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Check if Schedule O contains a response to any question in this Part III ☒

TO IMPROVE THE HEALTH OF HAWAII'S PEOPLE BY PROVIDING SUPPORT TO STRAUB CLINIC & HOSPITAL

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

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 \$ 685,042 including grants of \$ 622,317) (Revenue \$ 0)
	SEE SCHEDULE O

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	\$ 685,042
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	Yes	
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 	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	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. 	Yes	
c	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. 	Yes	
d	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. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V ☐					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

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

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ANN HO 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 (808) 527-2520

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) DAVID T PIETSCH JR BOARD OF DIRECTOR	1	X						0	0	0
(2) EDWIN C CADMAN MD BOARD OF DIRECTOR	1	X						0	0	0
(3) MICHAEL GIBSON ESQ BOARD OF DIRECTOR	1	X						0	0	0
(4) DAVID M GRAY BOARD OF DIRECTOR	1	X						0	0	0
(5) B JEANNIE HEDBERG CPA BOARD OF DIRECTOR	1	X						0	0	0
(6) KENNETH B ROBBINS MD BOARD OF DIRECTOR	1	X						0	774,200	131,328
(7) MICHAEL ROBINSON DIRECTOR, PRESIDENT & COO	6.0	X		X				0	196,093	8,845
(8) CHARLES A STED EVP, BOARD OF DIRECTOR	1.0	X		X				0	1,741,906	370,246
(9) RAYMOND P VARA JR BOARD OF DIRECTOR	1	X						0	1,256,151	163,907
(10) CHARLES R CHING SECRETARY	5			X				0	599,319	75,805
(11) DAVID OKABE TREASURER	5			X				0	795,218	94,276
(12) JESSICA LEWIS ASSISTANT SECRETARY	5			X				0	108,668	10,465
(13) VIRGINIA PRESSLER-FISHER FORMER OFFICER							X	0	615,632	112,590

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	6,087,187	967,462

2 Total number of individuals (including but not limited to those l
\$100,000 in reportable compensation from the organization. 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	933,283			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			933,283		
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			0		
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			482,352	
4		Income from investment of tax-exempt bond proceeds . . .			0		
5		Royalties			0		
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			9,275		9,275
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .			0		
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . . .			0		
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . . .			0		
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See Instructions			1,424,910	0	0	491,627

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	622,317	622,317		
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	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
a	Fees for services (non-employees) Management	0			
b	Legal	0			
c	Accounting	687		687	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	3,005		3,005	
g	Other	81,626	20,713	40,737	20,176
12	Advertising and promotion	11,147	11,147		
13	Office expenses	3,770	1,092	2,678	
14	Information technology	13,331	13,331		
15	Royalties	0			
16	Occupancy	0			
17	Travel	6,192	6,192		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	15	15		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,736	781	4,955	
23	Insurance	5,805		5,805	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CORPORATE ALLOCATION	3,732		3,732	
b	OTHER PURCHASES	6,858	6,858		
c	ALL OTHER EXPENSES	2,596	2,596		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	766,817	685,042	61,599	20,176
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			112,377	1	130,062
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			27,126	4	39,203
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	402,994			
	b	Less: accumulated depreciation	10b	337,996	70,734	10c	64,998
	11	Investments—publicly traded securities			542,674	11	1,071,505
	12	Investments—other securities. See Part IV, line 11			449,034	12	836,811
	13	Investments—program-related. See Part IV, line 11			3,090,659	13	3,186,282
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			49,646	15	49,877
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,342,250	16	5,378,738
Liabilities	17	Accounts payable and accrued expenses			3,422	17	11,316
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			54,491	21	192,110
	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			57,870	25	167,336
	26	Total liabilities. Add lines 17 through 25			115,783	26	370,762
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-22,780	27	40,225
	28	Temporarily restricted net assets			992,761	28	1,506,265
	29	Permanently restricted net assets			3,256,486	29	3,461,486
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			4,226,467	33	5,007,976
	34	Total liabilities and net assets/fund balances			4,342,250	34	5,378,738

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,424,910
2	Total expenses (must equal Part IX, column (A), line 25)	2	766,817
3	Revenue less expenses Subtract line 2 from line 1	3	658,093
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,226,467
5	Other changes in net assets or fund balances (explain in Schedule O)	5	123,416
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,007,976

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization STRAUB FOUNDATION	Employer identification number 99-0109350
---	--

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 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	620,517	733,162	499,915	566,448	933,283	3,353,325
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	620,517	733,162	499,915	566,448	933,283	3,353,325
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						800,375
6 Public Support. Subtract line 5 from line 4						2,552,950

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	620,517	733,162	499,915	566,448	933,283	3,353,325
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,260	22,480	23,083	2,597	482,352	551,772
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						3,905,097
12 Gross receipts from related activities, etc (See instructions)					12	0
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	65 375 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	72 910 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)						
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
STRAUB FOUNDATION

Employer identification number
99-0109350

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

Part II

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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 Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐

Yes

☐

No

Part IV

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

1a

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

☐

Yes

☒

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	3,570,002	3,244,224	3,913,749		
b Contributions	206,039	164,424	169,340		
c Investment earnings or losses	965,705	183,087	-741,907		
d Grants or scholarships					
e Other expenditures for facilities and programs	185,990	131,967			
f Administrative expenses	106,719	14,493	96,958		
g End of year balance	4,449,037	3,445,275	3,244,224		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 78 000 %

c

Term endowment ▶ 22 000 %

3a

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

(i) unrelated organizations

3a(i)

☐

Yes

☐

No

(ii) related organizations

3a(ii)

☐

Yes

☐

No

b

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

3b

☐

Yes

☐

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	0	115,760	115,760	0
d Equipment	0	287,234	222,236	64,998
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				64,998

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements					
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			
3	Excess or (deficit) for the year Subtract line 2 from line 1	3			
4	Net unrealized gains (losses) on investments	4			
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net) Add lines 4 - 8	9			
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements 	1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e			
a	Net unrealized gains on investments 			2a	
b	Donated services and use of facilities 			2b	
c	Recoveries of prior year grants 			2c	
d	Other (Describe in Part XIV) 			2d	
e	Add lines 2a through 2d	2e			
3	Subtract line 2e from line 1	3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c			
a	Investment expenses not included on Form 990, Part VIII, line 7b 			4a	
b	Other (Describe in Part XIV) 			4b	
c	Add lines 4a and 4b			4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) 	5			
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements 	1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e			
a	Donated services and use of facilities 			2a	
b	Prior year adjustments 			2b	
c	Other losses 			2c	
d	Other (Describe in Part XIV) 			2d	
e	Add lines 2a through 2d	2e			
3	Subtract line 2e from line 1	3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c			
a	Investment expenses not included on Form 990, Part VIII, line 7b 			4a	
b	Other (Describe in Part XIV) 			4b	
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) 	5			
Part XIV Supplemental Information					
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.					

Identifier	Return Reference	Explanation
ESCROW ARRANGEMENTS	SCHEDULE D, PART IV, LINE 2B	ESCROW LIABILITIES REPRESENT AMOUNTS DUE UNDER CHARITABLE GIFT ANNUITY AGREEMENTS. DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS. SCHEDULE D, PART V, LINE 4. ALBERT S. HARTWELL, MD, MEMORIAL FUND ESTABLISHED TO SUPPORT CARDIOLOGY RESEARCH AND EDUCATION. AMEDEE A. CHANTELOUP ENDOWMENT FUND ESTABLISHED BY AMEDEE A. CHANTELOUP, IN HONOR OF J.G. FERGUSON, MD, TO SUPPORT THE HOSPITAL'S AREA OF GREATEST NEED. BERNI FRANCIS SCHILLER ENDOWMENT ESTABLISHED IN 2001 IN SUPPORT OF THE SUMMER STUDENT RESEARCH PROGRAM. BURN ENDOWMENT ESTABLISHED TO SUPPORT BURN RESEARCH AND EDUCATION IN MEMORY OF HAWAII'S FIREMEN WHO DIED SERVING THEIR COMMUNITY. CHIA-LING CHANG ENDOWMENT ESTABLISHED IN THE NAME OF CHIA-LING CHANG FOR CONTINUED EDUCATION OF THE STRAUB BURN UNIT PHYSICIANS, NURSES AND STAFF. DAVID T. PIETSCH, SR. ENDOWMENT ESTABLISHED TO SUPPORT VASCULAR RESEARCH AND ONCOLOGY PROGRAMS. GARFIELD KING MEMORIAL ENDOWMENT ESTABLISHED IN 1990 IN MEMORY OF GARFIELD KING TO SUPPORT VASCULAR RESEARCH AND EDUCATION. GUY CHAMPION AND JOHN C. MILNOR FUND ESTABLISHED BY HAZEL MILNOR IN MEMORY OF DRS. GUY CHAMPION AND JOHN MILNOR TO SUPPORT AN ANNUAL COMMUNITY SERVICE AWARD TO A HEALTHCARE PROFESSIONAL, AS WELL AS THE SUMMER STUDENT RESEARCH PROGRAM. HENRY A. WALKER, JR. ENDOWMENT ESTABLISHED BY HENRY AND NANCY WALKER TO SUPPORT STRAUB'S OPERATIONS. NANCY WALKER CONTINUES TO ANNUALLY SUPPORT THE SUMMER STUDENT RESEARCH PROGRAM. J. WALKER ENDOWMENT. THIS UNRESTRICTED ENDOWMENT SUPPORTS STRAUB'S OPERATIONS. L. CLAGETT BECK MEMORIAL FUND ESTABLISHED IN MEMORY OF STRAUB PHYSICIAN DR. L. CLAGETT BECK TO SUPPORT PROJECTS IN TROPICAL MEDICINE AND ONCOLOGY. M. LOU HEFLEY, MD, ENDOWMENT ESTABLISHED IN 1999 IN MEMORY OF DONALD C. MCGRATH AND IN SUPPORT OF RESEARCH AND EDUCATION PROGRAMS IN GERIATRICS. ORTHOPEDICS ENDOWMENT ESTABLISHED BY THE ESTATE OF THEODORA B. BETZ TO FUND ORTHOPEDIC MEDICAL RESEARCH AND EDUCATION PROJECTS. PARRENT ENDOWMENT ESTABLISHED TO SUPPORT STRAUB'S OPERATIONS. PIETSCH FAMILY TRUST ENDOWMENT ESTABLISHED IN 2001 IN SUPPORT OF THE SUMMER STUDENT RESEARCH PROGRAM. SHARON CHENG-KEMPTON ENDOWMENT FUND ESTABLISHED BY SHARON CHENG-KEMPTON TO PROVIDE ADDITIONAL FINANCIAL SUPPORT TO ASSIST YOUNG DOCTORS IN RESIDENCY PROGRAMS. FIN 48 (ASC 740) FOOTNOTE. SCHEDULE D, PART X, LINE 2. FOLLOWING IS THE FIN 48 (ASC 740) FOOTNOTE FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF HAWAII' I PACIFIC HEALTH, THE FILING ORGANIZATION'S PARENT: THE TAXABLE AFFILIATES OF THE COMPANY UTILIZE THE LIABILITY METHOD OF ACCOUNTING FOR INCOME TAXES. UNDER THIS METHOD, DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON DIFFERENCES BETWEEN THE FINANCIAL REPORTING AND TAX BASIS OF ASSETS AND LIABILITIES, AND ARE MEASURED USING THE CURRENTLY EXACTED TAX RATES AND LAWS. VALUATION ALLOWANCES ARE USED TO REDUCE DEFERRED TAX ASSETS TO THEIR ESTIMATED NET REALIZABLE VALUES WHEN MANAGEMENT DETERMINES ULTIMATE RECOVERY OF THE DEFERRED TAX ASSETS IS NOT MORE LIKELY THAN NOT TO OCCUR.

OMB No 1545-0047

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

Open to Public Inspection

99-0109350

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

- | | | |
|----------|--|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations | 1 |
| 3 | Enter total number of other organizations | 0 |

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PURPOSE FOR MONITORING THE USE OF GRANTS	FORM 990, SCHEDULE I	Temporarily Restricted Funds released (& granted) to the affiliated organizations are released after the specific purpose of the fund has been met Once the affiliated organization communicates the expense and satisfies the substantiation of the expense for the purpose that the funds were contributed for, the Foundation releases the restriction and records the grant to the affiliated organization No further monitoring of the funds after distribution is necessary

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization STRAUB FOUNDATION	Employer identification number 99-0109350
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification 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)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENNETH B ROBBINS MD	(i)	0	0	0	0	0	0	0
	(ii)	407,784	266,032	100,384	115,646	15,682	905,528	156,082
(2) MICHAEL ROBINSON	(i)	0	0	0	0	0	0	0
	(ii)	175,952	18,520	1,621	3,403	5,442	204,938	0
(3) CHARLES A STED	(i)	0	0	0	0	0	0	0
	(ii)	742,711	734,897	264,298	359,765	10,481	2,112,152	448,157
(4) RAYMOND P VARA JR	(i)	0	0	0	0	0	0	0
	(ii)	598,083	500,563	157,505	149,281	14,626	1,420,058	275,410
(5) CHARLES R CHING	(i)	0	0	0	0	0	0	0
	(ii)	308,285	205,141	85,893	68,009	7,796	675,124	93,424
(6) DAVID OKABE	(i)	0	0	0	0	0	0	0
	(ii)	408,872	274,875	111,471	82,840	11,436	889,494	157,867
(7) VIRGINIA PRESSLER-FISHER	(i)	0	0	0	0	0	0	0
	(ii)	321,073	215,850	78,709	85,044	27,546	728,222	123,927
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 3	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, HAWAI'I PACIFIC HEALTH ("HPH"), AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O FOR 990, PART VI, LINE 15A FOR THE PROCESS USED BY HPH TO DETERMINE COMPENSATION. SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: SCHEDULE J, PART I, LINE 4B. THE RESTORATION PLAN WAS DESIGNED TO RESTORE BENEFITS THAT ARE LOST DUE TO LIMITS IMPOSED BY SECTIONS 401 AND 415 OF THE INTERNAL REVENUE CODE ON COMPENSATION CONSIDERED UNDER SUCH PLANS. THE CAPITAL ACCUMULATION ACCOUNT (CAA) IS A SECTION 457(F) PROGRAM THAT WAS PREVIOUSLY AFFORDED TO EXECUTIVE OFFICERS OF THE ORGANIZATION TO PROVIDE BENEFITS ON A TAX DEFERRED BASIS. AMOUNTS PAID DURING THE YEAR BY RELATED ORGANIZATION: DAVID OKABE \$32,476; KENNETH B. ROBBINS, M.D. \$31,025; CHARLES A. STED \$106,674; RAYMOND P. VARA, JR. \$46,206; CURTIS KAMIDA, M.D. \$26,903. NON-FIXED PAYMENTS TO PERSON LISTED ON PART VII, SECTION A, LINE 1A: SCHEDULE J, PART I, LINE 7. NON-FIXED PAYMENTS ARE MADE TO EXECUTIVES BASED ON SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS. LONG-TERM INCENTIVE PLAN: THE LONG TERM INCENTIVE PLAN IS AFFORDED TO EXECUTIVES BASED ON ANNUAL AND LONG TERM SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS. AMOUNTS PAID DURING THE YEAR BY RELATED ORGANIZATION: CHARLES A. STED \$341,483; RAYMOND P. VARA, JR. \$229,204; KENNETH ROBBINS \$125,057; DAVID OKABE \$125,391.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2010**Open to Public
Inspection**

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
► **Attach to Form 990 or 990-EZ.**

Department of the Treasury
Internal Revenue Service**Name of the organization**
STRAUB FOUNDATION**Employer identification number**

99-0109350

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	FOR MORE THAN TWO DECADES, THE STRAUB FOUNDATION HAS FOCUSED ON SUPPORTING THE CLINICAL RESEARCH, PUBLIC EDUCATION AND OUTREACH PROGRAMS FOR STRAUB CLINIC & HOSPITAL, AN AFFILIATE OF HAWAII PACIFIC HEALTH, THE STATE'S LARGEST HEALTH CARE PROVIDER. IN FISCAL YEAR 2011, THE STRAUB FOUNDATION SUPPORTED FREE COMMUNITY HEALTH EDUCATION PROGRAMS FOR THE PEOPLE OF O'AHU. THESE PROGRAMS FOCUSED ON A VARIETY OF HEALTH TOPICS, SUCH AS HEART ATTACK PREVENTION, ARTHRITIS TREATMENT, ASTHMA AND ALLERGY EDUCATION, WOMEN'S HEALTH AND CANCER CARE. THE FOUNDATION FOCUSED ITS FUND RAISING EFFORTS TOWARD OBTAINING SUPPORT OF ALL PROGRAMS AND MEDICAL SPECIALTIES AT STRAUB CLINIC & HOSPITAL SO THAT IT IS COMMITTED TO PROGRAMS THAT WILL BENEFIT PATIENTS AND STAFF. \$2.2 MILLION WAS INVESTED IN THE RENOVATION AND EXPANSION OF THE CANCER CENTER AND OUTPATIENT TREATMENT CENTER WHICH SERVES BOTH CANCER AND VARIOUS INFUSION TREATMENT PATIENTS. THROUGH THE EMPLOYEE GIVING CAMPAIGN, STAFF AND FRIENDS SAW THE CONSTRUCTION BEGIN ON THE \$300,000 HEALING GARDEN, WHICH WILL PROVIDE A QUIET, RESTORATIVE OASIS FOR PATIENTS AND VISITORS. THE FOUNDATION WILL CONTINUE TO RAISE MONEY FOR THE RESEARCH, EDUCATION AND COMMUNITY OUTREACH PROGRAMS OF HAWAII PACIFIC HEALTH'S CONFERENCE SERVICES, AS WELL AS THE CLINICAL RESEARCH PROGRAM OF ITS RESEARCH INSTITUTE. THE STRAUB FOUNDATION HOSTED THE ANNUAL STRAUB / KAPI'OLANI WOMEN'S 10K RUN, WHICH IS HAWAII'S ONLY CHARITY RUN TO SPOTLIGHT AND CELEBRATE WOMEN'S HEALTH. THE FOUNDATION ALSO CONTINUED ITS SUPPORT OF KIDS FEST, AN EVENT THAT PROMOTES THE BENEFITS OF EXERCISE AND NUTRITION, AS WELL AS INJURY PREVENTION AND DRUG AWARENESS. OTHER EVENTS THE FOUNDATION CONTINUES TO SUPPORT INCLUDE "GETTING A GRIP ON ARTHRITIS," IN WHICH ATTENDEES LEARNED ABOUT THE DISEASE AND TREATMENT OPTIONS, "CANCER CARE: CURRENT ISSUES," A SEMINAR THAT FEATURED NATIONALLY RECOGNIZED EXPERTS, AND, A HEART DISEASE SEMINAR THAT FOCUSED ON CARDIAC ISSUES AMONG ADULTS AND THE ELDERLY. THIS YEAR, A GROUP OF COLLEGE STUDENTS TOOK PART IN THE FOUNDATION'S SUMMER STUDENT RESEARCH PROGRAM, WHERE THEY LEARNED ABOUT THE ROLE OF CLINICAL RESEARCH IN THE DAILY PRACTICE OF MEDICINE.

Identifier	Return Reference	Explanation
MEMBERS AND RIGHTS	FORM 990, PART VI, LINE 6	HAWA'II PACIFIC HEALTH IS THE SOLE MEMBER WHO HAS THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND / OR APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, LINE 7A HAWA'II PACIFIC HEALTH IS THE SOLE MEMBER, AND HAS THE POWER TO APPROVE THE ELECTION OF MEMBERS OF THE GOVERNING BODY HAWA'II PACIFIC HEALTH, AS MEMBER, ALSO HAS THE POWER TO ELECT ONE OR MORE EX OFFICIO VOTING MEMBERS OF THE GOVERNING BODY DESCRIBE CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS FORM 990, PART VI, LINE 7B HAWA'II PACIFIC HEALTH, AS MEMBER, HAS EXCLUSIVE POWER TO TAKE AND DIRECT THE FOLLOWING ACTIONS OF THE CORPORATION (I) NOMINATE CANDIDATES FOR THE FOLLOWING POSITIONS TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, ALL OTHER EXECUTIVE VICE-PRESIDENTS, VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ASSISTANT TREASURERS, (II) AFTER CONSULTATION WITH THE BOARD, REMOVE THE TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, ALL OTHER EXECUTIVE VICE-PRESIDENTS, VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ASSISTANT TREASURERS, (III) REMOVE A DIRECTOR FROM THE BOARD, (IV) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER, (V) AMEND THE BYLAWS, (VI) CAUSE THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR ONE MILLION DOLLARS (\$1,000,000) OR MORE, (VII) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED, (VIII) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION, (IX) DETERMINE AND EFFECT INTER-CORPORATE FUND TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE (THE TERM "AFFILIATE" SHALL MEAN WITH RESPECT TO ANY CORPORATION, PARTNERSHIP, OR OTHER ENTITY, AN ENTITY THAT DIRECTLY OR INDIRECTLY, THROUGH ONE OR MORE INTERMEDIARIES, CONTROLS, OR IS CONTROLLED BY, OR IS UNDER COMMON CONTROL WITH, SUCH ENTITY "CONTROL," "CONTROLLED BY," OR "UNDER COMMON CONTROL WITH" SHALL MEAN THE POWER TO ELECT, THROUGH MEMBERSHIP OR OWNERSHIP, FIFTY PERCENT (50%) OR MORE OF THE GOVERNING BODY OF A CORPORATION, PARTNERSHIP, OR OTHER ENTITY "CONTROL" SHALL ALSO INCLUDE THE POWER TO DIRECT OR CAUSE THE DIRECTION OF THE POLICIES AND MANAGEMENT OF AN ENTITY, WHETHER THROUGH CONTRACT, MEMBERSHIP INTERESTS, OWNERSHIP OF VOTING SECURITIES, A LEASE, A MANAGEMENT AGREEMENT, OR OTHER ARRANGEMENT), (X) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S EXECUTIVE COMPENSATION AND BENEFIT PLANS, (XI) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION, AND (XII) DEVELOP AND PROMULGATE OVERALL CORPORATE GOALS AND THE LONG RANGE AND STRATEGIC PLAN OF THE CORPORATION THE CORPORATION SHALL NOT TAKE THE FOLLOWING ACTIONS WITHOUT FIRST OBTAINING MEMBER APPROVAL (I) ELECT ANY DIRECTOR TO THE BOARD, (II) AMEND THE ARTICLES, (III) MERGE THE CORPORATION WITH ANY ENTITY, (IV) DISSOLVE THE CORPORATION, (V) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS BY OR ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE, (VI) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000) EXCEPT FOR THOSE ASSETS ACQUIRED BY GIFTS, GRANT, OR DONATION, (VII) ACQUIRE SHARES IN ANOTHER CORPORATION, (VIII)SELL, LEASE, EXCHANGE, ENCUMBER OR DISPOSE OF TWENTY-FIVE PERCENT (25%) OR MORE OF THE PROPERTY AND ASSETS HELD BY THE CORPORATION TO ANY ENTITY THAT IS NOT AN AFFILIATE, (IX) DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS, (X) ISSUE THE CORPORATION'S MEMBERSHIP TO ANY ONE OTHER THAN THE MEMBER, (XI) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY, AND (XII) DEVELOP A NEW LINE OF BUSINESS

Identifier	Return Reference	Explanation
REVIEW OF THE 990S BY THE ORGANIZATION'S GOVERNING BODY	FORM 990, PART VI, LINE 11A	VARIOUS SCHEDULES OF THE 990S ARE PREPARED PRIMARILY BY STAFF WITHIN THE ACCOUNTING AREA O F THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL, ETC DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED IN TERNALLY BASED ON INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING OFF ICER / EXECUTIVE DIRECTOR OF THE REPORTING ENTITY THE CHIEF OPERATING OFFICER / EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS AND APPROVES THE DISCLOSURE NARRATIVES WHICH DE SCRIBES THE MISSION / PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION SENIOR MA NAGEMENT OF THE HEALTH CARE SY STEM REVIEWS THE 990S OF EACH FILING ORGANIZATION WITHIN THE HEALTH CARE SY STEM ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE 990S ARE THEN PR OVIDED TO THE GOVERNANCE AND NOMINATION COMMITTEE OF THE HEALTH CARE SY STEM'S BOARD OF DIR ECTORS FOR THEIR REVIEW THE GOVERNANCE AND NOMINATING COMMITTEE OF THE PARENT ENTITY'S (H AWAI'I PACIFIC HEALTH "HPH") BOARD PROVIDES OVERSIGHT FOR THE 990 REPORTING AND REVIEWS TH E 990S FOR EACH ENTITY PRIOR TO FILING IN ADDITION, THE 990S FOR EACH ENTITY IS MADE AVAI LABLE TO THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER PORTAL FOR REVIEW PRIOR TO THE FILING OF THE 990 COPIES OF THE 990S ARE MADE AVAILABLE TO THE BOARD MEMBERS OF EACH SUBS IDIARY UNIT OF HPH AND IS PHYSICALLY LOCATED AT EACH FACILITY'S SITE FOR THE BOARD MEMBER TO REVIEW PRIOR TO FILING THE 990S WILL BE POSTED TO HPH'S WEB SITE FOR PUBLIC ACCESS AFT ER THE FILING OF THE RETURNS WITH THE IRS ADOPTION OF POLICES FORM 990, PART VI, LINES 12 A, 13, 14 AND 16B THE POLICIES IDENTIFIED IN PART VI WERE FORMALLY ADOPTED BY THE BOARD OF HAWAI'I PACIFIC HEALTH ("HPH"), THE SOLE MEMBER OF THE ORGANIZATION AS THE SOLE MEMBER, THE POLICIES ADOPTED BY HPH MUST BE FOLLOWED BY ALL HPH ORGANIZATIONS THE POLICIES ARE CU RRENTLY BEING ADOPTED BY THE ORGANIZATION'S BOARD - LINE 12A - WRITTEN CONFLICT OF INTERE ST POLICY WAS FORMALLY ADOPTED 12/3/07 BY HPH - LINE 13 - WRITTEN WHISTLEBLOWER POLICY WAS FORMALLY ADOPTED 5/26/11 BY HPH - LINE 14 - WRITTEN DOCUMENT RETENTION AND DESTRUCTION PO LICY WAS FORMALLY ADOPTED 5/26/11 BY HPH - LINE 16B - WRITTEN POLICY REGARDING PARTICIPATI ON IN JOINT VENTURE ARRANGEMENTS WAS FORMALLY ADOPTED 5/26/11 BY HPH MONITORING & ENFORCIN G OF CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12C ANNUALLY, EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIG N A STATEMENT WHICH AFFIRMS THAT SUCH PERSON 1) RECEIVED A COPY OF THE CONFLICT OF INTERE ST ("COI") POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) AGREES TO COMPLY WITH THE PO LICY, AND 4) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN OR DER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZA TION MUST ENGAGE PRIMARILY IN ACTIV ITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THE IN-HOUSE LEGAL DEPARTME NT DISTRIBUTES THE STATEMENT REQUEST AND REVIEWS THE COI STATEMENTS RETURNED IDENTIFIED C ONFLICTS OF INTEREST ARE PRESENTED TO THE BOARD FOR REVIEW, DELIBERATION AND CONFIRMATION / REFUTATION THAT A CONFLICT OF INTEREST EXISTS IF A CONFLICT OF INTEREST HAS BEEN FOUND, THE INDIVIDUAL MAY ADDRESS THE BOARD AND EXPLA IN THE TRANSACTION OR ARRANGEMENT CAUSING T HE CONFLICT AFTER THE PRESENTATION, THE INDIVIDUAL IS EXCUSED FROM THE MEETING AND SHALL NOT PARTICIPATE WITH ANY DISCUSSION OR VOTE ON MATTERS PERTAINING TO THE TRANSACTION OR AR RANGEMENT IN MEETINGS WHERE APPLICATION OF THE COI POLICY OCCURS, THE MEETING MINUTES INC LUDE NATURE OF THE FINANCIAL INTEREST/CONFLICT, NAME(S) OF THE PERSON(S) WITH THE POTENTIA L OR ACTUAL CONFLICT, ANY ACTION TAKEN TO ASSIST IN THE DETERMINATION OF WHETHER A CONFLIC T EXISTED, INCLUDING ANY DISCUSSION OF ALTERNATIVE ARRANGEMENTS, THE BOARD'S DECISION(S) R EGARDING THE CONFLICT AND NAMES OF PERSON PRESENT IN THE DISCUSSION AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT OFFICES AND POSITIONS FOR WHICH PROCESS WAS USED, AND YEAR PROCESS WAS LAST COMPLETED FORM 990, PART VI, LINES 15A & 15B COMPENSATION FOR HAWAI'I PA CIFIC HEALTH ("HPH") EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE HPH COMPENSATION COMMITTEE, WHICH IS COMPOSED SOLELY OF INDEPENDENT, COMMUNITY-BASED MEMBERS OF THE HPH BOA RD OF DIRECTORS ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVES' COMPENSATION AND BENEFITS THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATION S THE COMPENSATION COMMITTEE MAKES FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT, AND SUCH DECISIONS AR E DOCUMENTED IN THE COMPENSATION COMMITTEE MEETING MINUTES COMMUNITY BASED DIRECTORS OF T HE ORGANIZA TION ARE NOT COMPENSATED CERTAIN EMPLO

Identifier	Return Reference	Explanation
REVIEW OF THE 990S BY THE ORGANIZATION'S GOVERNING BODY	FORM 990, PART VI, LINE 11A	YED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED O RGANIZATION. PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPEN SATION, WITH THE HPH COMPENSATION COMMITTEE RECEIV ING A REPORT FROM A NEUTRAL CONSULTANT A ND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS. THIS PROCESS WAS LAST COMPLETED ON MARCH 1, 2011 TO REVIEW PHYSICIAN COMPENSATION, AND ON JULY 12, 2011 AND AUG UST 9, 2011 TO REVIEW EXECUTIVE COMPENSATION. DISCLOSURE OF GOV DOCS, CONFLICT OF INTEREST POLICY & FINANCIAL STMTS FORM 990, PART VI, LINE 19 THE CONFLICT OF INTEREST POLICY AND S TANDARDS OF CONDUCT ARE AVAILABLE ON THE HAWA'I'I PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWA'I'I PACIFIC HEALTH WEBSITE.

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, COLUMN B	INDIVIDUALS LISTED ON PART VII ALSO DEVOTE TIME TO THE RELATED ORGANIZATIONS AS LISTED BELOW WILCOX HEALTH FOUNDATION CHARLES STED 1 0 CHARLES CHING 0 5 DAVID FOX 0 4 DAVID OKABE 0 5 EARL INOUE 0 5 JESSICA LEWIS 0 5 MICHAEL ROBINSON 6 0 VIRGINIA PRESSLER-FISHER 1 0 KAPI'OLANI HEALTH FOUNDATION CHARLES STED 3 0 CHARLES CHING 0 5 DAVID FOX 0 4 DAVID OKABE 1 0 EARL INOUE 0 5 JESSICA LEWIS 0 1 STEVEN ROBINSON 20 0 VIRGINIA PRESSLER-FISHER 1 0 HAWAII PACIFIC HEALTH CHARLES STED 32 0 CHARLES CHING 30 0 DAVID FOX 2 4 DAVID OKABE 35 0 DAVID PIETSCH 0 3 EARL INOUE 25 0 JESSICA LEWIS 0 5 KENNETH ROBBINS 10 0 STEVEN ROBINSON 8 0 PATRICIA BOECKMANN 1 0 RAYMOND VARA 5 0 VIRGINIA PRESSLER-FISHER 45 0 KAUA'I MEDICAL CLINIC CHARLES STED 6 0 CHARLES CHING 4 0 DAVID FOX 4 8 DAVID OKABE 1 0 EARL INOUE 4 0 JESSICA LEWIS 2 5 KENNETH ROBBINS 10 0 RAYMOND VARA 5 0 VIRGINIA PRESSLER-FISHER 0 1 KAPI'OLANI MEDICAL SPECIALISTS CHARLES STED 1 0 CHARLES CHING 3 0 DAVID FOX 0 4 DAVID OKABE 1 0 EARL INOUE 2 0 JESSICA LEWIS 1 3 KENNETH ROBBINS 0 2 VIRGINIA PRESSLER-FISHER 0 2 PROVIDERS INSURANCE CORPORATION CHARLES STED 1 0 CHARLES CHING 2 0 DAVID FOX 0 4 DAVID OKABE 1 0 EARL INOUE 0 5 MICHAEL GIBSON 0 1 RAYMOND VARA 5 0 STRAUB CLINIC AND HOSPITAL B JEANNIE HEDBERG 0 2 CHARLES STED 3 0 CHARLES CHING 3 0 DAVID FOX 10 0 DAVID OKABE 6 0 EARL INOUE 6 0 JESSICA LEWIS 15 0 KENNETH ROBBINS 38 5 MICHAEL GIBSON 0 2 PATRICIA BOECKMANN 50 0 RAYMOND VARA 14 5 VIRGINIA PRESSLER-FISHER 2 0 PALI MOMI MEDICAL CENTER CHARLES STED 2 0 CHARLES CHING 1 0 DAVID FOX 6 0 DAVID OKABE 3 0 EARL INOUE 1 0 JESSICA LEWIS 6 6 RAYMOND VARA 10 0 VIRGINIA PRESSLER-FISHER 1 0 KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN CHARLES STED 2 0 CHARLES CHING 4 0 DAVID FOX 10 0 DAVID OKABE 4 0 EARL INOUE 5 0 JESSICA LEWIS 10 8 RAYMOND VARA 10 0 VIRGINIA PRESSLER-FISHER 1 0 WILCOX MEMORIAL HOSPITAL CHARLES STED 8 0 CHARLES CHING 5 0 DAVID FOX 4 8 DAVID OKABE 3 0 EARL INOUE 12 0 JESSICA LEWIS 4 1 KENNETH ROBBINS 0 5 RAYMOND VARA 10 0 VIRGINIA PRESSLER-FISHER 2 0 OTHER CHANGES IN NET ASSETS OR FUND BALANCES FORM 990, PART XI RECONCILIATION OF NET ASSETS, LINE 5 \$289,779 - UNREALIZED GAIN \$58,422 - GAIN ON ALTERNATIVE INVESTMENTS (MARK TO MARKET) (\$223,124) - EQUITY TRANSFERS (\$1,661) - OTHER CHANGES ----- \$123,416 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
STRAUB FOUNDATION

Employer identification number
99-0109350

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HAWAII PACIFIC HEALTH PARTNERS INC& SUB 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0318588	HOLDING COMPANY	HI	NA	C CORP	0	0	0 %

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

No

1p

Yes

1q

No

1r

Yes

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	(d) Method of determining amount involved
(1) KAPIOLANI HEALTH FOUNDATION	B	75,546	
(2) STRAUB CLINIC AND HOSPITAL	B	363,448	
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 99-0109350
Name: STRAUB FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
HAWAI'I PACIFIC HEALTH 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0246363	HOLDING CO	HI	501 (C)(3)	11B TYPE II	NA		
KAUA'I MEDICAL CLINIC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0326099	HOSPITAL	HI	501 (C)(3)	3	NA		
STRAUB CLINIC & HOSPITAL 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 91-2151670	HOSPITAL	HI	501 (C)(3)	3	NA		
KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0246364	FUNDRAISING	HI	501 (C)(3)	7	NA		
KAPI'OLANI MEDICAL SPECIALISTS 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0322406	HEALTHCARE	HI	501 (C)(3)	9	NA		
KAPI'OLANI MEDICAL CENTER WOMEN CHILDREN 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0177350	HOSPITAL	HI	501 (C)(3)	3	NA		
PALI MOMI MEDICAL CENTER 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0274038	HOSPITAL	HI	501 (C)(3)	3	NA		
PROVIDERS INSURANCE CORPORATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 71-0893000	NFP INSURANCE	HI	501 (C)(3)	11B TYPE II	NA		
WILCOX MEMORIAL HOSPITAL 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0074365	HOSPITAL	HI	501 (C)(3)	3	NA		
WILCOX HEALTH FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 99-0204242	FUNDRAISING	HI	501 (C)(3)	7	NA		
PALI MOMI FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI96813 38-3840327	FUNDRAISING	HI	501(C)(3)	7	NA		