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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2009**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder 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

**A For the 2009 calendar year, or tax year beginning**

07/01, 2009, and ending

06/30, 20 10

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MOLOKAI GENERAL HOSPITAL</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 408 City or town, state or country, and ZIP + 4 <b>KAUNAKAKAI, MOLOKAI, HI 96748</b>	<b>D</b> Employer identification number <b>99-0251372</b> <b>E</b> Telephone number <b>(808) 553-3165</b>
	<b>F</b> Name and address of principal officer	<b>G</b> Gross receipts \$ <b>12,145,285.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	<b>H(c)</b> Group exemption number ▶
	<b>J</b> Website ▶ <b>NONE</b>	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation <b>1987</b>	<b>M</b> State of legal domicile <b>HI</b>

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <b>TO PROVIDE QUALITY HEALTHCARE SERVICES TO THE ISLAND OF MOLOKAI.</b>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>10</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>6</b>
	5	Total number of employees (Part V, line 2a) <b>5</b> <b>98</b>
	6	Total number of volunteers (estimate if necessary) <b>6</b> <b>35</b>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>152,767.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>-11,977.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h) <b>8</b> <b>3,931,532.</b>
	9	Program service revenue (Part VIII, line 2g) <b>9</b> <b>6,750,749.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and d) <b>10</b> <b>-4,275.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e) <b>11</b> <b>403,057.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>12</b> <b>11,081,063.</b>
	13	Grants and similar amounts paid (Part IX, column (A), line 3) <b>13</b> <b>0.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4) <b>14</b> <b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>15</b> <b>5,129,828.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) <b>16a</b> <b>0.</b>
	16b	Total fundraising expenses, Part IX, column (D), line 25) <b>16b</b> <b>0.</b>
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>17</b> <b>6,241,082.</b>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <b>18</b> <b>11,370,910.</b>
	19	Revenue less expenses Subtract line 18 from line 12 <b>19</b> <b>-289,847.</b>
	20	Total assets (Part X, line 16) <b>20</b> <b>19,755,978.</b>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) <b>21</b> <b>2,020,337.</b>
	22	Net assets or fund balances Subtract line 21 from line 20 <b>22</b> <b>17,735,641.</b>

**Part II Signature Block**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Richard C. Keene</i> <b>RICHARD C. KEENE</b> Type or print name and title <b>TREASURER</b>	Date <b>5/13/11</b>
Paid Preparer's Use Only	Preparer's signature <i>DeLoitte Tax LLP</i> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>DELOITTE TAX LLP</b> <b>1132 BISHOP STREET, STE 1200 HONOLULU, HI 96813</b>	Date <b>MAY 10 2011</b> Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>P00131363</b> EIN <b>86-1065772</b> Phone no <b>808-543-0700</b>

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

☒ Yes ☐ No

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

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**Part III** Statement of Program Service Accomplishments**1** Briefly describe the organization's mission

TO PROVIDE QUALITY HEALTHCARE SERVICES TO THE ISLAND OF MOLOKAI.

**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 \$ 8,892,813 including grants of \$ \_\_\_\_\_) (Revenue \$ 7,073,753)

MOLOKAI GENERAL HOSPITAL IS A RURAL HEALTH CARE FACILITY WITH A CRITICAL ACCESS HOSPITAL DESIGNATION. IT PROVIDES THE ONLY EMERGENCY ROOM SERVICES FOR RESIDENTS AND VISITORS ON THE ISLAND OF MOLOKAI, AND PROVIDES ACUTE CARE, INPATIENT HOSPICE, SKILLED NURSING AND LOW-RISK OBSTETRICAL SERVICES. MOLOKAI GENERAL HOSPITAL ALSO OFFERS CHEMOTHERAPY, LIMITED SPECIAL PROCEDURES, DIABETES MANAGEMENT, PREVENTIVE HEALTH, HIGH-RISK WEIGHT MANAGEMENT, COMPASSIONATE CARE/HOSPICE SERVICES, MIDWIFERY, FAMILY PLANNING AND PRIMARY CARE IN ITS RURAL HEALTH CLINIC.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4d** Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 8,892,813.

**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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	X
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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 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	X
24 a	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 lines 24b through 24d and complete Schedule K. If "No," go to question 25 . . . . .	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	X
b	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	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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	X
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	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . . . . .		
<b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
<b>2a</b> 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 . . . . .		
<b>2b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	X	
<b>3b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>4b</b> If "Yes," enter the name of the foreign country <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . .		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>5b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>5c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b> 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? . . . . .		X
<b>6b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b> 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? . . . . .		X
<b>7b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>7c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>7d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
<b>7e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>7f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>7g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>7h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b> Did the organization make any taxable distributions under section 4966? . . . . .		
<b>9b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>10a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>10b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>11a</b> Gross income from members or shareholders . . . . .		
<b>11b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>12b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	10	
<b>1b</b> Enter the number of voting members that are independent . . . . .	6	
<b>2</b> 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? . . . . .		X
<b>3</b> 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? . . . . .		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
<b>6</b> Does the organization have members or stockholders? . . . . .	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> 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 . . . . .		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</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? . . . . .		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> 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? . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</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? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed . . . . .

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization . . . . .  
 ZESSICA APIKI P.O. BOX 408 KAUNAKAKAI, MOLOKAI, HI 96748  
 808-553-3125

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

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

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

(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			
NEIL J. HANNAHS TRUSTEE	1.00	X						0.	0	0.
NALEEN ANDRADE, M.D. TRUSTEE	1.00	X						0.	0	0.
STEPHEN PETRO TRUSTEE	1.00	X						0.	0	0.
LANCE DUNBAR TRUSTEE - VICE CHAIR	1.00	X						0.	0	0.
ARTHUR A. USHIJIMA CHAIR TRUSTEE	65.00	X						0.	632,384.	705,434.
PAUL STEVENS, M.D. TRUSTEE	1.00	X						0.	0	0.
JUDY EGUSA TRUSTEE	1.00	X						0.	0	0.
WILLIAM L. THOMAS JR., M.D. COS & TRUSTEE - PARTIAL YEAR	60.00	X						255,343.	0	27,512.
SANDRA BRAZZEL, M.D. COS & TRUSTEE - PARTIAL YEAR	60.00	X						158,156.	0	14,319.
PUNAHELE ALCON ADMIN. ASSIST. & SECRETARY	40.00			X				59,142.	0	13,146.
JANICE KALANIHUIA PRESIDENT	55.00			X				210,284.	0	53,866.
RANDY LITE VICE PRESIDENT	55.00			X				96,618.	0	22,020.
RICHARD C. KEENE TREASURER	55.00			X				0.	478,951.	66,039.
JOAN THOMPSON RN - MIDWIFE	40.00					X		106,887.	0	17,961.
DINO FONTES DIRECTOR OF NURSING	40.00					X		130,973.	0	16,685.





**Part VIII Statement of Revenue**

99-0251372

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	1,828,595			
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	2,189,429			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	209,148			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		4,227,172			
<b>Program Service Revenue</b>	<b>2a</b>	PATIENT SERVICE REVENUES	Business Code 623000	7,073,753	7,073,753		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		7,073,753			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		25,546		
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .		0.			
<b>5</b>		Royalties . . . . .		0.			
			(i) Real (ii) Personal				
<b>6a</b>		Gross Rents. . . . .	104,041				
<b>b</b>		Less rental expenses . . . . .					
<b>c</b>		Rental income or (loss) . . . . .	104,041				
<b>d</b>		<b>Net rental income or (loss) . . . . .</b>		104,041			104,041
			(i) Securities (ii) Other				
<b>7a</b>		Gross amount from sales of assets other than inventory . . . . .	5,201				
<b>b</b>		Less cost or other basis and sales expenses . . . . .					
<b>c</b>		Gain or (loss) . . . . .	5,201				
<b>d</b>		<b>Net gain or (loss) . . . . .</b>		5,201			5,201
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b>		Less direct expenses . . . . .	b				
<b>c</b>		<b>Net income or (loss) from fundraising events . . . . .</b>		0			
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b>		Less direct expenses . . . . .	b				
<b>c</b>		<b>Net income or (loss) from gaming activities . . . . .</b>		0			
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b>	Less cost of goods sold . . . . .	b					
<b>c</b>	<b>Net income or (loss) from sales of inventory . . . . .</b>		0				
	Miscellaneous Revenue	Business Code					
<b>11a</b>	CAFETERIA REVENUE	624200	50,013			50,013	
<b>b</b>	MEALS ON WHEELS	624200	91,485		91,485		
<b>c</b>	ALU LIKE PROGRAM	624200	61,282		61,282		
<b>d</b>	All other revenue . . . . .		506,792			506,792	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		709,572				
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . .		12,145,285	7,073,753	152,767	691,593	

Form 990 (2009)

**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 . . .	0.			
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 . . . . .	782,303.	414,304.	367,999.	
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 . . . . .	3,482,941.	2,683,195.	799,746.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	284,949.	222,260.	62,689.	
9	Other employee benefits . . . . .	588,653.	459,150.	129,503.	
10	Payroll taxes . . . . .	280,789.	219,016.	61,773.	
11	Fees for services (non-employees)				
a	Management . . . . .	1,478,601.	952,687.	525,914.	
b	Legal . . . . .	77,605.		77,605.	
c	Accounting . . . . .	112,263.		112,263.	
d	Lobbying . . . . .	135.		135.	
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees . . . . .	0.			
g	Other . . . . .	218,854.	218,854.		
12	Advertising and promotion . . . . .	10,587.	6,134.	4,453.	
13	Office expenses . . . . .	654,344.	532,212.	122,132.	
14	Information technology . . . . .	52,034.		52,034.	
15	Royalties . . . . .	0.			
16	Occupancy . . . . .	403,701.	62,915.	340,786.	
17	Travel . . . . .	137,538.	107,715.	29,823.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings . . . .	2,844.	601.	2,243.	
20	Interest . . . . .	450.		450.	
21	Payments to affiliates . . . . .	0.			
22	Depreciation, depletion, and amortization . . . .	1,258,056.	1,228,747.	29,309.	
23	Insurance . . . . .	202,565.		202,565.	
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	BAD DEBT EXPENSE -----	274,796.	274,796.		
b	TAXES - OTHERS -----	36,699.		36,699.	
c	PURCHASED SERVICES-AFFILIATE -----	1,520,005.	1,510,227.	9,778.	
d	-----				
e	-----				
f	All other expenses -----				
25	Total functional expenses Add lines 1 through 24f	11,860,712.	8,892,813.	2,967,899.	
26	Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	450.	1	500.
	2 Savings and temporary cash investments	3,078,682.	2	4,843,295.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,299,720.	4	1,455,930.
	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	147,392.	8	115,317.
	9 Prepaid expenses and deferred charges	82,979.	9	71,821.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 22,604,949.		
	b Less accumulated depreciation	10b 8,366,782.	15,071,755.	10c 14,238,167.
	11 Investments - publicly traded securities	75,000.	11	75,000.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	19,755,978.	16	20,800,030.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	848,861.	17	1,008,551.
	18 Grants payable		18	
	19 Deferred revenue	39,411.	19	46,694.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	1,132,065.	25	1,777,571.
	26 <b>Total liabilities.</b> Add lines 17 through 25	2,020,337.	26	2,832,816.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,735,641.	27	17,967,214.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	17,735,641.	33	17,967,214.
	34 <b>Total liabilities and net assets/fund balances</b>	19,755,978.	34	20,800,030.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	X
<b>c</b> If "Yes" to line 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	<b>2c</b>	X
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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? . . . . .	<b>3a</b>	X
<b>b</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	<b>3b</b>	X

Form **990** (2009)

Department of the Treasury  
Internal Revenue Service

**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

MOLOKAI GENERAL HOSPITAL

Employer identification number

99-0251372

**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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

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

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

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

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

[illegible]

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2009

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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), . . . . .						
<b>6</b> <b>Public support.</b> 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
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3 % support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3 % support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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 <b>Total.</b> 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 <b>Public support</b> (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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 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 <b>33 1/3 % support tests - 2009.</b> 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 ►		<input type="checkbox"/>
b <b>33 1/3 % support tests - 2008.</b> 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 ►		<input type="checkbox"/>
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		<input type="checkbox"/>



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

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**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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), then

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

Name of organization <b>MOLOKAI GENERAL HOSPITAL</b>	Employer identification number <b>99-0251372</b>
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**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 function 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 Enter 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												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**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)		(b)
		Yes	No	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?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		135.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total Add lines 1c through 1i			135.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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) nondeductible 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.

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<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

MOLOKAI GENERAL HOSPITAL

Employer identification number

99-0251372

**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 can 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)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 tax 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 . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2009

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

3 Using the organization's acquisition, 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 XI V 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 XI V

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		17,229,778.	4,676,950.	12,552,828.
c Leasehold improvements . . . . .				
d Equipment . . . . .		4,970,710.	3,537,273.	1,433,437.
e Other . . . . .		404,461.	152,559.	251,902.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				14,238,167.

Schedule D (Form 990) 2009

**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 _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total</b> (Column (b) must 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) must 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
<b>Total</b> (Column (b) must 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
	<b>Federal income taxes</b>	
	DUE TO QUEEN'S MEDICAL CENTER	45,997.
	DUE TO QUEEN'S HEALTH SYSTEMS	21,838.
	OTHER LIABILITIES	808,734.
	DUE TO QIE	57,168.
	DUE TO GOV'T REIMB. PROG.	843,834.
	<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>1,777,571.</b>

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 Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,145,285.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,860,712.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	284,573.
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	-53,000.
9	Total adjustments (net) Add lines 4 through 8	9	-53,000.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	231,573.

**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	9,861,152.
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	9,861,152.
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	2,284,133.
c	Add lines 4a and 4b	4c	2,284,133.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,145,285.

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

1	Total expenses and losses per audited financial statements	1	11,860,712.
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	11,860,712.
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 must equal Form 990, Part I, line 18)	5	11,860,712.

**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, line 2, 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.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## RECONCILIATION OF CHANGE IN NET ASSETS

SCHEDULE D PART XI, LINE 8

MINIMUM PENSION LIABILITY ADJUSTMENT	(53,000)
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## REVENUE BOOK TO TAX RECONCILIATION

SCHEDULE D, PART XII, LINE 4B

INVESTMENT GAIN	25,546
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TRANSFERS FROM AFFILIATES	1,845,342
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GAIN ON SALE	5,201
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OTHER NON-OPERATING INCOME	408,044
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	2,284,133
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**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

Employer identification number

MOLOKAI GENERAL HOSPITAL

99-0251372

**Part I Charity Care and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a	X	
<b>1b</b> If "Yes," is it a written policy?	X	
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals		
<input type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
<input type="checkbox"/> Applied uniformly to most hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
<b>a</b> 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	X	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</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	X	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> 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		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
<b>5b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
<b>5c</b> 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 eligible for free or discounted care?		X
<b>6a</b> Does the organization prepare an annual community benefit report?	X	
<b>6b</b> If "Yes," does the organization make it available to the public?	X	

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
<b>a</b> Charity care at cost (from Worksheets 1 and 2)			103,598.	38,514.	65,084.	.55
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)			3,530,692.	1,751,839.	1,778,853.	15.00
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			0.	0.	0.	0.00
<b>d</b> Total Charity Care and Means-Tested Government Programs			3,634,290.	1,790,353.	1,843,937.	15.55
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			18,611.	0.	18,611.	.16
<b>f</b> Health professions education (from Worksheet 5)			26,014.	0.	26,014.	.22
<b>g</b> Subsidized health services (from Worksheet 6)			485,765.	403,088.	82,677.	.70
<b>h</b> Research (from Worksheet 7)			0.	0.	0.	0.00
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)			40,185.	0.	40,185.	.34
<b>j</b> Total Other Benefits			570,575.	403,088.	167,487.	1.42
<b>k</b> Total. Add lines 7d and 7j			4,204,865.	2,193,441.	2,011,424.	16.97

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

Schedule H (Form 990) 2009

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PAGE 29

**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			0.	0.	0.	0.00
2 Economic development			0.	0.	0.	0.00
3 Community support			0.	0.	0.	0.00
4 Environmental improvements			508.	0.	508.	0.00
5 Leadership development and training for community members			0.	0.	0.	0.00
6 Coalition building			0.	0.	0.	0.00
7 Community health improvement advocacy			0.	0.	0.	0.00
8 Workforce development			0.	0.	0.	0.00
9 Other			0.	0.	0.	0.00
10 Total			508.	0.	508.	0.00

**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 Healthcare Financial Management Association Statement No 15? . . . . .	X	
2 Enter the amount of the organization's bad debt expense (at cost) . . . . .	266,552.	
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 . . . . .	1,866.	
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) . . . . .	2,170,663.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	2,174,631.
7 Subtract line 6 from line 5 This is the surplus or (shortfall) . . . . .	-3,968.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

9a Does the organization have a written debt collection policy? . . . . .	X
b 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. . . . .	X

**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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



**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.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 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.
- 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.).
- 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 communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

-----  
**PART I, LINE 3C:**  
-----

N/A  
-----

-----  
**PART I, LINE 6A:**  
-----

N/A  
-----

-----  
**PART I, LINE 7G:**  
-----

N/A  
-----

-----  
**PART I, LINE 7, COLUMN F:**  
-----

N/A  
-----

-----  
**PART I, LINE 7:**  
-----

COSTING METHODOLOGY INCLUDES ALL PATIENT SEGMENTS. COST TO CHARGE

RATIO DERIVED FROM FISCAL YEAR ENDED JUNE 30, 2010 COST REPORT OF

.97%.  
-----  
-----  
-----

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

**PART III, LINE 4:**

MGH 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  
 VALUE. MGH ESTIMATES THE ALLOWANCE BASED ON THE AGING OF THE ACCOUNTS  
 RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER  
 RELEVANT FACTORS.

**PART III, LINE 8:**

ALL OF THE SHORTFALL OF \$3,968 SHOULD BE TREATED AS A COMMUNITY  
 BENEFIT. MGH IS THE ISLAND'S ONLY HOSPITAL, PROVIDING 24 HOUR  
 SERVICE, TO THE GENERAL PUBLIC.  
 MEDICARE ALLOWABLE COST BASED ON RATIO OF TOTAL PATIENT REVENUES TO  
 TOTAL PATIENT COSTS CALCULATED BY COST CENTERS.

**PART III, LINE 9B:**

MGH PROVIDES FULL OR PARTIAL DISCOUNTS FOR ELIGIBLE PATIENTS WHO ARE  
 KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE.  
 ELIGIBILITY CONTINUES FOR 6 MONTHS OR UPON CHANGE IN PATIENT'S INCOME

**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.
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- 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 communities served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

AND ASSETS PER GUIDELINES.

PATIENTS MAY RECERTIFY EVERY 6 MONTHS.

**PART V:**

N/A

**NEEDS ASSESSMENT:**

EVALUATION AND SURVEYS COMPLETED AS NEEDED BY COST CENTERS OR  
DEPARTMENTS.

**PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:**

MGH HAS AN ON-STAFF SOCIAL WORKER WHO ASSIST PATIENTS AND THEIR  
FAMILIES BY PROVIDING EDUCATION AND ASSISTANCE IN APPLYING FOR  
ASSISTANCE UNDER FEDERAL, STATE, AND LOCAL PROGRAMS, INCLUDING MGH'S  
CHARITY CARE POLICY. ADDITIONALLY, THE REGISTRATION STAFF AND  
BUSINESS OFFICE STAFF PROVIDE WRITTEN AND VERBAL INFORMATION  
REGARDING THE HOSPITAL'S CHARITY CARE POLICIES DURING INTAKE AND  
DISCHARGE.



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

**COMMUNITY INFORMATION:**

MGH, PART OF THE QUEEN'S HEALTH SYSTEMS, IS THE ONLY HOSPITAL ON THE ISLAND OF MOLOKA'I, PROVIDING 24-HOUR HEALTH CARE SERVICES FOR A POPULATION OF 7,300. THE AVERAGE HOUSEHOLD INCOME IS \$46,000 WITH 36% OF THE POPULATION REPORTING THEY ARE OF ONE RACE; NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. IN 2005-2009, 19% OF ALL PEOPLE LIVED IN POVERTY AND PARTICIPATED IN GOVERNMENT PROGRAMS. A TOTAL OF 14% OF ALL FAMILIES & 30% OF FAMILIES WITH A FEMALE HEAD OF HOUSEHOLD HAD INCOMES BELOW THE POVERTY LEVEL. ANNUALLY, MGH PROVIDES COMMUNITY OUTREACH BY PARTICIPATING IN, HOSTING, OR SPONSORING COMMUNITY HEALTH FAIRS OR EVENTS, AND PROVIDES FREE FLU CLINICS IN OUTLYING AREAS OUTSIDE OF THE MAIN TOWN. MGH ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. MGH IS A CRITICAL ACCESS HOSPITAL (CAH), AND THE ISLAND IS DESIGNATED AS A HEALTH PROFESSIONAL SHORTAGE AREA IN PRIMARY CARE, DENTAL, AND MENTAL HEALTH SERVICES. ADDITIONALLY, THE ISLAND OF MOLOKAI IS LISTED AS A FEDERAL MEDICALLY UNDERSERVED AREA (MUA).

**COMMUNITY BUILDING ACTIVITIES:**

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

SEE EXPLANATION FOR "COMMUNITY INFORMATION".

**OTHER INFORMATION:**

SEE EXPLANATION FOR "COMMUNITY INFORMATION".

**AFFILIATED HEALTH CARE SYSTEM ROLES:**

SEE EXPLANATION FOR "COMMUNITY INFORMATION".

**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, line 23.

▶ Attach to Form 990 ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

MOLOKAI GENERAL HOSPITAL

Employer identification number

99-0251372

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐  
☐  
☐  
☒

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (e.g., maid, chauffeur, chef)

Yes No

**1b**

X

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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**

X

**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

Independent compensation consultant

Form 990 of other organizations

☐  
☒  
☒

Written employment contract

Compensation survey or study

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:

**4a**

X

**a** Receive a severance payment or change-of-control payment?

**4b**

X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4c**

X

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations 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:

**5a**

X

**a** The organization?

**5b**

X

**b** Any related organization?

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:

**6a**

X

**a** The organization?

**6b**

X

**b** Any related organization?

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**

X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**8**

X

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

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

Schedule J (Form 990) 2009



**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.

**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.

JANICE KALANIHIUIA

FORM 990 PART VII

JANICE KALANIHIUIA AVERAGE HOURS PER WEEK:

54 HR PER WEEK - MGH PRESIDENT

55 HRS PER WEEK - QHS &amp; AFFILIATES

MS. KALANIHIUIA SERVES AS VP FOR QUEEN'S HEALTH SYSTEMS (PARENT COMPANY)

AND PRESIDENT FOR MGH. 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.

**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.

RICHARD C. KEENE

FORM 990 PART VII

RICHARD C. KEENE AVERAGE HOURS PER WEEK:

2 HR PER WEEK - MGH TREASURER

55 HRS PER WEEK - QHS & AFFILIATES

MR. KEENE SERVES AS EVP/CFO AND TREASURER FOR QUEEN'S HEALTH SYSTEMS

(PARENT COMPANY), QEL TREASURER, QMC 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.

ARTHUR A. USHIJIMA

FORM 990 PART VII

ARTHUR A USHIJIMA AVERAGE HOURS PER WEEK:

1 HOURS PER WEEK - MGH TRUSTEE

65 HRS PER WEEK - QHS & AFFILIATES

MR. USHIJIMA SERVES AS A TRUSTEE FOR THE QUEEN'S HEALTH SYSTEMS (PARENT

COMPANY) AND SEVERAL OTHER QUEEN'S RELATED AFFILIATES. HE IS A VOLUNTEER

TRUSTEE AND IS NOT COMPENSATED FOR THOSE SERVICES. HIS HOURS SERVED AS A

**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.

TRUSTEE FOR MGH IS 1 HR PER WEEK. 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.

WILLIAM L. THOMAS JR., M.D.

FORM 990 PART VII

DR. THOMAS SERVES AS A TRUSTEE FOR MOLOKAI GENERAL HOSPITAL (1 HOUR PER

WEEK). HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THOSE

SERVICES. DR. THOMAS'S COMPENSATION IS FOR HIS SERVICES AS THE CHIEF OF

STAFF (PARTIAL YEAR) AT MOLOKAI GENERAL HOSPITAL.

SANDRA BRAZZEL MD

FORM 990 PART VII

DR. BRAZZEL SERVES AS A TRUSTEE FOR MOLOKAI GENERAL HOSPITAL (1 HOUR PER

WEEK). SHE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THOSE

SERVICES. DR. BRAZZEL'S COMPENSATION IS FOR HER SERVICES AS THE CHIEF OF

STAFF (PARTIAL YEAR) AT MOLOKAI GENERAL HOSPITAL.

**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.

## DISCRETIONARY SPENDING ACCOUNT

## SCHEDULE J PART I LINE 1A

DISCRETIONARY SPENDING ACCOUNT PAYMENTS ARE MADE TO CERTAIN EXECUTIVES OF

MGH IN LIEU OF REIMBURSEMENT FOR EXPENSES AND ARE INCLUDED IN TAXABLE

INCOME OF THE RECIPIENT. THE FOLLOWING INDIVIDUAL RECEIVED DISCRETIONARY

SPENDING ACCOUNT PAYMENTS IN 2009:

JANICE KALANIHUIA - \$8,000

SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN

## SCHEDULE J PART I LINE 4B

THE FOLLOWING INDIVIDUAL OF MGH AND RELATED ORGANIZATIONS RECEIVED

SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN BENEFITS IN 2009:

ARTHUR A. USHIJIMA - \$452,752

COMPENSATION CONTINGENT ON THE NET EARNINGS

## SCHEDULE J PART I LINE 6A &amp; 6B

RECOGNITION AWARDS WERE PAID TO ALL EMPLOYEES BASED ON ACCOMPLISHMENTS OF

PREDETERMINED GOALS AND OBJECTIVES SET FORTH IN THE INCENTIVE AND



**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.

STRATEGIC PLANS AND DEFINED ELIGIBILITY OF THE EMPLOYEE. RECOGNITION

AWARDS ARE DISCRETIONARY AND CONSIDER QUALITY THRESHOLDS WHICH INCLUDE

ANNUAL ACCREDITATION AND MINIMUM OPERATING INCOME LEVEL CRITERIA. IN

ADDITION, EXECUTIVE AWARDS ARE WEIGHTED BASED ON INDIVIDUAL GOALS

ESTABLISHED FOR EACH EXECUTIVE. THE FOLLOWING INDIVIDUALS OF MGH AND

RELATED ORGANIZATIONS RECEIVED RECOGNITION AWARD PAYMENTS IN 2009:

JANICE KALANIHUIA - \$25,920

RICHARD C. KEENE - \$64,957

WILLIAM L. THOMAS, JR., M.D. - \$6,070

JOAN THOMPSON - \$800

SANDRA BRAZZEL, M.D. - \$6,630

RANDY LITE - \$7,680

PUNAHELE ALCON- \$1,720

DINO FONTES - \$2,600

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MOLOKAI GENERAL HOSPITAL

**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**

Employer identification number

99-0251372

ATTACHMENT 1

FORM 990, PT VI, SECTION A, LINE 7A

MGH 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 MGH BOARD OF TRUSTEES.

FORM 990, PT VI, SECTION A, LINE 7B

CERTAIN MAJOR DECISIONS APPROVED BY THE MGH 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 \$1,000,000 FOR MGH.

Name of the organization	Employer identification number
MOLOKAI GENERAL HOSPITAL	99-0251372
ATTACHMENT 1 (CONT'D)	

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.

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

Name of the organization

MOLOKAI GENERAL HOSPITAL

Employer identification number

99-0251372

ATTACHMENT 1 (CONT'D)

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.

FORM 990, PT VI, SECTION B, LINE 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.

FORM 990 PART VI, SECTION C, LINE 19

MGH DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

ATTACHMENT 2FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
TEMPORARY INVESTMENTS	75,000.	75,000.
TOTALS	<u>75,000.</u>	<u>75,000.</u>

Name of the organization

MOLOKAI GENERAL HOSPITAL

Employer identification number

99-0251372

ATTACHMENT 3FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED INCOME - CURRENT	39,411.	46,694.
TOTALS	<u>39,411.</u>	<u>46,694.</u>



**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) Depreciable assets?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
HANAMATSU/PET 94-3266916 1301 PUNCHBOWL HON , HI 96813	PET IMAGING	HI	N/A					X		X
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**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 99-0240109 1099 ALAKEA STREET, SUITE 1100 HONOLULU, HI 96813	DEVELOPMENT	HI	N/A	C CORP			
QUEEN'S INSURANCE EXCHANGE, INC 91-1913839 1099 ALAKEA STREET, SUITE 1100 HONOLULU, HI 96813	INSURANCE	HI	N/A	INSURANCE CORP			
DIAGNOSTIC LABORATORY SERVICES, INC 99-0240499 650 WILEI ROAD, SUITE 300 HONOLULU, HI 96817	MEDICAL LAB SVCS	HI	N/A	C CORP			
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Schedule R (Form 990) 2009

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		1c X
<b>d</b> Loans or loan guarantees to or for other organization(s)		1d X
<b>e</b> Loans or loan guarantees by other organization(s)		1e X
<b>f</b> Sale of assets to other organization(s)		1f X
<b>g</b> Purchase of assets from other organization(s)		1g X
<b>h</b> Exchange of assets		1h X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		1i X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		1j X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		1k X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		1l X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		1m X
<b>n</b> Sharing of paid employees		1n X
<b>o</b> Reimbursement paid to other organization for expenses		1o X
<b>p</b> Reimbursement paid by other organization for expenses		1p X
<b>q</b> Other transfer of cash or property to other organization(s)		1q X
<b>r</b> Other transfer of cash or property from other organization(s)		1r X

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	QUEEN EMMA LAND COMPANY	C	1,828,595.
(2)	THE QUEEN'S HEALTH SYSTEM	O	315,506.
(3)	THE QUEEN'S MEDICAL CENTER	O	665,067.
(4)	DIAGNOSTIC LABORATORY SERVICES, INC	O	540,004.
(5)			
(6)			

Schedule R (Form 990) 2009







**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>MOLOKAI GENERAL HOSPITAL</b>	Employer identification number <b>99-0251372</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 408</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>KAUNAKAKAI, MOLOKAI, HAWAII 96748</b>	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► ALYNE KIKUKAWA

Telephone No ► 808-553-3165

FAX No ► \_\_\_\_\_

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20\_\_\_\_ or  
 ► ☒ tax year beginning JULY 1, 2009, and ending JUNE 30, 2010.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.00
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.00
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.00

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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

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

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

Type or print  File by the extended due date for filing your return See instructions	Name of exempt organization	Employer identification number
	MOLOKAI GENERAL HOSPITAL	99-0251372
	Number, street, and room or suite no. If a P O box, see instructions	
	P.O. BOX 408	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	KAUNAKAKAI, MOLOKAI, HAWAII 96748	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

• The books are in the care of **ZESSICA APIKI**

Telephone No **808-553-3165**

FAX No

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until MAY 16, 20 11
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JULY 1, 20 09, and ending JUNE 30, 20 10
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return  
☐ Change in accounting period

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

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

**Signature and Verification**

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

Signature

*[Signature]*

Title

*CPA*

Date

*2/11/11*