



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 07-01-2011 and ending 06-30-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 WAIANAE DISTR COMPREHENSIVE HEALTH & HOSPITAL BOARD INCORPORATED
 Doing Business As
 WAIANAE COAST COMPREHENSIVE HLTH CTR
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 86-260 FARRINGTON HIGHWAY
 City or town, state or country, and ZIP + 4
 WAIANAE, HI 96792

D Employer identification number
 99-0148164
E Telephone number
 (808) 697-3457
G Gross receipts \$ 54,202,053

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

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ WWW.WCCHC.COM

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

Part I Summary

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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	610
6 Total number of volunteers (estimate if necessary)	6	137
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	14,571
b Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,298,658	14,181,247
	9 Program service revenue (Part VIII, line 2g)	39,136,601	39,093,198
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,174	3,316
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,160,701	924,292
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,598,134	54,202,053
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	240,261	290,245
	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)	29,715,506	32,344,385
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 129,785		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,224,805	13,570,379
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	44,180,572	46,205,009
19 Revenue less expenses Subtract line 18 from line 12	6,417,562	7,997,044	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	40,385,740	51,118,931
	21 Total liabilities (Part X, line 26)	7,412,776	9,978,723
22 Net assets or fund balances Subtract line 21 from line 20	32,972,964	41,140,208	

Part II Signature Block

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

Sign Here
 Signature of officer: _____ Date: 2013-09-12
 JAMES CHEN CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed
 Preparer's taxpayer identification number (see instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP
 4370 LA JOLLA VILLAGE DR STE 500
 SAN DIEGO, CA 92122
 EIN: _____ Phone no: (858) 535-7200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 15,989,521 including grants of \$ 0) (Revenue \$ 18,412,018)

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

4b (Code) (Expenses \$ 4,955,294 including grants of \$ 0) (Revenue \$ 9,804,877)

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

4c (Code) (Expenses \$ 2,712,407 including grants of \$ 0) (Revenue \$ 4,467,208)

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

4d Other program services (Describe in Schedule O)

(Expenses \$ 14,713,476 including grants of \$ 290,245) (Revenue \$ 7,318,816)

4e Total program service expenses \$ 38,370,698

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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>		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>		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? <i>If "Yes," complete Schedule C, Part III.</i>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		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, 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>		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>		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>		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>		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>		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>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		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.		

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	Yes	
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		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 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	
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
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		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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (No), 15a (Yes), 15b (Yes), 16a (No), 16b.

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.
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.
DAVID MORIN
86-260 FARRINGTON HWY
WAIANAE, HI 96792
(808) 697-3465

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) Anthony Guerrero Jr Board Chair	10	X		X				0	0	0
(2) Dane Keola Lloyd Board 1st Vice Chair	10	X		X				0	0	0
(3) Melvin Kaula Clark Board 2nd Vice Chair	10	X		X			7,000	0	0	0
(4) William Wilson Board 3rd Vice Chair	10	X		X			0	0	0	0
(5) Billie Hauge Board Secretary	10	X		X			0	0	0	0
(6) Wayne Suehiro Board Treasurer	10	X		X			0	0	0	0
(7) Merrie Aipoalani Board Member	10	X					0	0	0	0
(8) Clifford Isara Board Member	10	X					0	0	0	0
(9) Barbara Keola Board Member	10	X					0	0	0	0
(10) Renee Rego Board Member	10	X					0	0	0	0
(11) Charles Wheatley Board Member	10	X					0	0	0	0
(12) Donna Broome Board Member	10	X					0	0	0	0
(13) Kamahanahokulani Farrar Board Member	10	X					0	0	0	0
(14) Ginger Fuata Board Member	10	X					0	0	0	0
(15) Dan Gomes Board Member	10	X					0	0	0	0
(16) Brian Keaulana Board Member	10	X					0	0	0	0
(17) Roy Magnusson Board Member	10	X					0	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) Candy Suiso Board Member	1 0	X						0	0	0
(19) Christine Jackson Board Member (Thru May 2012)	1 0	X						0	0	0
(20) Lyle Kalo Board Member (Thru May 2012)	1 0	X						0	0	0
(21) Cynthia Rezendes Board Member (Thru May 2012)	1 0	X						0	0	0
(22) Rozalyn Teixeira Board Member (Thru May 2012)	1 0	X						0	0	0
(23) Richard P Bettini Chief Executive Officer	40 0			X				325,056	0	23,488
(24) James Z Chen Chief Financial Officer	40 0			X				160,549	0	29,658
(25) Stephen P Bradley Medical Director	40 0				X			205,424	0	33,080
(26) Robert Thomas Bonham Director-Emergent Care, Phys	41 0					X		220,862	0	27,760
(27) John Myhre Psych , Dir-Behavioal Health	61 0					X		203,145	0	24,472
(28) Vija M Sehgal Associate Med Director, PHYS	41 0					X		209,422	0	29,312
(29) Winslow Engel Physician	45 0					X		210,418	0	9,195
(30) Robert Young Psych , Chief Behav Hlth Sci	50 0					X		231,637	0	34,827
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,773,513	0	211,792

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 **52**

	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>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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>		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
MARK KA'AHA'AINA DBA MARK SPECIALTI 85-1192 Waianae Valley Rd WAIANAЕ, HI 96792	CAFETERIA MANAGEMENT	193,658
LEE LAW OFFICE LLC 1136 Union Mall St Ste 303 HONOLULU, HI 96813	LEGAL SERVICES	160,833
TORKILDSON KATZ MOORE HEATHERING 700 Bishop St 15th Floor HONOLULU, HI 96813	LEGAL SERVICES	117,437

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 **3**

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 68,367					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e 10,808,073					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,304,807					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	14,181,247				
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621400	32,967,719	32,967,719		
	b	SETTLEMENT INCOME	621400	5,375,366	5,375,366		
	c	CAPITATION REVENUE	621400	721,564	721,564		
	d	MOB-RENTAL MENTAL HEALTH CENTER	621400	28,549	28,549		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		39,093,198				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		3,316		3,316	
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties ▶		0			
	6a		(i) Real				
			(ii) Personal				
		b	Gross rents				
		c	Less rental expenses				
	d	Net rental income or (loss) ▶					
	7a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory				
		c	Less cost or other basis and sales expenses				
	d	Net gain or (loss) ▶		0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
c	Net income or (loss) from fundraising events . . ▶		0				
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶		0				
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶		0				
		Miscellaneous Revenue					
		Business Code					
11a	ALOHA CARE-QUALITY IMPROVEMENT PROGRAM	621400	406,041	406,041			
b	STATE OF HAWAII REIMBURSEMENT	621400	99,876	99,876			
c	Sale of medical records	621400	14,404	14,404			
d	All other revenue		403,971	389,400	14,571		
e	Total. Add lines 11a-11d ▶		924,292				
12	Total revenue. See Instructions ▶		54,202,053	40,002,919	14,571	3,316	

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	281,004	281,004		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	9,241	9,241		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,780,514		1,780,514	
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	24,423,355	21,488,755	2,856,380	78,220
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,113,998	985,006	125,097	3,895
9	Other employee benefits	3,146,763	2,815,781	320,183	10,799
10	Payroll taxes	1,879,755	1,663,539	211,326	4,890
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	285,265	13,926	271,339	
c	Accounting	134,555		134,555	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,043,691	906,379	132,678	4,634
12	Advertising and promotion	76,670	8,584	51,659	16,427
13	Office expenses	5,296,720	4,763,277	530,286	3,157
14	Information technology	478,368	212,421	262,997	2,950
15	Royalties	0			
16	Occupancy	2,939,827	2,458,574	481,161	92
17	Travel	215,141	178,461	35,203	1,477
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	154,419	76,119	76,615	1,685
20	Interest	32,447		32,447	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,301,950	2,130,195	170,467	1,288
23	Insurance	250,023	184,115	65,874	34
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	EMPLOYEE INCENTIVES	158,534	99,099	59,435	
b	EMPLOYEE RECRUITMENT	79,151	44,334	34,817	
c	DUES AND LICENSES	27,803	26,287	1,516	
d	GENERAL EXCISE TAXES	8,123	7,886		237
e					
f	All other expenses	87,692	17,715	69,977	
25	Total functional expenses. Add lines 1 through 24f	46,205,009	38,370,698	7,704,526	129,785
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	2,995	1	3,999
	2 Savings and temporary cash investments	4,876,817	2	9,366,067
	3 Pledges and grants receivable, net	6,583,203	3	8,689,233
	4 Accounts receivable, net	3,251,049	4	4,212,517
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	252,990	8	240,272
	9 Prepaid expenses and deferred charges	352,930	9	442,310
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	43,264,731		
	b Less accumulated depreciation	15,822,708		
	11 Investments—publicly traded securities	24,656,281	10c	27,442,023
	12 Investments—other securities See Part IV, line 11	0	11	0
	13 Investments—program-related See Part IV, line 11	0	12	0
	14 Intangible assets	0	13	0
	15 Other assets See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	409,475	15	722,510	
	40,385,740	16	51,118,931	
Liabilities	17 Accounts payable and accrued expenses	5,328,738	17	7,990,288
	18 Grants payable	0	18	0
	19 Deferred revenue	1,193,477	19	1,377,363
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	890,561	25	611,072
	26 Total liabilities. Add lines 17 through 25	7,412,776	26	9,978,723
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	31,659,479	27	37,622,479
	28 Temporarily restricted net assets	1,113,485	28	3,117,729
	29 Permanently restricted net assets	200,000	29	400,000
	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	32,972,964	33	41,140,208	
34 Total liabilities and net assets/fund balances	40,385,740	34	51,118,931	

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	54,202,053
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,205,009
3	Revenue less expenses Subtract line 2 from line 1	3	7,997,044
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,972,964
5	Other changes in net assets or fund balances (explain in Schedule O)	5	170,200
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	41,140,208

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
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	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		
2d	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 type="checkbox"/> Separate basis <input checked="" 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?	Yes	
3b	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 99-0148164

Name: WAIANAE DISTR COMPREHENSIVE HEALTH & HOSPITAL BOARD INCORPORATED

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Anthony Guerrero Jr Board Chair	1 0	X		X				0	0	0
Dane Keola Lloyd Board 1st Vice Chair	1 0	X		X				0	0	0
Melvin Kauila Clark Board 2nd Vice Chair	1 0	X		X				7,000	0	0
William Wilson Board 3rd Vice Chair	1 0	X		X				0	0	0
Billie Hauge Board Secretary	1 0	X		X				0	0	0
Wayne Suehiro Board Treasurer	1 0	X		X				0	0	0
Merrie Aipoalani Board Member	1 0	X						0	0	0
Clifford Isara Board Member	1 0	X						0	0	0
Barbara Keola Board Member	1 0	X						0	0	0
Renee Rego Board Member	1 0	X						0	0	0
Charles Wheatley Board Member	1 0	X						0	0	0
Donna Broome Board Member	1 0	X						0	0	0
Kamahanahokulani Farrar Board Member	1 0	X						0	0	0
Ginger Fuata Board Member	1 0	X						0	0	0
Dan Gomes Board Member	1 0	X						0	0	0
Brian Keaulana Board Member	1 0	X						0	0	0
Roy Magnusson Board Member	1 0	X						0	0	0
Candy Suiso Board Member	1 0	X						0	0	0
Christine Jackson Board Member (Thru May 2012)	1 0	X						0	0	0
Lyle Kaloi Board Member (Thru May 2012)	1 0	X						0	0	0
Cynthia Rezentes Board Member (Thru May 2012)	1 0	X						0	0	0
Rozalyn Teixeira Board Member (Thru May 2012)	1 0	X						0	0	0
Richard P Bettini Chief Executive Officer	40 0			X				325,056	0	23,488
James Z Chen Chief Financial Officer	40 0			X				160,549	0	29,658
Stephen P Bradley Medical Director	40 0				X			205,424	0	33,080

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			
Robert Thomas Bonham Director-Emergent Care, Phys	41 0					X		220,862	0	27,760
John Myhre Psych , Dir-Behavioal Health	61 0					X		203,145	0	24,472
Vija M Sehgal Associate Med Director, PHYS	41 0					X		209,422	0	29,312
Winslow Engel Physician	45 0					X		210,418	0	9,195
Robert Young Psych , Chief Behav Hlth Sci	50 0					X		231,637	0	34,827

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
WAIANAE DISTR COMPREHENSIVE HEALTH &
HOSPITAL BOARD INCORPORATED

Employer identification number
99-0148164

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization: WAIANAE DISTR COMPREHENSIVE HEALTH & HOSPITAL BOARD INCORPORATED

Employer identification number: 99-0148164

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), 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?

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)?

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	200,000	200,000	200,000	200,000	
b Contributions	200,000				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	400,000	200,000	200,000	200,000	

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100 000 %
- c** Term endowment ▶ 0 %

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

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

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

Part VI 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		31,214,537	8,854,554	22,359,983
c Leasehold improvements		1,797,570	1,231,568	566,002
d Equipment		10,252,624	5,736,586	4,516,038
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				27,442,023

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	ADULT DAY CARE SERVICES

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: WAIANAE DISTR COMPREHENSIVE HEALTH & HOSPITAL BOARD INCORPORATED

Employer identification number: 99-0148164

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 4 rows of data.

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

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
(1) EVALUATION RESEARCH SERVICES	1	9,241			

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 PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2	GRANT MANAGEMENT STARTS DURING THE PRE-APPLICATION PHASE WHEN POTENTIAL GRANTS ARE ANALYZED BY STAFF FOR FIT WITH THE GOALS OF THE ORGANIZATION AND CURRENT PROJECTS/PROGRAMS, AND IMPACT (STAFFING, OFFICE SPACE, ETC) ON THE ORGANIZATION ONCE A GRANT IS RECEIVED, CONTRACT/GRANT DELIVERABLES ARE MONITORED BY THE PROGRAM DIRECTOR FOR THE GRANT/PROGRAM, AS WELL AS THE LEADERSHIP TEAM MEMBER AND/OR DEPARTMENT HEAD THAT SUPERVISES THE PROGRAM DIRECTOR THE PROJECT OFFICER FOR THE FUNDING AGENCY IS ALSO PART OF THE EVALUATION PROCESS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
WAJANAIE DISTR COMPREHENSIVE HEALTH &
HOSPITAL BOARD INCORPORATED

Employer identification number

99-0148164

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p>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</p>	Yes									
<p>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?</p>		No								
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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</p>										
<p>a Receive a severance payment or change-of-control payment?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>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</p>										
<p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p>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</p>										
<p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p>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</p>	Yes									
<p>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</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>										

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) Richard P Bettini	(i) (ii)	283,116 0	41,544 0	396 0	12,250 0	11,238 0	348,544 0	0 0
(2) James Z Chen	(i) (ii)	135,462 0	24,732 0	355 0	8,513 0	21,145 0	190,207 0	0 0
(3) Stephen P Bradley	(i) (ii)	183,299 0	21,744 0	381 0	10,798 0	22,282 0	238,504 0	0 0
(4) Robert Thomas Bonham	(i) (ii)	218,104 0	2,500 0	258 0	11,275 0	16,485 0	248,622 0	0 0
(5) John Myhre	(i) (ii)	200,157 0	2,850 0	138 0	10,375 0	14,097 0	227,617 0	0 0
(6) Vija M Sehgal	(i) (ii)	181,368 0	27,921 0	133 0	10,868 0	18,444 0	238,734 0	0 0
(7) Winslow Engel	(i) (ii)	169,793 0	40,244 0	381 0	3,315 0	5,880 0	219,613 0	0 0
(8) Robert Young	(i) (ii)	228,649 0	2,850 0	138 0	12,152 0	22,675 0	266,464 0	0 0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
DISCRETIONARY SPENDING ACCOUNT	SCHEDULE J, PART I, LINE 1A	COMPENSATION FOR SOME OF THE OFFICERS AND HIGHLY COMPENSATED EMPLOYEES INCLUDES CELLPHONE ALLOWANCES
NON-FIXED PAYMENTS	SCHEDULE J, PART I, LINE 7	COMPENSATION OF OFFICERS AND HIGHLY COMPENSATED EMPLOYEES INCLUDES NON-FIXED PAYMENTS IN THE FORM OF BONUSES AND/OR INCENTIVE PAYMENTS PAID ON EITHER A QUARTERLY OR ANNUAL BASIS

SCHEDULE O
(Form 990 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
WAJANA E DISTR COMPREHENSIVE HEALTH &
HOSPITAL BOARD INCORPORATED

Employer identification number

99-0148164

Identifier	Return Reference	Explanation
AMENDED RETURN	FORM 990, BOX B	THE FORM 990 IS BEING AMENDED TO CORRECT COMPENSATION AMOUNTS ON PART VII, COLUMN D & SCHEDULE J,PART II, COLUMN B(I) FOR ROBERT YOUNG

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S MISSION	FORM 990, PART III, LINE I	THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER ("THE HEALTH CENTER") IS A HEALING CENTER THAT PROVIDES ACCESSIBLE AND AFFORDABLE MEDICAL AND TRADITIONAL HEALING SERVICES WITH ALOHA. THE HEALTH CENTER IS A LEARNING CENTER THAT OFFERS HEALTH CAREER TRAINING TO ENSURE A BETTER FUTURE FOR OUR COMMUNITY. THE HEALTH CENTER IS ALSO AN INNOVATOR, USING LEADING EDGE TECHNOLOGY TO DELIVER THE HIGHEST QUALITY OF HEALTH CARE SERVICES.

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D	<p>THE WAIANA E COAST COMPREHENSIVE HEALTH CENTER SERVES THE MEDICALLY UNDERSERVED AND ECONOMICALLY DISADVANTAGED COMMUNITY OF WAIANA E AND SURROUNDING COMMUNITIES IN THE LEEWARD AREA ON THE ISLAND OF OAHU IN THE STATE OF HAWAII. SERVING THE COMMUNITY SINCE 1972, THE HEALTH CENTER CELEBRATED ITS 40TH ANNIVERSARY IN 2012. FROM ITS START AS A ONE DOCTOR OFFICE, THE HEALTH CENTER IS THE LARGEST, AND OLDEST, OF THE FOURTEEN COMMUNITY HEALTH CENTERS IN THE STATE OF HAWAII. THE STRENGTH OF THE HEALTH CENTER LIES IN THE STRONG FOUNDATION SET BY ITS FOUNDERS, THE VISION AND EXPERTISE OF ITS BOARD OF DIRECTORS, THE SENSE OF OWNERSHIP BY ITS STAFF, PATIENTS AND COMMUNITY, THE YEARS OF SERVICE AND COMMITMENT OF ITS MANAGEMENT TEAM, AND THE RELATIONSHIPS FORGED AT THE COMMUNITY, STATE AND NATIONAL LEVEL. IN 2012, THE HEALTH CENTER SERVED 31,152 PATIENTS, THE MAJORITY BEING NATIVE HAWAIIAN (52%), FOLLOWED BY ASIAN & OTHER PACIFIC ISLANDERS (26%), AND CAUCASIANS (15%). DATA SHOWS 67% OF PATIENTS ARE AT 100% OF THE FEDERAL POVERTY LEVEL OR BELOW, 11% ARE UNINSURED, AND 58% ARE RECEIVING COVERAGE UNDER QUEST, THE STATE OF HAWAII'S MEDICAID PROGRAM. THE WAIANA E COAST IS AN ECONOMICALLY DISTRESSED COMMUNITY WITH A POPULATION OF 48,519. ALMOST 19% OF THE POPULATION HAS ANNUAL INCOME LESS THAN 100% OF THE FEDERAL POVERTY LEVEL, WHICH IS THE HIGHEST LEVEL IN THE CITY AND COUNTY OF HONOLULU AND THE THIRD HIGHEST IN THE STATE OF HAWAII. TWENTY-NINE PERCENT OF WAIANA E COAST HOUSEHOLDS ARE RECEIVING SNAP/CASH OR OTHER FORMS OF PUBLIC ASSISTANCE. THIS IS THE HIGHEST RATE IN THE CITY AND COUNTY OF HONOLULU AND THE STATE OF HAWAII. THE AVERAGE PER CAPITA INCOME IS \$17,300 MAKING IT THE LOWEST IN THE CITY AND COUNTY OF HONOLULU AND THE STATE OF HAWAII. ALMOST 9% OF THE POPULATION IS UNEMPLOYED, THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND THIRD HIGHEST IN THE STATE. THE HEALTH STATISTICS OF THE WAIANA E COAST PARALLEL THE ECONOMIC SITUATION IN THE COMMUNITY. THE INFANT MORTALITY RATE IN WAIANA E IS THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND SECOND HIGHEST IN THE STATE. TEEN BIRTHS ARE ALSO THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND THIRD HIGHEST IN THE STATE. MORBIDITY AND MORTALITY INDICATORS SHOW THAT THE WAIANA E COAST RANKS HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND IN THE STATE FOR OBESITY (43.5%), ADULTS WHO SMOKE (26%), ADULTS WITH DIABETES (13.7%), DISEASES OF THE HEART (260.4 DEATHS PER 100,000), AND CANCER (197 PER 100,000). THE HEALTH CENTER'S MISSION JUST BEGINS TO TELL OUR STORY. "THE WAIANA E COAST COMPREHENSIVE HEALTH CENTER IS A HEALING CENTER THAT PROVIDES ACCESSIBLE AND AFFORDABLE MEDICAL AND TRADITIONAL HEALING SERVICES WITH ALOHA. THE HEALTH CENTER IS A LEARNING CENTER THAT OFFERS HEALTH CAREER TRAINING TO ENSURE A BETTER FUTURE FOR OUR COMMUNITY. THE HEALTH CENTER IS ALSO AN INNOVATOR, USING LEADING EDGE TECHNOLOGY TO DELIVER THE HIGHEST QUALITY OF HEALTH CARE SERVICES." THE HEALTH CENTER ACHIEVES ITS MISSION BY NOT ONLY SERVING PATIENTS WHO SEEK SERVICES, BUT ALSO BY INCORPORATING THE GOAL OF IMPROVING THE OVERALL HEALTH STATUS OF THE COMMUNITY IT SERVES. THE VISION OF THE FOUNDERS OF THE HEALTH CENTER, TO OFFER COMPREHENSIVE HEALTH SERVICES, HAS GUIDED THE DEVELOPMENT OF THE SERVICES AND ACTIVITIES OF A PATIENT CENTERED HEALTH CARE HOME, WHICH INCLUDES - ADULT DAY CARE IN NANAKULI, PEARL CITY, MILILANI, WAHIAWA AND ALEWA HEIGHTS - BEHAVIORAL HEALTH IN WAIANA E, KAPOLEI AND WAIPA HU - CASE MANAGEMENT - CHRONIC DISEASE MANAGEMENT (DIABETES SELF MANAGEMENT EDUCATION, ASTHMA EDUCATION, ETC) - DENTAL IN WAIANA E AND KAPOLEI - EMERGENCY ROOM SERVICES (24 HOURS, 365 DAYS/YEAR) - EXERCISE/FITNESS TRAINING & WALKING TRAILS - FAMILY PLANNING - HEALTH EDUCATION - HEALTH EMERGENCY LIAISON PROGRAM - HOMELESS OUTREACH - INSTITUTIONAL REVIEW BOARD OF RESEARCH - INTEGRATED HEALING (WEIGHT MANAGEMENT, PAIN MANAGEMENT AND MORE) - LABORATORY - NATIVE HAWAIIAN HEALING (LOMILOMI, HO'OPONOPONO, LA'AU LAPA'AU, PALE KEIKI, HA HA) - NUTRITION COUNSELING - PATIENT SERVICES - PHARMACY IN WAIANA E AND KAPOLEI INCLUDING HOME DELIVERIES - PRIMARY CARE CLINICS (FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS, WOMEN'S HEALTH) WAIANA E, NANAKULI, KAPOLEI AND WAIPA HU - RADIOLOGY /MAMMOGRAPHY/BONE DENSITY SCREENING - RESTAURANT - SPECIALISTS (GENERAL SURGERY, OPHTHALMOLOGY, OBSTETRICS/GYNECOLOGY, ORTHOPEDICS, PERINATOLOGY, PODIATRY, PSYCHIATRY, PSYCHOLOGY, DERMATOLOGY, AND CHRONIC PAIN MANAGEMENT) - SUBSTANCE ABUSE TREATMENT - TRANSPORTATION - WAIANA E SCHOOL OF COMMUNITY HEALTH (A PIPELINE OF HEALTH CAREER TRAINING OPPORTUNITIES FOR THE COMMUNITY AND HEALTH CARE PROFESSIONALS) - WOMEN, INFANT, CHILDREN PROGRAM (WIC) IN WAIANA E AND EWA. THE HEALTH CENTER IS A MAJOR ECONOMIC PROVIDER IN THE COMMUNITY, EMPLOYING 550 INDIVIDUALS, THE MAJORITY OF WHOM RESIDE ON THE WAIANA E COAST. GOVERNED AND GUIDED BY A BOARD OF DIRECTORS THAT INCLUDES 10 MEMBERS ELECTED FROM THE WAIANA E COMMUNITY, AND 10 MEMBERS APPOINTED FOR EXPERTISE IN BUSINESS, MEDICINE.</p>

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D	<p>, LAW, OR COMMUNITY AFFAIRS, WITH TWO REPRESENTING THE SERVICE AREAS OF WAIPAHU AND KAPOLE I, THE HEALTH CENTER HAS MAINTAINED A POSITIVE FINANCIAL POSITION FOR MANY YEARS BY CONTINUOUSLY INCREASING PRODUCTIVITY, DEVELOPING REVENUE GENERATING SERVICES, INITIATING TECHNOLOGICAL INNOVATIONS AND PROMOTING COMMUNITY INVOLVEMENT THE HEALTH CENTER'S FULL ARRAY OF PRIMARY HEALTH CARE SERVICES IS DESIGNED TO MEET THE NEEDS OF THE TARGET POPULATION MUCH ATTENTION HAS BEEN PAID INTO PLACING CLINICS THAT ARE STRATEGICALLY LOCATED ALONG BUS ROUTES THAT ARE VISIBLE TO THE COMMUNITY THE HOURS OF OPERATION AT ALL SITES REPRESENT A COMMITMENT TO MEET THE NEEDS OF PATIENTS AND THEIR PERSONAL SITUATIONS CLINICS ARE OPEN WEEKDAYS AS EARLY AS 7 00 AM AND STAY OPEN, AT THE LATEST, TILL 8 00 PM CLINICS ARE ALSO OPEN ON SATURDAYS AND A WALK-IN CLINIC IS AVAILABLE AT THE MAIN CAMPUS CLINIC AND AT ONE OF THE SATELLITE CLINICS FOR URGENT CARE THE HEALTH CENTER'S EMERGENCY ROOM IS AVAILABLE 24 HOURS, 365 DAYS A YEAR PRIMARY, PREVENTIVE, AND ENABLING SERVICES ARE AVAILABLE AND ACCESSIBLE TO ALL LIFE CYCLES REGARDLESS OF ABILITY TO PAY FOR SERVICES SPECIFIC PREVENTIVE (CHRONIC DISEASE MANAGEMENT, HEALTH EDUCATION - DIABETES, ASTHMA, NUTRITION, EXERCISE/FITNESS, AND SMOKING CESSATION) AND ENABLING SERVICES (CASE MANAGEMENT, ELIGIBILITY ASSISTANCE) ARE INTEGRATED WITH PRIMARY CARE THE HEALTH CENTER WILL BE COMPLETING CONSTRUCTION OF ITS TWO-STORY ADULT MEDICAL AND PHARMACY BUILDING IN THE SPRING OF 2013 THE HEALTH CENTER IS RAISING FUNDS TO SUPPORT THE CONSTRUCTION OF A NEW EMERGENCY SERVICES, RADIOLOGY AND URGENT CARE BUILDING A KEY INITIATIVE FOR THE HEALTH CENTER CONTINUES TO BE DEVELOPING A "PRIMARY CARE HEALTH CARE HOME" THAT FITS THE MODEL OF CARE THAT MEETS THE BROAD HEALTH CARE NEEDS OF OUR PATIENTS THE HEALTH CENTER IS PART OF A NATIONAL INITIATIVE TO FORMALIZE A DEFINITION AND WORKING STRUCTURE FOR A HEALTH CARE HOME TOWARDS THESE EFFORTS, THE HEALTH CENTER CONTINUES TO GROW ITS PARTNERSHIP THROUGH AHARO (ACCOUNTABLE HEALTHCARE ALLIANCE OF RURAL OAHU) WHICH INCLUDES KO'OLAULOA HEALTH AND WELLNESS CENTER AND WAIMANALO HEALTH CENTER WHOSE MISSION IS "PROMOTING ACCESS, QUALITY, AND COST EFFECTIVENESS IN HEALTHCARE BY EMPOWERING CONSUMERS TO EVALUATE THE PERFORMANCE OF HEALTHCARE AGENCIES THAT SERVE THEM"</p>

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS AND THE NATURE OF THEIR	RIGHTS	FORM 990, PART VI, LINES 6 & 7A THE HEALTH CENTER HAS A CORPORATE MEMBERSHIP CORPORATE MEMBERS ARE DEFINED AS AN INDIVIDUAL, 18 YEARS OR OLDER, WHO RESIDES IN THE SERVICE AREA AND USES THE HEALTH CENTER AS A PRIMARY CARE FACILITY OR WHO HAS AN INTEREST IN THE FIELD OF HEALTH MEMBERS WHO ARE ELIGIBLE TO VOTE SHALL VOTE FOR THE BOARD OF DIRECTORS VIA BALLOT MAILED BY MARCH 30TH

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, LINE 11B	SENIOR MANAGEMENT IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE FORM 990 THE COMPLETED FORM 990 WILL BE PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IN ADVANCE OF THE FILING DEADLINE AFTER ALL QUESTIONS AND CONCERNS OF THE FINANCE COMMITTEE HAVE BEEN ADDRESSED AND CHANGES INCORPORATED INTO THE FORM 990 AS APPROPRIATE, ALL MEMBERS OF THE BOARD OF DIRECTORS WILL BE INVITED TO REVIEW THE COMPLETED FORM 990 IN ADVANCE OF THE FILING DEADLINE VIA A DEDICATED WCCHC WEBSITE AFTER ALL QUESTIONS AND CONCERNS OF THE BOARD OF DIRECTORS HAVE BEEN ADDRESSED AND CHANGES INCORPORATED INTO THE FORM 990 AS APPROPRIATE, SENIOR MANAGEMENT WILL FILE THE FINAL FORM 990 AS REQUIRED

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 12C	COVERED UNDER THE HEALTH CENTER'S CONFLICT OF INTEREST POLICY ARE THE BOARD OF DIRECTORS AND ANY NON MEMBER OF THE BOARD OF DIRECTORS THAT SERVES ON A BOARD COMMITTEE DETERMINATIONS ON WHETHER A CONFLICT OF INTEREST EXISTS IS MADE BY 1) REVIEWING ANNUAL DISCLOSURE FORMS COMPLETED BY BOARD MEMBERS AND NON BOARD MEMBERS WHO SIT ON A BOARD COMMITTEE, AND 2) CONDUCTING A DISCUSSION AND HOLDING A VOTE BY BOARD MEMBERS WHEN A BOARD MEMBER/OTHER MEMBER DISCLOSES A CONFLICT DURING A BOARD AND OR BOARD COMMITTEE MEETING CONFLICTS OF INTEREST ARE REVIEWED AT THE FOLLOWING LEVELS 1) AN ANNUAL STATEMENT IS COMPLETED BY BOARD MEMBERS AND OR NON BOARD MEMBERS WHO SIT ON A BOARD COMMITTEE 2) DISCLOSURE IS MADE AT A BOARD AND/OR BOARD COMMITTEE MEETING

Identifier	Return Reference	Explanation
OFFICES AND POSITIONS FOR WHICH PROCESS WAS USED & LAST COMPLETED	FORM 990, PART VI, LINE 15A	THE HEALTH CENTER UTILIZES NUMEROUS HEALTH CARE-RELATED RESOURCES AND/OR CONTRACTS FOR SERVICES TO CONDUCT PAY STUDIES ON EMPLOYEE AND KEY MANAGEMENT POSITIONS THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS THE BOARD ESTABLISHES A CEO EVALUATION COMMITTEE TO REVIEW HIS PERFORMANCE, COMPLETED OBJECTIVES AND ANY COMPENSATION STUDIES ONCE COMPLETED THE COMMITTEE WILL PREPARE THEIR RECOMMENDATIONS ON COMPENSATION AND BONUSES AND PRESENT IT TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL THIS PROCESS WAS LAST COMPLETED JULY 18, 2012

Identifier	Return Reference	Explanation
OFFICES AND POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, LINE 15B	THE HEALTH CENTER UTILIZES NUMEROUS HEALTH CARE-RELATED RESOURCES AND/OR CONTRACTS FOR SERVICES TO CONDUCT PAY STUDIES ON EMPLOYEE AND KEY MANAGEMENT POSITIONS. THE HEALTH CENTER PARTICIPATES IN THE NACHC (NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS) HEALTH CENTER COMPENSATION & BENEFIT STUDY EACH YEAR. THE HEALTH CENTER STARTED PARTICIPATING IN 2004. THE LAST STUDY WAS COMPLETED ON FEBRUARY 27, 2013. THE HEALTH CENTER IS CURRENTLY UNDERGOING A CENTERWIDE COMPENSATION STUDY WAS COMPLETED IN DECEMBER 2012 AND AN EXECUTIVE MANAGEMENT COMPENSATION/BENEFIT STUDY TO BE COMPLETED BY JUNE 2013. THE HEALTH CENTER UTILIZES THE NACHC COMPENSATION STUDIES AND THE HAWAII EMPLOYERS COUNCIL PAY SCALES TO DETERMINE COMPENSATION.

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS, ALTHOUGH NOT PUBLICIZED, ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	RICHARD P. BETTINI, CEO OF WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD, INC. ALSO DEVOTES 1 HOUR PER WEEK TO HAWAII PATIENT ACCOUNTING SERVICES

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	LOSS FROM SUBSIDIARY ADD BACK \$109,659 PRIOR PERIOD ADJUSTMENT \$ 60,541 - ----- TOTAL \$170,200

Identifier	Return Reference	Explanation
GRANT INCOME	FORM 990, SCHEDULE B	GRANT INCOME SCHEDULE B THE GRANT INCOME REPORTED ON SCHEDULE B IS REPORTED ON CASH BASIS AND ADJUSTED BY DEFERRED REVENUE. TOTAL GRANT REVENUE ON CASH BASIS \$ 12,165,442 ADJUSTMENT FOR DEFERRED REVENUE \$ 2,015,805 ----- TOTAL GRANT REVENUE REPORTED ON PART VIII & 14,181,247

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
WAIANA E DISTR COMPREHENSIVE HEALTH &
HOSPITAL BOARD INCORPORATED

Employer identification number

99-0148164

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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 PATIENT ACCTG SVCS CORP 86-260 FARRINGTON WAIANAE, HI 967923199 98-0280109	ACCOUNTING SVCS	HI	WDCHHB	C CORP	31,878	306,078	100 000 %

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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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		Yes	No	

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**