




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2011 Open to Public Inspection
---	--	---

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALOHACARE Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1357 KAPIOLANI BLVD NO 1250 City or town, state or country, and ZIP + 4 HONOLULU, HI 96814	D Employer identification number 99-0309519
		E Telephone number (808) 973-1650
		G Gross receipts \$ 231,297,552
	F Name and address of principal officer JOHN E MCCOMAS 1357 KAPIOLANI BLVD NO 1250 HONOLULU, HI 96814	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶	
J Website: ▶ WWW.ALOHACAREHAWAII.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1994
M State of legal domicile HI		

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities ALOHACARE IS A HAWAII CORPORATION THAT CONTRACTS WITH THE STATE OF HI, DEPT OF HUMAN SERVICES MED-QUEST DIVISION TO PROVIDE MANAGED HEALTH CARE IN ACCORDANCE WITH THE STATE OF HI HEALTH QUEST DEMONSTRATION, AND WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) TO PROVIDE MANAGED HEALTH CARE THROUGH A MEDICARE ADVANTAGE HEALTH/PRESCRIPTION DRUG PLAN AND A MEDICARE ADVANTAGE HEALTH/PRESCRIPTION DRUG SPECIAL NEEDS PLAN ALOHACARE ALSO PARTICIPATES IN AND HELPS TO FUND HEALTH RELATED ACTIVITIES TO IMPROVE THE QUALITY OF HEALTH OF THE PEOPLE OF HAWAII ALOHACARE OPERATES FOR CHARITABLE, EDUCATIONAL, RECREATIONAL PURPOSES, WITHIN THE MEANING OF SECTION 501(C)(4) OF THE IRS CODE OF 1986 AS AMENDED		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	265
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	217,051,099	229,441,375
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,267	285,588
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	877,651	1,570,589
		218,134,017	231,297,552
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,175,003	1,317,642
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,485,102	11,716,201
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	196,471,491	222,538,488
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	209,131,596	235,572,331
	19 Revenue less expenses Subtract line 18 from line 12	9,002,421	-4,274,779
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	130,336,787	128,617,607
	21 Total liabilities (Part X, line 26)	48,365,025	50,920,624
	22 Net assets or fund balances Subtract line 21 from line 20	81,971,762	77,696,983

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	***** Signature of officer	2012-11-13 Date		
	JOHN MCCOMAS CEO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ ACCUTY LLP	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00037058
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	ACCUTY LLP 999 BISHOP STREET STE 1900 HONOLULU, HI 96813		EIN ▶ 20-5325889
				Phone no ▶ (808) 531-3400
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

ALOHACARE IS A HAWAII CORPORATION THAT CONTRACTS WITH THE STATE OF HAWAII, DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION TO PROVIDE MANAGED HEALTH CARE IN ACCORDANCE WITH THE STATE OF HAWAII HEALTH QUEST DEMONSTRATION, AND WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) TO PROVIDE MANAGED HEALTH CARE THROUGH A MEDICARE ADVANTAGE HEALTH/PRESCRIPTION DRUG PLAN AND A MEDICARE ADVANTAGE HEALTH/PRESCRIPTION DRUG SPECIAL NEEDS PLAN ALOHACARE ALSO PARTICIPATES IN AND HELPS TO FUND HEALTH RELATED ACTIVITIES TO IMPROVE THE QUALITY OF HEALTH OF THE PEOPLE OF HAWAII ALOHACARE OPERATES FOR CHARITABLE, EDUCATIONAL AND RECREATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(4) OF THE IRS CODE OF 1986 AS AMENDED

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 221,461,437 including grants of \$ 1,317,642) (Revenue \$ 229,441,375)

HEALTH CARE PROGRAMS, GENERAL/OTHER PROVIDE MANAGED HEALTH CARE SERVICES TO APPROXIMATELY 80,204 QUALIFIED MEDICAID MEMBERS, AND 2,010 MEDICARE MEMBERS WHO ARE RESIDENTS OF HAWAII

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 \$ 221,461,437

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
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? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
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? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	1,524			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	265			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
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 or securities 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?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

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	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

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

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) BEN PETTUS DIRECTOR	1 00	X						0	0	0
(2) DAVID DERAUF DIRECTOR	1 00	X						0	0	0
(3) DAWN HOFMANN DIRECTOR	1 00	X						0	0	0
(4) DESIREE PUHI DIRECTOR	1 00	X						0	0	0
(5) JANET ONAPA DIRECTOR	1 00	X						0	0	0
(6) MARTHA SMITH DIRECTOR	1 00	X						0	0	0
(7) MAY AKAMINE DIRECTOR	1 00	X						0	0	0
(8) PHILLIP KINNICUTT DIRECTOR	1 00	X						0	0	0
(9) RUSSELL SAITO DIRECTOR	1 00	X						0	0	0
(10) SHEILA BECKHAM DIRECTOR	1 00	X						0	0	0
(11) TONY GUERRERO DIRECTOR	1 00	X						0	0	0
(12) CINDY NEELEY CFO	40 00			X				204,541	0	13,876
(13) DANA HOWETH PAST PRESIDENT	1 00			X				0	0	0
(14) DAVID BESS VICE PRESIDENT	1 00			X				0	0	0
(15) EMMANUEL KINTU TREASURER	1 00			X				0	0	0
(16) JOHN MCCOMAS CEO	40 00			X				226,620	0	24,738
(17) PAUL STRAUSS VICE PRESIDENT	1 00			X				0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) RICHARD BETTINI SECRETARY	1 00			X				0	0	0
(19) SHARON TISZA MEDICAL DIRECTOR	40 00			X				178,313	0	17,070
(20) SHERI STACHER COMPLIANCE OFFICER	40 00			X				15,016	0	1,424
(21) SUSAN HUNT PRESIDENT	1 00			X				0	0	0
(22) PATRICK BRENNAN SR DIR OF PLAN OPERATIONS	40 00				X			163,500	0	18,697
(23) EVELYN CHOCK PHARMACY MANAGER	40 00					X		114,232	0	15,899
(24) FRANCIS APPEL SR DIR OF QUALITY IMPROVEM	40 00					X		118,848	0	12,979
(25) KARINA BUCKNER PHARMACIST	40 00					X		106,331	0	4,687
(26) RANE SHOJI PHARMACIST	40 00					X		103,988	0	8,402
(27) STELLA CATALAN DIR OF CLINICAL OPS	40 00					X		139,067	0	11,260
(28) VICTOR RODRIGUEZ CHIEF INFORMATION OFFICER	40 00						X	221,274	0	7,552
(29) MARIE WAGNER SR DIR OF COMP & REG AFFAI	40 00						X	118,176	0	8,192
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,709,906	0	144,776

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶11

		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
INSURANCE BENEFITS SERVICES 1585 KAPIOLANI BLVD SUITE 1020 HONOLULU, HI 96814	BROKER FEES	253,749
FLEXTech 445 BUTTERNUT DRIVE HOLLAND, MI 49424	CONSULTING	243,298
MILLIMAN 1301 FIFTH AVENUE SUITE 3800 SEATTLE, WA 98101	ACTUARIAL	227,995
INFO OPTIONS PO BOX 235876 HONOLULU, HI 96823	CONSULTING	178,778
ERICKSON CONSULTING 11118 WHISPER MEADOW SAN ANTONIO, TX 78230	CONSULTING	131,249

2

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	CAPITATION	624100	223,869,674	223,869,674		
	b	REINSURANCE	624100	5,571,701	5,571,701		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		229,441,375			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		285,588			285,588
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	624100	1,374,705			1,374,705	
b	MEDICARE REBATES	624100	195,884			195,884	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,570,589				
12	Total revenue. See Instructions		231,297,552	229,441,375	0	1,856,177	

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

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 United States See Part IV, line 21	1,317,642	1,317,642		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,854,682		1,854,682	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,619,179	4,959,619	2,659,560	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	191,811		191,811	
9	Other employee benefits	1,186,513		1,186,513	
10	Payroll taxes	864,016		864,016	
11	Fees for services (non-employees)				
a	Management				
b	Legal	67,748		67,748	
c	Accounting	115,026		115,026	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	180,769,917	180,769,917		
12	Advertising and promotion	512,018		512,018	
13	Office expenses	124,587		124,587	
14	Information technology				
15	Royalties				
16	Occupancy	629,047		629,047	
17	Travel	112,211		112,211	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,448		28,448	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	385,435		385,435	
23	Insurance	174,914		174,914	
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	OTHER PROFESSIONAL SERV	29,669,975	29,669,975		
b	CAPITATION	4,035,166	4,035,166		
c	OTHER PROFESSIONAL FEES	2,039,998		2,039,998	
d	LICENCES & FEES	703,458		703,458	
e					
f	All other expenses	3,170,540	709,118	2,461,422	
25	Total functional expenses. Add lines 1 through 24f	235,572,331	221,461,437	14,110,894	0
26	Joint costs. Check here <input type="checkbox"/> 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					1	
	2	Savings and temporary cash investments				98,885,194	2	67,168,328
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				5,629,394	4	10,709,737
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				337,953	9	317,167
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,126,761				
	b	Less accumulated depreciation	10b	4,550,694	701,669	10c	576,067	
	11	Investments—publicly traded securities				24,782,577	11	49,846,308
	12	Investments—other securities See Part IV, line 11					12	
	13	Investments—program-related See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11					15	
16	Total assets. Add lines 1 through 15 (must equal line 34)				130,336,787	16	128,617,607	
Liabilities	17	Accounts payable and accrued expenses				7,573,653	17	9,217,187
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				40,791,372	25	41,703,437
	26	Total liabilities. Add lines 17 through 25				48,365,025	26	50,920,624
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				81,971,762	27	77,696,983
	28	Temporarily restricted net assets					28	
	29	Permanently restricted net assets					29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				81,971,762	33	77,696,983
	34	Total liabilities and net assets/fund balances				130,336,787	34	128,617,607

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	231,297,552
2	Total expenses (must equal Part IX, column (A), line 25)	2	235,572,331
3	Revenue less expenses Subtract line 2 from line 1	3	-4,274,779
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,971,762
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	77,696,983

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

Additional Data

Software ID:

Software Version:

EIN: 99-0309519

Name: ALOHACARE

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BEN PETTUS DIRECTOR	1 00	X						0	0	0
DAVID DERAUF DIRECTOR	1 00	X						0	0	0
DAWN HOFMANN DIRECTOR	1 00	X						0	0	0
DESIREE PUHI DIRECTOR	1 00	X						0	0	0
JANET ONAPA DIRECTOR	1 00	X						0	0	0
MARTHA SMITH DIRECTOR	1 00	X						0	0	0
MAY AKAMINE DIRECTOR	1 00	X						0	0	0
PHILLIP KINNICUTT DIRECTOR	1 00	X						0	0	0
RUSSELL SAITO DIRECTOR	1 00	X						0	0	0
SHEILA BECKHAM DIRECTOR	1 00	X						0	0	0
TONY GUERRERO DIRECTOR	1 00	X						0	0	0
CINDY NEELEY CFO	40 00			X				204,541	0	13,876
DANA HOWETH PAST PRESIDENT	1 00			X				0	0	0
DAVID BESS VICE PRESIDENT	1 00			X				0	0	0
EMMANUEL KINTU TREASURER	1 00			X				0	0	0
JOHN MCCOMAS CEO	40 00			X				226,620	0	24,738
PAUL STRAUSS VICE PRESIDENT	1 00			X				0	0	0
RICHARD BETTINI SECRETARY	1 00			X				0	0	0
SHARON TISZA MEDICAL DIRECTOR	40 00			X				178,313	0	17,070
SHERI STACHER COMPLIANCE OFFICER	40 00			X				15,016	0	1,424
SUSAN HUNT PRESIDENT	1 00			X				0	0	0
PATRICK BRENNAN SR DIR OF PLAN OPERATIONS	40 00				X			163,500	0	18,697
EVELYN CHOCK PHARMACY MANAGER	40 00					X		114,232	0	15,899
FRANCIS APPEL SR DIR OF QUALITY IMPROVEM	40 00					X		118,848	0	12,979
KARINA BUCKNER PHARMACIST	40 00					X		106,331	0	4,687

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RANE SHOJI PHARMACIST	40 00					X		103,988	0	8,402
STELLA CATALAN DIR OF CLINICAL OPS	40 00					X		139,067	0	11,260
VICTOR RODRIGUEZ CHIEF INFORMATION OFFICER	40 00						X	221,274	0	7,552
MARIE WAGNER SR DIR OF COMP & REG AFFAI	40 00						X	118,176	0	8,192

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization ALOHACARE	Employer identification number 99-0309519
---------------------------------------	--

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

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

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- Board designated or quasi-endowment ▶
- Permanent endowment ▶
- Term endowment ▶

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

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

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

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

Description of property	(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		179,050	143,639	35,411
d Equipment		4,947,711	4,407,055	540,656
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				576,067

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	231,297,552
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	235,572,331
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,274,779
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	-4,274,779

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	225,706,188
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	225,706,188
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	5,591,364
c	Add lines 4a and 4b	4c	5,591,364
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	231,297,552

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	229,979,846
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-1,121
e	Add lines 2a through 2d	2e	-1,121
3	Subtract line 2e from line 1	3	229,980,967
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	5,591,364
c	Add lines 4a and 4b	4c	5,591,364
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	235,572,331

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASSIFICATION OF REINSURANCE REVENUES 5,591,364
PART XIII, LINE 2D - OTHER ADJUSTMENTS		BROKER FEES -20,786 INVESTMENTS 19,665
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RECLASSIFICATION OF REINSURANCE REVENUES 5,591,364

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALOHACARE

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
99-0309519

Part I

General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 21

3 Enter total number of other organizations listed in the line 1 table 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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALOHACARE AWARDS VARIOUS GRANTS TO DIFFERENT ORGANIZATIONS IN THE COMMUNITY THE GRANTS ARE AWARDED BASED ON DIFFERENT CRITERIA, INCLUDING PREVENTION AND/OR TREATMENT OF HEALTH RELATED ISSUES, HEALTHCARE NEEDS, AND THE OVERALL IMPROVEMENT OF HEALTH IN THE HAWAII COMMUNITY

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALII HEALTH CENTER75-5759 KUAKINI HWY SUITE 208 KAILUAKONA, HI 96740	26-0318372	501(C)(3)		75,000			GRANTS - CHC DEVELOPMENT
ALOHA UNITED WAYPO BOX 3100 HONOLULU, HI 96849	99-0073494	501(C)(3)		250			DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY CLINIC INC 224 HAILI ST SUITE B HILO, HI 96720	99-0222784	501(C)(3)		188,354			QUALITY PROGRAM GRANT
CHILDREN'S MIRACLE NETWORK PO BOX 31191 HONOLULU, HI 96820	99-0177350	501(C)(3)		20,000			DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CLINIC OF MAUI48 LONO STREET KAHULUI, HI 96732	99-0303304	501(C)(3)		74,354			QUALITY PROGRAM GRANT
HAMAKUA HEALTH CENTER45-549 PLUMERIA STREET HAMAKUA, HI 96827	99-0115515	501(C)(3)		45,000			QUALITY PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANA COMMUNITY HEALTH CENTER PO BOX 807 HANA, HI 96713	99-0326154	501(C)(3)		16,000			DONATION
KALIHI PALAMA HEALTH CENTER 915 NORTH KING STREET HONOLULU, HI 96819	99-0161221	501(C)(3)		222,920			QUALITY PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOKUA KALIHI VALLEY2239 NORTH SCHOOL STREET KIHEI,HI 96819	99-0149797	501(C)(3)		62,681			QUALITY PROGRAM GRANT
KOKUA MAUPO BOX 62155 HONOLULU,HI 96819	99-0339201	501(C)(3)		1,000			DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOOLAULOA COMMUNITY HEALTH & WELLNESS CENTERPO BOX 395 KAHUKU, HI 96731	73-1681833	501(C)(3)		54,000			QUALITY PROGRAM GRANT
LANAI COMMUNITY HEALTH CENTER PO BOX 630142 LANAI CITY, HI 96763	20-2509287	501(C)(3)		46,350			GRANTS - CHC DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAUI ADULT DAY CARE CENTER11 MAHAOLU STREET SUITE B KAHULUI, HI 96732	99-0216306	501(C)(3)		784			DONATION
MOLOKAI COMMUNITY HEALTH CENTER28 KAMOI ST SUITE 600 KAUNAKAKAI, HI 96748	51-0439659	501(C)(3)		70,000			QUALITY PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEAN VIEW FAMILY HEALTH CLINICPO BOX 7009 OCEAN VIEW ESTATES, HI 96737	68-0623208	501(C)(3)		18,000			GRANTS - CDC DEVELOPMENT
QUEEN EMMA CLINICPO BOX 30160 HONOLULU, HI 96820	99-0073524	501(C)(3)		58,990			QUALITY PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UH SCHOOL OF PUBLIC HEALTH ALUMNI ASSOCIATIONPO BOX 314 HALEIWA, HI 96712	99-0272310	501(C)(3)		250			DONATION
WAIANAE COAST COMPREHENSIVE HEALTH CENTER86-260 FARRINGTON HWY WAIANAE, HI 96792	99-0148164	501(C)(3)		199,200			QUALITY PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAIKIKI HEALTH CENTER758 KAPAHULU AVE A-319 HONOLULU, HI 96816	99-0159253	501(C)(3)		37,500			QUALITY PROGRAM GRANT
WAIMANALO HEALTH CENTER41-1347 KALANIANA'OLE HWY A WAIMANALO, HI 96795	99-0273205	501(C)(3)		45,000			QUALITY PROGRAM GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST HAWAII COMMUNITY HEALTH CENTER75-5751 KUAKINI HWY SUITE 203 KAILUAKONA, HI 96740	20-0495394	501(C)(3)		82,009			QUALITY PROGRAM GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization ALOHACARE	Employer identification number 99-0309519
---------------------------------------	--

Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) CINDY NEELEY	(i)	191,789	2,500	10,252	8,158	5,718	218,417	0
	(ii)	0	0	0	0	0	0	0
(2) JOHN MCCOMAS	(i)	224,332	0	2,288	9,100	15,638	251,358	0
	(ii)	0	0	0	0	0	0	0
(3) SHARON TISZA	(i)	178,313	0	0	4,382	12,688	195,383	0
	(ii)	0	0	0	0	0	0	0
(4) PATRICK BRENNAN	(i)	150,748	2,500	10,252	6,622	12,075	182,197	0
	(ii)	0	0	0	0	0	0	0
(5) STELLA CATALAN	(i)	126,282	2,500	10,285	5,542	5,718	150,327	0
	(ii)	0	0	0	0	0	0	0
(6) VICTOR RODRIGUEZ	(i)	146,274	0	75,000	0	7,552	228,826	0
	(ii)	0	0	0	0	0	0	0
(7) MARIE WAGNER	(i)	118,176	0	0	0	8,192	126,368	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	DISCRETIONARY SPENDING IS APPROVED BY BOARD OF DIRECTORS AS DOCUMENTED IN THE EMPLOYMENT CONTRACT
	PART I, LINE 4A	VICTOR RODRIGUEZ \$75,000, RICHARD BANNER \$25,000

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALOHACARE

Employer identification number
99-0309519

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) PAUL STRAUSS BAY CLINIC CEO	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$1 9 MILLION)
(2) DANA ALONZO-HOWETH COMMUNITY CLINIC OF MAUI EXEC DIR	DIRECTOR & PRESIDENT OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$1 9 MILLION)
(3) EMMANUEL KINTU KALIHI PALAMA HEALTH CENTER EXEC DIR	DIRECTOR & TREASURER OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$3 3 MILLION)
(4) DAVID DERAUF KOKUA KALIHI VALLEY EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$1 1 MILLION)
(5) RICH BETTINI WAIANAE COAST COMP HEALTH CENTER CEO	DIRECTOR & VICE PRESIDENT OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$11 0 MILLION)
(6) DESIREE PUHI MOLOKAI OHANA HEALTH CENTER EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$820,000)
(7) MAY AKAMINE WAIMANALO HEALTH CENTER EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$515,000)
(8) SHEILA BECKHAM WAIKIKI HEALTH CENTER EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$730,000)
(9) JANET ONAPA QUEENS HEALTH SYSTEMS MED DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$24 MILLION)

Part IV

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

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

Part V

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
PAUL STRAUSS BAY CLINIC CEO	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$1 9 MILLION)
DANA ALONZO-HOWETH COMMUNITY CLINIC OF MAUI EXEC DIR	DIRECTOR & PRESIDENT OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$1 9 MILLION)
EMMANUEL KINTU KALIHI PALAMA HEALTH CENTER EXEC DIR	DIRECTOR & TREASURER OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$3 3 MILLION)
DAVID DERAUF KOKUA KALIHI VALLEY EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$1 1 MILLION)
RICH BETTINI WAIANAE COAST COMP HEALTH CENTER CEO	DIRECTOR & VICE PRESIDENT OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$11 0 MILLION)
DESIREE PUHI MOLOKAI OHANA HEALTH CENTER EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$820,000)
MAY AKAMINE WAIMANALO HEALTH CENTER EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$515,000)
SHEILA BECKHAM WAIKIKI HEALTH CENTER EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$730,000)
JANET ONAPA QUEENS HEALTH SYSTEMS MED DIR	DIRECTOR OF ALOHACARE'S BOD	GRANT & SERVICES RENDERED (EST \$24 MILLION)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****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.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
ALOHACARE**Employer identification number**

99-0309519

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORITY OF THE FULL BOARD OF DIRECTORS, MAY DESIGNATE FROM AMONG ITS MEMBERS AN EXECUTIVE COMMITTEE, A GOVERNANCE COMMITTEE, AN AUDIT COMMITTEE, AND A COMPLIANCE COMMITTEE, TOGETHER WITH ONE OR MORE OTHER COMMITTEES, EACH OF WHICH SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY GRANTED BY THE BOARD OF DIRECTORS, EXCEPT AS LIMITED BY LAW OR THE ARTICLES OF INCORPORATION
	FORM 990, PART VI, SECTION B, LINE 11	BOTH THE CEO & CFO OF ALOHACARE REVIEW FORM 990 PRIOR TO OBTAINING APPROVAL FROM ALOHACARE'S BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPELTE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY, AND NOTIFY ALOHACARE SHOULD ANY CONFLICTS ARISE DURING THE YEAR
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS HOLDS MEETINGS TO DETERMINE FAIR COMPENSATION OF ALOHACARE'S CEO THE CEO DETERMINES FAIR COMPENSATION OF ALOHACARE'S KEY EMPLOYEES
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST BY ALOHACARE
	FORM 990, PART XI, LINE 2C	ALOHACARE HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR
	SCHEDULE L, PART III	GRANTS ARE AWARDED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS BASED ON PRE-ESTABLISHED CRITERIA AND REVIEWED BY A SELECTION COMMITTEE, AS DESCRIBED IN REGULATIONS SECTION 53.4945-4 (B)