ACCOUNTABLE HEALTHCARE ALLIANCE OF RURAL OAHU (AHA-RO) WHOSE MISSION IS "PROMOTIN G ACCESS, QUALITY, AND COST EFFECTIVENESS IN HEALTHCARE BY EMPOWERING CONSUMERS TO EVALUAT E THE PERFORMANCE OF HEALTHCARE AGENCIES THAT SERVE THEM "

Identifier	Return Reference	Explanation
DESCRIPTION OF SIGNIFICANT CHANGES TO ORGANIZING OR ENABLING DOCUMENT	FORM 990, PART VI, LINE 4	THE BOARD OF DIRECTORS CHANGED ITS MISSION STATEMENT DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, LINES 6 & 7A THE HEALTH CEN TER HAS A CORPORATE MEMBERSHIP CORPORATE MEMBERS ARE DEFINED AS AN INDIVIDUAL, 18 YEARS O R OLDER, WHO RESIDES IN THE SERVICE AREA AND USES THE HEALTH CENTER AS A PRIMARY CARE FACI LITY OR WHO HAS AN INTEREST IN THE FIELD OF HEALTH MEMBERS WHO ARE ELIGIBLE TO VOTE SHALL VOTE FOR THE BOARD OF DIRECTORS VIA BALLOT MAILED BY MARCH 30TH DESCRIBE THE PROCESS USE D BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, LINE 11A SENIOR MANAG EMENT IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE FORM 990 THE COMPLETED FOR 990 WIL L BE PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IN ADVANCE OF THE FILING DEADLINE AFTER ALL QUESTIONS AND CONCERNS OF THE FINANCE COMMIITTE HAVE BEEN ADDRESSED AN D CHANGES INCORPORATED INTO THE FORM 990 AS APPROPRIATE, ALL MEMBERS OF THE BOARD OF DIREC TORS WILL BE INVITED TO REVIEW THE COMPLETED FORM 990 AFTER SUBMISSION TO THE IRS DESCRIP TION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, LINE 12C ON AN ANNUAL BASIS, THE HEALTH CENTER REQUIRES REVIEW AND SIGNATURE ON A DISCLOSURE FO RM ANY CONFLICTS THAT ARISE ARE ADDRESSED AND THOSE INVOLVED ARE REMOVED FROM VOTING ON R ESPECTIVE ISSUES ACCORDINGLY OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCE SS WAS BEGUN FORM 990, PART VI, LINE 15A THE HEALTH CENTER UTILIZES NUMEROUS HEALTH CARE-R ELATED RESOURCES AND/OR CONTRACTS FOR SERVICES TO CONDUCT PAY STUDIES ON EMPLOYEE AND KEY MANAGEMENT POSTIONS THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS THE B OARD ESTABLISHES A CEO EVALUATION COMMITTEE TO REVIEW HIS PERFORMANCE, COMPLETED OBJECTIVE S AND ANY COMPENSATION STUDIES ONCE COMPLETED, THEY PREPARE THEIR RECOMMENDATIONS ON COMP ENSATION AND BONUSES TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL THE PROCESS WAS LAST CO MPLETED ON JUNE 28, 2010 OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS W AS BEGUN FORM 990, PART VI, LINE 15B THE HEALTH CENTER UTILIZES NUMEROUS HEALTH CARE-RELAT ED RESOURCES AND/OR CONTRACTS FOR SERVICES TO CONDUCT PAY STUDIES ON EMPLOYEE AND KEY MANA GEMENT POSTIONS THE HEALTH CENTER PARTICIPATES IN THE NACHC (NATIONAL ASSOCIATION OF COMM UNITY HEALTH CENTERS) HEALTH CENTER COMPENSATION & BENEFIT STUDY EACH YEAR THE HEALTH CEN TER STARTED PARTICIPATING IN 2004 THE LAST STUDY WAS COMPLETED ON FEBRUARY 24, 2011 THE HEALTH CENTER ALSO PARTICIPATED IN THE HAWAII EMPLOYERS COUNCIL HEALTHCARE PAY STUDY FOR 2 010 THE HEALTH CENTER UTILIZE THE NACHC COMPENSATION STUDIES AND THE HAWAII EMPLOYERS COU NCIL PAY SCALES TO DETERMINE COMPENSATION THE HEALTH CENTER ARE SCHEDULED TO CONDUCT A CE NTERWIDE COMPENSATION STUDY IN THE UPCOMING FISCAL YEAR AVAIL OF GOV DOCS, CONFLICT OF IN TEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, LINE 19 GOVERNING DOCUMENTS, C ONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS, ALTHOUGH NOT PUBLICIZED, ARE MADE AV AILABLE UPON REQUEST TRANSACTION WITH RELATED ORGANIZATION SCHEDULE R, PART V TRANSACTION S WITH RELATED ORGANIZATION AMOUNT FOR SCHEDULE R, PART V WERE DETERMINED BASED ON ACTUAL CHARGES FOR SERVICES TRANSACTIONS WITH RELATED ORGANIZATION AMOUNT FOR SCHEDULE R, PART V WERE DETERMINED BASED ON ACTUAL CHARGES FOR SERVICES DETERMINED BASED ON ACTUAL CHARGES FOR SERVICES

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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
Waianae District Comprehensive Health & Hospital Board Incorporated

Employer identification number
99-0148164

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

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

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
HAWAII PATIENT ACCTG SVCS CORP 86-260 FARRINGTON WAIANAE, HI967923199 98-0280109	BILLING/COLLCTION	HI	WDCHHB	C CORP	1,068,787	362,356	100 000 %

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		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
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		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
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		No
p Reimbursement paid by other organization for expenses	1p		No
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) HAWAII PATIENT ACCOUNTING SERVICES	K	49,800
(2) HAWAII PATIENT ACCOUNTING SERVICES	L	1,008,789
(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

Software ID:

Software Version:

EIN: 99-0148164

Name: Waianae District Comprehensive Health & Hospital Board Incorporated

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			
Anthony R Guerrero Jr Board President	1 0	X						0	0	0
Kanahanahokulani Farrar Board 1st Vice President	1 0	X						0	0	0
Kauila Clark Board 2nd Vice President	1 0	X						14,500	0	0
Denice K Keliikoa Board 3rd Vice President	1 0	X						0	0	0
Ginger Fuata Board Secretary	1 0	X						0	0	0
Wayne K Suehiro Board Treasurer	1 0	X						0	0	0
Merrie Aipoalani Board Member	1 0	X						0	0	0
Rockne Freitas Board Member	1 0	X						0	0	0
Daniel H Gomes Board Member	1 0	X						0	0	0
Billie Hauge Board Member	1 0	X						0	0	0
Clifford Isara Board Member	1 0	X						0	0	0
Christine Jackson Board Member	1 0	X						0	0	0
Lyle Kaloi Board Member	1 0	X						0	0	0
Cynthia Rezentes Board Member	1 0	X						0	0	0
Jackie Spencer Board Member	1 0	X						0	0	0
Charles Wheatley Board Member	1 0	X						0	0	0
William Wilson Board Member	1 0	X						0	0	0
Richard P Bettini Chief Executive Officer	40 0			X				282,108	0	11,500
James Z Chen Chief Financial Officer	40 0			X				147,458	0	7,820
Ricardo C Custodio Medical Director	40 0				X			200,621	0	9,969
Robert T Bonham Emergency Medicine Director	40 0					X		218,783	0	10,821
Constance Nesbitt Pediatrician	40 0					X		208,330	0	4,840
Scott T Padavan Physician	40 0					X		202,452	0	9,820
Robert Young Dir Behavior Hlth/Psychiatrist	40 0					X		198,880	0	8,652
Vija M Sehgal Assoc Medical Dir/Pediatrician	40 0					X		194,707	0	8,598

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICE REVENUE	621,400	23,039,756	23,039,756	0	0
CAPITATION REVENUE	621,400	3,822,474	3,822,474	0	0
SETTLEMENT INCOME	621,400	6,588,496	6,588,496	0	0
RISK SHARING	621,400	29,337	29,337	0	0
MOB - RENTAL MENTAL HEALTH CENTER	621,400	16,584	16,584	0	0

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
Provision for bad debt	949,624	949,624		
Employee incentives	137,590	92,058	45,532	
Employee recruitment	36,278	34,321	1,957	
Dues and licenses	46,256	42,972	3,284	
UBTI	9,744	9,460		284