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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129031033

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
HAWAI'I PACIFIC HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
55 MERCHANT STREET 24TH FLOOR

City or town, state or country, and ZIP + 4
HONOLULU, HI 96813

D Employer identification number
99-0246363

E Telephone number
(808) 535-7401

G Gross receipts $ 126,786,192

F Name and address of principal officer
RAYMOND VARA
55 MERCHANT STREET 24TH FLOOR
HONOLULU, HI 96813

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 HAWAIIPACIFICHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1986 | **M** State of legal domicile HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HAWAI'I PACIFIC HEALTH IS A NONPROFIT HEALTH CARE SYSTEM THAT IS COMMITTED TO PROVIDING THE HIGHEST QUALITY & MOST ACCESSIBLE MEDICAL CARE AND SERVICE TO THE PEOPLE OF HAWAI'I AND THE PACIFIC REGION

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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	932
6	Total number of volunteers (estimate if necessary)	**6**	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	20,609
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-8,966

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,788,705	7,648,960
9	Program service revenue (Part VIII, line 2g)	107,798,725	110,097,494
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,908,283	1,655,337
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	186,911	29,730
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	117,682,624	119,431,521
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	443,610	340,805
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)	74,350,011	75,375,523
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,813,261		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	42,594,603	45,426,531
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	117,388,224	121,142,859
19	Revenue less expenses Subtract line 18 from line 12	294,400	-1,711,338

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	280,922,060	292,991,218
21	Total liabilities (Part X, line 26)	364,745,468	470,909,782
22	Net assets or fund balances Subtract line 21 from line 20	-83,823,408	-177,918,564

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 — 2013-05-07 Date

▶ EARL INOUYE VICE PRESIDENT
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 $ 66,257,175 including grants of $ 340,805) (Revenue $ 110,076,885)

SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 66,257,175

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	371		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	932			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

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

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DONNA MASUDA-KAM
55 MERCHANT STREET 24TH FLOOR
HONOLULU, HI 96813
(808) 535-7355

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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								11,712,013	752,496	2,967,438

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 ▶ 125

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 532880314	MEDICAL RECORD SYS	3,118,212
CORE SYSTEMS HAWAI'I 1000 BISHOP STREET SUITE 500 HONOLULU, HI 96813	COMPUTER EQUIP/SVCS	2,962,041
CENTURY COMPUTERS INC PO BOX 3347 HONOLULU, HI 96801	COMPUTER EQUIP/SVCS	1,457,898
XEROX CORPORATION PO BOX 7405 PASADENA, CA 911097405	XEROX COPIERS	1,365,089
EOH ENTERPRISES 960 MAPUNAPUNA STREET 3RD FLOOR HONOLULU, HI 96819	TELECOM EQUIP/SVCS	936,041

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 ▶ 40

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	574,085			
	e	Government grants (contributions)	1e	7,005,246			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	69,629			
	g	Noncash contributions included in lines 1a-1f $ 0					
	h	**Total.** Add lines 1a-1f		7,648,960			
Program Service Revenue			Business Code				
	2a	ADMIN/MGMT SVC TO TAX EXEMPT AFFILIATES	561000	108,504,970	108,484,361	20,609	0
	b	CLINICAL TRIALS	541710	751,625	751,625	0	0
	c	INDIRECT COSTS	900099	908,020	908,020		
	d	NET PATIENT REVENUES	624190	-56,076	-56,076		
	e	RESTRICTED CASH ADJUSTMENTS	900099	-11,045	-11,045	0	
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		110,097,494			
	3	Investment income (including dividends, interest and other similar amounts)		1,699,965			1,699,965
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	50,888				
	b	Less rental expenses	21,158				
	c	Rental income or (loss)	29,730				
	d	Net rental income or (loss)		29,730			29,730
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7,288,835	50			
	b	Less cost or other basis and sales expenses	7,333,513	0			
	c	Gain or (loss)	-44,678	50			
	d	Net gain or (loss)		-44,628			-44,628
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		119,431,521	110,076,885	20,609	1,685,067

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	340,805	340,805		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
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	10,063,380	7,044,366	3,019,014	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	161,444		161,444	
7	Other salaries and wages	51,255,745	23,453,371	26,525,770	1,276,604
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,707,451	2,358,212	2,248,767	100,472
9	Other employee benefits	5,378,349	4,307,790	866,453	204,106
10	Payroll taxes	3,809,154	2,183,525	1,539,807	85,822
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,925,409		1,925,409	
c	Accounting	118,694		118,694	
d	Lobbying	54,000		54,000	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	109,200		109,200	
g	Other	9,292,826	3,776,965	5,460,727	55,134
12	Advertising and promotion	2,721,427	2,225	2,719,202	
13	Office expenses	869,596	459,805	409,715	76
14	Information technology	8,387,638	3,528,844	4,858,794	
15	Royalties . .	0			
16	Occupancy	4,641,545	4,523,980	117,565	
17	Travel	643,178	255,743	387,389	46
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	439,317	149,749	289,568	
20	Interest	1,207,211	1,207,211		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,353,111	4,037,543	224,567	91,001
23	Insurance	-20,367	-113,144	92,777	
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	PROGRAM SERVICES EXPENDITURES	8,024,019	8,024,019		
b	OTHER PURCHASES	1,727,776	676,605	1,051,171	
c	OTHER EXPENSES	931,951	39,561	892,390	
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	121,142,859	66,257,175	53,072,423	1,813,261
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		74,831,221	2	68,190,788
	3	Pledges and grants receivable, net		1,271,216	3	1,216,156
	4	Accounts receivable, net		0	4	0
	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		0	8	0
	9	Prepaid expenses and deferred charges		2,048,787	9	2,389,251
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 92,263,178			
	b	Less accumulated depreciation	10b 58,417,757	28,341,089	10c	33,845,421
	11	Investments—publicly traded securities		60,317,612	11	63,832,906
	12	Investments—other securities See Part IV, line 11		44,264,000	12	48,964,751
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		69,848,135	15	74,551,945
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		280,922,060	16	292,991,218
Liabilities	17	Accounts payable and accrued expenses		21,621,270	17	20,959,736
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		237,983,376	20	237,887,115
	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		105,140,822	25	212,062,931
	26	**Total liabilities.** Add lines 17 through 25		364,745,468	26	470,909,782
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-89,938,411	27	-184,743,694
	28	Temporarily restricted net assets		3,766,668	28	4,458,890
	29	Permanently restricted net assets		2,348,335	29	2,366,240
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-83,823,408	33	-177,918,564
	34	Total liabilities and net assets/fund balances		280,922,060	34	292,991,218

Part XI Reconcilliation 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	119,431,521
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,142,859
3	Revenue less expenses Subtract line 2 from line 1	3	-1,711,338
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-83,823,408
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-92,383,818
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	-177,918,564

Part XII Financial Statements and Reporting

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129031033

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☑ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
(A) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	990177350	03	Yes		Yes		Yes		14,838,759
(B) PALI MOMI MEDICAL CENTER	990274038	03	Yes		Yes		Yes		12,330,405
(C) WILCOX MEMORIAL HOSPITAL	990074365	03	Yes		Yes		Yes		7,326,187
(D) STRAUB CLINIC & HOSPITAL	912151670	03	Yes		Yes		Yes		5,527,804
Total									40,023,155

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** ▶☐

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129031033

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
HAWAI'I PACIFIC HEALTH	99-0246363

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	54,000	78,692
c Total lobbying expenditures (add lines 1a and 1b)	54,000	78,692
d Other exempt purpose expenditures	121,059,284	1,044,126,462
e Total exempt purpose expenditures (add lines 1c and 1d)	121,113,284	1,044,205,154
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	53,805	54,000	54,000	54,000	215,805
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures				0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY	PART II-B, LINE 11	A REGISTERED LOBBYIST (LINDA CHU-TAKAYAMA) PROVIDES GENERAL ADVICE ON LEGISLATIVE ACTIVITIES INCLUDING INFORMATION AND INSIGHT ON LEGISLATIVE ACTIONS THAT MAY BE OF INTEREST TO Hawai'i PACIFIC HEALTH ("HPH") THE INDIVIDUAL ALSO PROVIDES GUIDANCE AND INSIGHT ON HOW TO NEGOTIATE THROUGH THE LEGISLATIVE PROCESS WHEN TRYING TO PASS LEGISLATION AS WELL AS INFORMATION AND INSIGHT ON THE GENERAL ACTIVITIES OF WHAT'S HAPPENING AT THE LEGISLATURE THE INDIVIDUAL DOES SPEAK TO LEGISLATORS, SOMETIMES ON BEHALF OF LEGISLATION OR ISSUES IN WHICH HPH HAS AN INTEREST THE INDIVIDUAL ALSO HAS AN INPUT ON HPH'S OVERALL LEGISLATIVE/COMMUNITY COMMUNICATION PLAN BUT DOES NOT SEND MAILINGS OUT TO LEGISLATORS OR THE PUBLIC ON HPH'S BEHALF

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129031033

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	16,383,544	17,644,417	18,984,408	22,012,121	
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,573,144	1,260,873	1,339,991	3,027,713	
f	Administrative expenses					
g	End of year balance	14,810,400	16,383,544	17,644,417	18,984,408	

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶ 0 %
- 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		12,453,290		12,453,290
b Buildings		1,285,053	975,612	309,441
c Leasehold improvements		9,057,742	8,256,693	801,049
d Equipment		58,090,037	48,788,212	9,301,825
e Other		11,377,056	397,240	10,979,816
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				33,845,421

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	22,269,261	F
(3) Other		
(A) HPH BOARD DESIGNATED	5,746,435	F
(B) UNRESTRICTED INVESTMENT	20,949,055	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	48,964,751	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	74,551,945

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DEFERRED CHARGES-APOLLO	158,970
PATIENT ACCOUNTS RECEIVABLE	187,667
OTHER LONG TERM LIABILITY	17,210,637
ACCRUED PENSION BENEFIT COST	194,426,000
KAPI'OLANI MEDICAL SPECIALISTS	43,432
KAUA'I MEDICAL CLINIC	36,225
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	212,062,931

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
LEASE & OTHER DEPOSITS	8,348
DEFERRED CHARGE-TK57	1,093,432
DEFERRED CHARGE-LEASE/DEPOSITS	55,661
DEFERRED BOND ISSUANCE COSTS	4,139,072
OTHER RECEIVABLES	1,158,306
DEFERRED CHARGES-CAPITAL ACCUM	186,101
DEFERRED CHARGES	567,166
SECURITY PLEDGE FOR CREDITORS	11,930,000
BENEFICIAL INTEREST-FDN ASSETS	50,958,839
OTHER ASSETS	3,304,834
KAPI'OLANI HEALTH FOUNDATION	519,457
KEAHONUIOKALANI	2,737
HICORD	18,404
KAPI'OLANI SERVICE CORPORATION	40,848
KAPI'OLANI MEDICAL SPECIALISTS	473,081
STRAUB FOUNDATION	3,368
PROVIDERS INSURANCE CORP	76,810
WILCOX HEALTH FOUNDATION	15,481

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129031033

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean			Investments		38,986,084
Europe (Including Iceland and Greenland)			Investments		31,400
3a Sub-total					39,017,484
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					39,017,484

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
FOREIGN INVESTMENTS	SCHEDULE F, PART IV	THE INVESTMENT COMMITTEE OF HAWAI'I PACIFIC HEALTH HAS CHOSEN TO DIVERSIFY ITS INVESTMENT PORTFOLIO, INCLUDING CERTAIN ALTERNATIVE INVESTMENTS THAT ARE ESTABLISHED AS PARTNERSHIPS THESE PARTNERSHIPS ARE NOT OPERATING ENTITIES HAWAI'I PACIFIC HEALTH'S DIRECT INVESTMENT IS MADE IN PARTNERSHIPS, AND THESE ENTITIES MAY MAKE UNDERLYING INVESTMENTS IN OTHER CERTAIN FOREIGN PARTNERSHIPS AND/OR CORPORATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129031033

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 15

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 2

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

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

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

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE UESE OF GRANTS	FORM 990, SCHEDULE I, PART I, LINE 2	THE HAWAI'I PACIFIC HEALTH ("HPH") DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO 501 (C)(3) AND 501(C)(6) ORGANIZATIONS ON AN ANNUAL BASIS NO FURTHER MONITORING IS NECESSARY AS DONATIONS ARE MADE ONLY TO 501(C)(3) AND 501(C)(6) ORGANIZATIONS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALOHA COUNCIL BOY SCOUTS OF AMERICA42 PUIWA ROAD HONOLULU,HI 96817	99-0073482	501(C)(3)	32,000				GENERAL SUPPORT
AMERICAN CANCER SOCIETY 2370 NUUANU AVENUE HONOLULU,HI 96817	99-0073489	501(C)(3)	15,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION677 ALA MOANA BLVD HONOLULU,HI 96813	99-0085260	501(C)(3)	25,000				GENERAL SUPPORT
AMERICAN RED CROSS4155 DIAMOND HEAD ROAD HONOLULU,HI 96816	53-0196605	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARTHRITIS FOUNDATION615 PIIKOI STREET HONOLULU,HI 96814	99-0268275	501(C)(3)	10,000				GENERAL SUPPORT
BOYS & GIRLS CLUB OF HAWAI'I1523 KALAKAUA AVE HONOLULU,HI 96826	99-6005407	501(C)(3)	5,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIRL SCOUTS OF HAWAI'I410 ATKINSON DR STE 261 HONOLULU,HI 96814	99-0073488	501(C)(3)	10,000				GENERAL SUPPORT
HAWAI'I AFFILIATE OF SUSAN G KOMEN 3555 HARDING AVE STE 2G HONOLULU,HI 96816	75-2844635	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAWAI'I INSTITUTE FOR PUBLIC AFFAIRS 1001 BISHOP ST ASB 1132 HONOLULU,HI 96813	22-3859306	501(C)(3)	50,000				GENERAL SUPPORT
HAWAI'I OPERA THEATRE848 S BERETANIA ST STE 301 HONOLULU,HI 96813	99-0197758	501(C)(3)	12,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH CARE ASSOCIATION OF HAWAI'I932 WARD AVE STE 430 HONOLULU,HI 96814	99-0105817	501(C)(6)	7,500				GENERAL SUPPORT
HONOLULU ACADEMY OF ARTS 900 S BERETANIA ST HONOLULU,HI 96814	99-0079713	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPICE HAWAI'I 860 IWILEI ROAD HONOLULU,HI 96817	99-0203930	501(C)(3)	6,000				GENERAL SUPPORT
MOVE O'AHU FORWARD900 FORT ST MALL HONOLULU,HI 96813	45-4679179	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
POSITIVE COACHING HAWAI'I1099 ALAKEA ST HONOLULU,HI 96813	91-2193841	501(C)(3)	10,000				GENERAL SUPPORT
THE CHAMBER OF COMMERCE OF HAWAI'I1132 BISHOP ST STE 402 HONOLULU,HI 96813	99-0035510	501(C)(6)	16,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF HAWAI'I1951 EAST WEST RD HONOLULU,HI 96822	99-6000354	501(C)(3)	10,000				GENERAL SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129031033

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) 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				
See Additional Data Table								

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
HEALTH AND SOCIAL CLUB DUES	SCHEDULE J, PART I, LINE 1A	HEALTH/SOCIAL CLUB DUES WERE PAID FOR VARIOUS OFFICERS OF THE ORGANIZATION PERSONAL SERVICES INCLUDED SECURITY (GAIL LERCH) AND CHILD CARE COVERAGE (RAYMOND VARA) ALL AMOUNTS HAVE BEEN INCLUDED IN THE INDIVIDUAL'S FORM W-2
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	THE RESTORATION PLAN WAS DESIGNED TO RESTORE BENEFITS THAT ARE LOST DUE TO LIMITS IMPOSED BY SECTIONS 401 AND 415 OF THE INTERNAL REVENUE CODE ON COMPENSATION CONSIDERED UNDER SUCH PLANS THE CAPITAL ACCUMULATION ACCOUNT (CAA) IS A SECTION 457(F) PROGRAM THAT WAS PREVIOUSLY AFFORDED TO EXECUTIVE OFFICERS OF THE ORGANIZATION TO PROVIDE BENEFITS ON A TAX DEFERRED BASIS AMOUNTS PAID DURING THE TAX YEAR BY THE ORGANIZATION MELINDA ASHTON $14,412 PATRICIA BOECKMANN $3,020 JENNIE CHAHANOVICH $14,061 WARREN CHAIKO $4,264 CHARLES CHING $41,641 KATHLEEN CLARK $3,186 ARTHUR GLADSTONE $16,048 EARL INOUYE $7,137 GAIL LERCH $36,407 SUSAN MASUMOTO-NONAKA $927 KENNETH T NAKAMURA $11,692 DAVID OKABE $51,432 VIRGINIA PRESSLER-FISHER $57,884 STEVEN ROBERTSON $40,015 KENNETH B ROBBINS $67,793 MARTHA SMITH $74,802 CHARLES A STED $277,790 RAYMOND VARA $85,005 GERI YOUNG $22,134 THE LONG TERM INCENTIVE PLAN IS AFFORDED TO EXECUTIVES ON ANNUAL AND LONG TERM SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS AMOUNTS PAID DURING THE YEAR BY THE ORGANIZATION CHARLES A STED $101,724 RAYMOND VARA $68,263 CHARLES CHING $28,149 VIRGINIA PRESSLER FISHER $29,317 GAIL LERCH $29,092 DAVID OKABE $37,333 KENNETH B ROBBINS $37,234 STEVEN ROBERTSON $30,422

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
KENN SARUWATARI MD	(I)	0	0	0	0	0	0	0
	(II)	225,268	23,032	3,100	31,800	16,498	299,698	0
DALE GLENN MD	(I)	0	0	0	0	0	0	0
	(II)	219,974	13,173	7,000	26,091	16,270	282,508	0
DENNIS SCHEPPERS MD	(I)	0	0	0	0	0	0	0
	(II)	199,725	43,224	0	15,677	16,259	274,885	0
KENNETH T NAKAMURA MD	(I)	143,129	34,345	26,850	27,235	14,490	246,049	11,692
	(II)	0	0	0	0	0	0	0
CHARLES A STED	(I)	761,348	364,623	429,439	580,822	16,821	2,153,053	379,514
	(II)	0	0	0	0	0	0	0
GERI YOUNG MD	(I)	331,536	27,160	59,081	46,471	16,795	481,043	22,134
	(II)	0	0	0	0	0	0	0
RAYMOND P VARA JR	(I)	609,758	255,393	191,195	249,130	25,042	1,330,518	153,268
	(II)	0	0	0	0	0	0	0
DAVID OKABE	(I)	424,596	138,755	61,168	133,328	7,517	765,364	88,765
	(II)	0	0	0	0	0	0	0
CHARLES R CHING	(I)	322,983	102,681	50,822	105,967	2,495	584,948	69,790
	(II)	0	0	0	0	0	0	0
GAIL LERCH	(I)	316,885	107,318	121,298	126,657	17,950	690,108	65,499
	(II)	0	0	0	0	0	0	0
VIRGINIA PRESSLER-FISHER MD	(I)	345,564	98,374	113,375	132,910	21,180	711,403	87,201
	(II)	0	0	0	0	0	0	0
KENNETH B ROBBINS MD	(I)	410,438	133,215	140,731	182,987	20,042	887,413	105,027
	(II)	0	0	0	0	0	0	0
STEVEN ROBERTSON	(I)	345,271	113,069	90,938	120,523	21,680	691,481	70,437
	(II)	0	0	0	0	0	0	0
MELINDA ASHTON MD	(I)	299,284	42,248	38,165	47,754	21,260	448,711	14,412
	(II)	0	0	0	0	0	0	0
JENNIE CHAHANOVICH	(I)	255,577	61,652	43,616	59,087	13,450	433,382	14,061
	(II)	0	0	0	0	0	0	0
WARREN CHAIKO	(I)	209,882	37,492	33,265	37,603	21,822	340,064	4,264
	(II)	0	0	0	0	0	0	0
ARTHUR GLADSTONE	(I)	287,513	53,986	41,374	56,820	19,920	459,613	16,048
	(II)	0	0	0	0	0	0	0
EARL INOUYE	(I)	230,688	35,169	34,963	56,567	21,371	378,758	7,137
	(II)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
SUSAN MASUMOTO-NONAKA	(I)	200,568	27,173	15,007	25,452	20,124	288,324	927
	(II)	0	0	0	0	0	0	0
ANN PETERS	(I)	168,717	27,117	20,750	24,396	20,384	261,364	0
	(II)	0	0	0	0	0	0	0
KEKA SANBORN	(I)	207,841	24,234	25,225	14,448	20,010	291,758	0
	(II)	0	0	0	0	0	0	0
MARTHA SMITH	(I)	325,160	63,418	109,728	97,808	18,510	614,624	74,802
	(II)	0	0	0	0	0	0	0
KATIE SHIGEMITSU	(I)	165,074	3,328	0	25,035	13,137	206,574	0
	(II)	0	0	0	0	0	0	3,186
COLBERT SETO	(I)	200,022	16,329	0	27,023	20,922	264,296	0
	(II)	0	0	0	0	0	0	379,514
PATRICIA ANN BOECKMANN	(I)	256,701	32,386	33,864	38,849	15,529	377,329	3,020
	(II)	0	0	0	0	0	0	153,268
HUGH N HAZENFIELD MD	(I)	251,071	36,010	0	36,273	12,914	336,268	0
	(II)	0	0	0	0	0	0	105,027
KATHLEEN A CLARK	(I)	206,981	38,769	27,544	36,312	6,409	316,015	3,186
	(II)	0	0	0	0	0	0	0
PAULA DIAS	(I)	192,551	33,478	21,667	29,284	13,924	290,904	0
	(II)	0	0	0	0	0	0	0
MAUREEN FLANNERY	(I)	180,005	37,689	18,728	22,768	20,682	279,872	0
	(II)	0	0	0	0	0	0	0
TERRY LONG	(I)	144,440	0	0	2,528	0	146,968	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129031033

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	STATE OF HAWAI'I DEPARTMENT OF BUDGET & FINANCE	99-0266961	419771AA8	01-14-2004	29,447,000	SERIES 2004-A, SEE SCHEDULE O		X		X		X
B	STATE OF HAWAI'I DEPARTMENT OF BUDGET & FINANCE	99-0266961	419771AC4	01-14-2004	50,000,000	SERIES 2004-B, SEE SCHEDULE O		X		X		X
C	STATE OF HAWAI'I DEPARTMENT OF BUDGET & FINANCE	99-0266961	419771AN0	06-10-2010	99,307,516	SERIES 2010-A, SEE SCHEDULE O		X		X		X
D	STATE OF HAWAI'I DEPARTMENT OF BUDGET & FINANCE	99-0266961	419771AX8	07-21-2010	60,400,728	SERIES 2010-B, SEE SCHEDULE O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds defeased	0	0	0	0
3	Total proceeds of issue	29,447,000	50,409,236	99,307,516	60,400,751
4	Gross proceeds in reserve funds	4,109,051	5,545,181	14,245,606	7,079,594
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	439,819	503,963	794,170	911,278
8	Credit enhancement from proceeds	0	3,117,797	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	25,932,376	41,948,240	0	11,691,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	23,309,024
13	Year of substantial completion	2005	2005		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			X

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	4 570 %		3 340 %		3 830 %		2 380 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	4 570 %		3 340 %		3 830 %		2 380 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X			X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X			X		X
b	Name of provider	0		GOLDMAN SACHS		0			
c	Term of hedge				29 6				
d	Was the hedge superintegrated?				X				
e	Was a hedge terminated?				X				
4a	Were gross proceeds invested in a GIC?	X		X			X		X
b	Name of provider	TRINITY		TRINITY		0		0	
c	Term of GIC		29 5		29 5				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X					
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129031033

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FIRST HAWAIIAN BANK	DIR OF HPH & FHB-KURREN	679,264	FEES & INTEREST PAID TO FHB		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493129031033

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
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	HAWAI'I PACIFIC HEALTH IS A NONPROFIT HEALTH CARE SYSTEM THAT IS COMMITTED TO PROVIDING THE HIGHEST QUALITY AND MOST ACCESSIBLE MEDICAL CARE AND SERVICES TO THE PEOPLE OF HAWAI'I AND THE PACIFIC REGION

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENT OF WOMEN'S SERVICES- OBSTETRICS/GYNECOLOGY IN FI SCAL YEAR 2012, HAWAI'I PACIFIC HEALTH SPENT $40,000,021 IN DIRECT EXPENSES FOR WOMEN'S OB /GYN SERVICES, AS PART OF OUR MISSION TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEI R ABILITY TO PAY KAPI'OLANI MEDICAL CENTER IS THE ONLY HOSPITAL IN HAWAI'I SPECIALIZING I N MATERNITY CARE STRAUB PROVIDES MAMMOGRAPHY SERVICES AT ITS HOSPITAL AND FAMILY HEALTH C ENTERS PALI MOMI HAS GYNECOLOGY SERVICES PRIMARILY FOR THE WEST O'AHU AND NORTH SHORE COM MUNITIES THE WOMEN'S CENTER AT WILCOX PROVIDES DIAGNOSIS, TREATMENT, AND PREVENTIVE HEALT H SERVICES TO KAUA'I DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENT OF OUTPATIENT OPERATING RO OMS IN FISCAL YEAR 2012, HAWAI'I PACIFIC HEALTH SPENT $36,922,852 IN DIRECT EXPENSES FOR OUTPATIENT OPERATING ROOMS AND SURGICAL PROCEDURES, AS PART OF OUR MISSION TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY KAPI'OLANI HAS HAWAI'I'S FIRST FULL Y INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITES AND PERFORMED 5,701 PEDIATRIC AND WOMEN'S OUTPATIENT SURGERIES STRAUB HAS INTEGRATED OUTPATIENT SURGERY AND PERFORMED 2,771 OUTPAT IENT SURGERIES PALI MOMI HAS A FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE AND PE RFORMED 5,905 OUTPATIENT SURGERIES WILCOX HAS A STATE-OF-THE-ART SURGICAL CENTER AND PERF ORMED 4,878 OUTPATIENT SURGERIES DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENT OF OUTPATIENT EMERGENCY ROOMS IN FISCAL YEAR 2012, HPH HOSPITALS SAW 139,240 E R PATIENTS AND SPENT $3 4,897,660 IN DIRECT EXPENSES FOR OUTPATIENT E R SERVICES, AS PART OF OUR MISSION TO PROVI DE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY THE KAPI'OLANI E R RECEIVED 37,435 PATIENTS, THE STRAUB E R RECEIVED 26,121 PATIENTS, THE PALI MOMI E R RECEIVED 52 ,027 PATIENTS, AND THE WILCOX E R RECEIVED 23,657 PATIENTS OTHER PROGRAM SERVICES HAWAI 'I RESIDENTS AND VISITORS RELY ON HPH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES IT IS THE STATE'S LARGEST HEALTH CARE PROVIDER WITH FOUR HOSPITALS , 49 CLINICS AND SERVICE SITES, 1,597 AFFILIATED PHY SICIANS AND 6,045 FULL- AND PART-TIME EMPLOYEES, AS WELL AS HUNDREDS OF VOLUNTEERS FROM THE COMMUNITY IN FISCAL YEAR 2012, THE HOSPITALS ADMITTED 34,632 PATIENTS FOR A TOTAL OF 169,694 PATIENT DAYS IN ADDITION, KAUA' I MEDICAL CLINIC HAD 222,064 PATIENT VISITS AND 309,499 PATIENT ENCOUNTERS, AND KAPI`OLANI MEDICAL SPECIALISTS HAD 318,535 PATIENT VISITS AFFILIATES AND SUBSIDIARIES KAPI'OLANI M EDICAL SPECIALISTS IS A SPECIALTY PHY SICIANS GROUP LOCATED WITHIN KAPI'OLANI MEDICAL CENTE R THE FOUNDATIONS OF HAWAI'I PACIFIC HEALTH CONSIST OF KAPI'OLANI HEALTH FOUNDATION, PALI MOMI HEALTH FOUNDATION, STRAUB FOUNDATION AND WILCOX HEALTH FOUNDATION THESE CHARITABLE ENTITIES SUPPORT HEALTH RESEARCH, FACILITY ENHANCEMENTS, TECHNOLOGY INVESTMENTS, EDUCATION AL PROGRAMS AND OTHER RESOURCES FOR THEIR RESPECTIVE HOSPITALS HAWAI'I PACIFIC HEALTH PAR TNERS, INC IS A FOR-PROFIT SUBSIDIARY THAT SERVES AS THE JOINT VENTURE PARTNER WHEN HPH W ORKS WITH OTHER PROVIDERS PROVIDERS INSURANCE CORPORATION IS A CAPTIVE INSURANCE COMPANY THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE TO HPH-AFFILIATED EMPLOY ED PHY SICIANS PATI ENT CARE HAWAI'I PACIFIC HEALTH HAS STRATEGIC INITIATIVES IN WOMEN'S HEALTH, PEDIATRIC CAR E, CARDIOVASCULAR SERVICES, BONE & JOINT SERVICES, AND CANCER CARE IT RANKS AMONG THE TOP HOSPITALS NATIONWIDE IN THE ADOPTION OF ELECTRONIC MEDICAL RECORDS, WHICH ENABLE COORDINA TED CARE THROUGHOUT THE STATE HPH OFFERS THE PACIFIC REGION'S ONLY FULL-SERVICE CHILDREN' S HOSPITAL, ONLY DEDICATED BURN UNIT, AND ONLY BREAST AND WOMEN'S CANCER CENTERS, A STATE- OF-THE-ART IMAGING CENTER ON KAUA'I, WEST O'AHU'S ONLY CARDIAC CATHETERIZATION LAB, PIONEE RING BONE & JOINT CENTERS, A SLEEP DISORDERS CENTER, THE STATE'S FIRST WOMEN'S CENTER, AND OTHER SPECIALIZED SERVICES CONSIDERED CRITICAL TO THE REMOTE HAWAIIAN ARCHIPELAGO COMMUN ITY ROLE/ACTIVITY AS THE STATE'S LARGEST HEALTH CARE PROVIDER, HAWAI'I PACIFIC HEALTH HAS A RESPONSIBILITY TO IMPROVE THE HEALTH OF THE COMMUNITY EACH YEAR, IT SPONSORS MANY HEALT H, EDUCATION, TEACHING, RESEARCH AND OTHER INITIATIVES IN FISCAL YEAR 2012, HPH SPENT $8 8 MILLION ON COMMUNITY BENEFIT PROGRAMS, INCLUDING THE KAPIOLANI SEX ABUSE TREATMENT CENTE R, KAPI'OLANI CHILD PROTECTION CENTER, BREAST AND CERVICAL CANCER SCREENINGS FOR UNINSURED WOMEN, HEART DISEASE PREVENTION, INFANT HEALTH, REHABILITATION SERVICES, CANCER SUPPORT G ROUPS, BLOOD PRESSURE SCREENING AND GLUCOSE MONITORING, HEMOPHILIA CARE, AND MANY OTHER ED UCATION AND SCREENINGS FOR THE PUBLIC HPH'S PUBLIC HEALTH EDUCATION PROGRAMS HAVE TAUGHT THOUSANDS OF PEOPLE HOW TO PREVENT A HEART ATTACK, CANCER, ARTHRITIS, ASTHMA, ALLERGIES, S TRESS, OBESITY, OSTEOPOROSIS AND DRUG ABUSE EVENTS INCLUDE KIDS FEST, LIVING HEALTHY IN P ARADISE, WOMEN'S WAY TO HEALTH, CANCER CARE, BREATHE WITH EASE, VALENTINE IN PARADISE AND GETTING A GRIP ON ARTHRITIS IN FISCAL YEAR 2012,

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	HPH SPONSORED OR SUPPORTED HEALTH EVENTS, INCLUDING THE WOMEN'S 10K RACE, GREAT ALOHA RUN, HEARTWALK, RACE FOR THE CURE, RELAY FOR LIFE, ARTHRITIS WALK, KOMEN RACE FOR THE CURE, AN D MORE. HPH PARTICIPATED IN SYMPOSIUM AND MEETINGS FOR HEALTH CARE PROFESSIONALS, HIRED CO LLEGE STUDENTS AS SUMMER INTERNS, AND SPONSORED WORKSHOPS FOR VOLUNTEERS TO TRAIN FUTURE DOCTORS, HPH HAS ALLIANCES WITH THE UNIVERSITY OF HAWAI'I JOHN A BURNS SCHOOL OF MEDICINE AND HAWAI'I PACIFIC UNIVERSITY AS A PEDIATRIC AND OB/GYN TRAINING FACILITY FOR UH, HPH I NVESTS MORE THAN $5,000,000 EACH YEAR INTO TEACHING AND RESEARCH KAPI'OLANI MEDICAL CENTE R IS ACTIVELY INVOLVED IN CLINICAL TRIALS AND RESEARCH IN PEDIATRICS, ONCOLOGY, OPHTHALMOL OGY AND CARDIOLOGY PUBLIC POLICY HAWAI'I PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THO UGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION HP H LEADERS ARE ADVOCATES FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS TO RETAIN PHYSI CIANS IN THE STATE AND PROVIDE STABILITY FOR HEALTH CARE PROVIDERS DURING THE MOST RECENT STATE SESSION, HPH SUPPORTED LEGISLATION TO DETER ASSAULTS AGAINST MEDICAL SERVICE WORKER S FOR A SAFER HOSPITAL ENVIRONMENT, ESTABLISH A SPECIAL FUND FOR QUEST MEDICAID PROVIDERS, SIMPLIFY THE SHARING OF SECURE INFORMATION TO IMPROVE PATIENT CARE AND SAFETY, AND ESTABL ISH A PERMANENT FUNDING SOURCE FOR THE HAWAI'I STATE CENTER FOR NURSING OTHER HAWAI'I PAC IFIC HEALTH HOSPITALS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS A SAFETY NET PROVIDER OF HEALTH CARE FOR THE COMMUNITY AN ESTABLISHED CHARITY CARE PO LICY SETS GUIDELINES ON WHICH PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. HPH CONTRIBUTE S MORE THAN $1 BILLION DOLLARS TO THE STATE ECONOMY EACH YEAR, SUPPORTING ITS EMPLOYEES, T HEIR FAMILIES, AND MANY BUSINESSES THROUGH PURCHASES MADE BY ITS HOSPITALS AND CLINICS

Identifier	Return Reference	Explanation
REVIEW OF THE 990S BY THE GOVERNING BODY	FORM 990, PART VI, LINE 11B	VARIOUS SCHEDULES OF THE 990S ARE PREPARED PRIMARILY BY STAFF WITHIN THE ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL, ETC DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED INTERNALLY BASED ON INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING OFFICER / EXECUTIVE DIRECTOR OF THE REPORTING ENTITY THE CHIEF OPERATING OFFICER / EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS AND APPROVES THE DISCLOSURE NARRATIVES WHICH DESCRIBES THE MISSION/PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION SENIOR MANAGEMENT OF THE HEALTH CARE SYSTEM REVIEWS THE 990S OF EACH FILING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE 990S ARE THEN PROVIDED TO THE GOVERNANCE AND NOMINATING COMMITTEE OF THE HEALTH CARE SYSTEM'S BOARD OF DIRECTORS FOR THEIR REVIEW THE GOVERNANCE AND NOMINATING COMMITTEE OF THE PARENT ENTITY'S (HAWAI'I PACIFIC HEALTH "HPH") BOARD PROVIDES OVERSIGHT FOR THE 990 REPORTING AND REVIEWS THE 990S FOR EACH ENTITY PRIOR TO FILING IN ADDITION, THE 990S FOR EACH ENTITY ARE MADE AVAILABLE TO THE BOARD MEMBERS OF EACH SUBSIDIARY UNIT OF HPH AND THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER PORTAL FOR REVIEW PRIOR TO THE FILING OF THE 990 THE 990S WILL BE POSTED TO HPH'S WEB SITE FOR PUBLIC ACCESS AFTER THE FILING OF THE RETURNS WITH THE IRS

Identifier	Return Reference	Explanation
MONITORING & ENFORCING OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	ANNUALLY, EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON 1) RECEIVED A COPY OF THE CONFLICT OF INTEREST (''COI'') POLICY 2) HAS READ AND UNDERSTANDS THE POLICY 3) AGREES TO COMPLY WITH THE POLICY AND 4) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THE IN-HOUSE LEGAL DEPARTMENT DISTRIBUTES THE STATEMENT REQUEST AND REVIEWS THE COI STATEMENTS RETURNED IDENTIFIED CONFLICTS OF INTEREST ARE PRESENTED TO THE BOARD FOR REVIEW, DELIBERATION AND CONFIRMATION/REFUTATION THAT A CONFLICT OF INTEREST EXISTS IF A CONFLICT OF INTEREST HAS BEEN FOUND, THE INDIVIDUAL MAY ADDRESS THE BOARD AND EXPLAIN THE TRANSACTION OR ARRANGEMENT CAUSING THE CONFLICT AFTER THE PRESENTATION, THE INDIVIDUAL IS EXCUSED FROM THE MEETING AND SHALL NOT PARTICIPATE WITH ANY DISCUSSION OR VOTE ON MATTERS PERTAINING TO THE TRANSACTION OR ARRANGEMENT IN MEETINGS WHERE APPLICATION OF THE COI POLICY OCCURS, THE MEETING MINUTES INCLUDE NATURE OF THE FINANCIAL INTEREST/CONFLICT, NAME(S) OF THE PERSON(S) WITH THE POTENTIAL OR ACTUAL CONFLICT, ANY ACTION TAKEN TO ASSIST IN THE DETERMINATION OF WHETHER A CONFLICT EXISTED, INCLUDING ANY DISCUSSION OF ALTERNATIVE ARRANGEMENTS, THE BOARD'S DECISION(S) REGARDING THE CONFLICT AND NAMES OF PERSON PRESENT IN THE DISCUSSION AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED AND YEAR PROCESS WAS LAST	COMPLETED	FORM 990, PART VI, LINES 15A & 15B COMPENSATION FOR HAWAI'I PACIFIC HEALTH ("HPH") EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE HPH COMPENSATION COMMITTEE, WHICH IS COMPOSED SOLELY OF INDEPENDENT COMMUNITY-BASED MEMBERS OF THE HPH BOARD OF DIRECTORS ON AN ANNUAL BASIS, THE HAWAI'I PACIFIC HEALTH ('HPH") BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVES' COMPENSATION AND BENEFITS THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS THE COMPENSATION COMMITTEE MAKES FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT, AND SUCH DECISIONS ARE DOCUMENTED IN THE COMPENSATION COMMITTEE MEETING MINUTES COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED ORGANIZATION PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS THIS PROCESS WAS MOST RECENTLY COMPLETED ON MARCH 1, 2011 TO REVIEW PHYSICIAN COMPENSATION AND ON JULY 12, 2011 AND AUGUST 9, 2011 TO REVIEW EXECUTIVE COMPENSATION

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FINANCIAL STMTS	FORM 990, PART VI, LINE 19	AT THIS TIME, THE HAWAI'I PACIFIC HEALTH ARTICLES OF INCORPORATION, BYLAWS, CHARTERS OF STANDING BOARD COMMITTEES, CONFLICT OF INTEREST POLICY, STANDARDS OF CONDUCT AND THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC VIA THE HAWAI'I PACIFIC HEALTH WEBSITE.

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	INDIVIDUALS LISTED ON PART VII ALSO DEVOTE TIME TO THE RELATED ORGANIZATIONS AS LISTED BELOW KAPI'OLANI HEALTH FOUNDATION CHARLES A STED 2 CHARLES R CHING 0 1 DAVID OKABE 1 EARL INOUYE 0 2 JESSICA LEWIS 0 1 VIRGINIA PRESSLER-FISHER, M D 1 WILCOX HEALTH FOUNDATION CHARLES A STED 1 CHARLES R CHING 0 1 DAVID OKABE 0 1 EARL INOUYE 0 1 JESSICA LEWIS 0 2 KATHLEEN A CLARK 1 VIRGINIA PRESSLER-FISHER, M D 1 STRAUB FOUNDATION CHARLES A STED 1 CHARLES R CHING 0 1 DAVID OKABE 0 1 EARL INOUYE 0 1 JESSICA LEWIS 0 1 KENNETH B ROBBINS, M D 0 1 RAYMOND P VARA JR 0 1 VIRGINIA PRESSLER-FISHER, M D 1 KAUA'I MEDICAL CLINIC ANN PETERS 1 ARTHUR GLADSTONE 0 2 CHARLES A STED 2 CHARLES R CHING 4 DAVID FOX 4 8 DAVID OKABE 1 EARL INOUYE 1 JESSICA LEWIS 2 4 KENNETH B ROBBINS, M D 10 MELINDA ASHTON, M D 1 RAYMOND P VARA JR 5 STEVEN ROBERTSON 1 SUSAN MASUMOTO-NONAKA 1 VIRGINIA PRESSLER-FISHER, M D 0 2 WARREN CHAIKO 1 KAPI'OLANI MEDICAL SPECIALISTS CHARLES A STED 2 CHARLES R CHING 3 DAVID FOX 0 4 DAVID OKABE 1 EARL INOUYE 1 JESSICA LEWIS 1 3 KATIE SHIGEMITSU 0 8 KEKA SANBORN 0 2 KENNETH B ROBBINS, M D 0 2 KENNETH T NAKAMURA, M D 40 MARTHA SMITH 5 MELINDA ASHTON, M D 1 STEVEN ROBERTSON 1 SUSAN MASUMOTO-NONAKA 0 2 VIRGINIA PRESSLER-FISHER, M D 0 2 WARREN CHAIKO 1 PROVIDERS INSURANCE CORPORATION CHARLES A STED 1 CHARLES R CHING 2 DAVID OKABE 1 EARL INOUYE 0 5 JESSICA LEWIS 0 1 MELINDA ASHTON, M D 0 1 RAYMOND P VARA JR 2 PALI MOMI FOUNDATION CHARLES A STED 1 CHARLES R CHING 0 1 DAVID OKABE 0 1 EARL INOUYE 0 1 JESSICA LEWIS 0 1 VIRGINIA PRESSLER-FISHER, M D 0 1 HAWAI'I PACIFIC HEALTH GROUP RETURN ANN PETERS 4 ARTHUR GLADSTONE 50 CHARLES A STED 10 CHARLES R CHING 13 DAVID FOX 30 8 DAVID OKABE 16 EARL INOUYE 10 GAIL LERCH 19 JAMES KAKUDA, M D 1 2 JENNIE CHAHANOVICH 55 JESSICA LEWIS 36 3 KATHLEEN A CLARK 59 KATIE SHIGEMITSU 36 8 KEKA SANBORN 8 KENN SARUWATARI, M D 40 KENNETH B ROBBINS, M D 40 LYNN MCCRORY 0 2 MARTHA SMITH 55 MAUREEN FLANNERY 50 MELINDA ASHTON, M D 7 PATRICIA BOECKMANN, R N 50 PAULA DIAS 34 RAYMOND P VARA JR 39 STEVEN ROBERTSON 43 SUSAN MASUMOTO-NONAKA 39 VIRGINIA PRESSLER-FISHER, M D 6 WARREN CHAIKO 35

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	$ 39,288,807 - OBLIGATED GROUP INTERCOMPANY $(102,516,019) - PENSION AND POST RETIREMENT ADJUSTMENTS $(2,835,843) - CHANGE IN INTEREST IN KHK AND WHF $(6,466,798) - CHANGE IN SWAP $(73,412) - CHANGE IN UREALIZED INVESTMENTS $(19,574,013) - EQUITY TRANSFER WITH HPH $(848,299) - OTHER CHANGES IN TR $ 643,822 - GAIN ON ALTERNATIVE INVESTMENTS $(2,063) - TRANSFERS ---------- $(92,383,818) - TOTAL

Identifier	Return Reference	Explanation
DESCRIPTION OF PURPOSE OF TAX EXEMPT BONDS	SCHEDULE K, PART I, COLUMN F	LINE A REIMBURSEMENT FOR PURCHASE OF STRAUB CLINIC & HOSPITAL BUILDING LINE B TO FINANCE THE CONSTRUCTION, RENOVATION, EXPANSION AND EQUIPPING OF CERTAIN PORTIONS OF THE HEALTH CARE FACILITIES OF HAWAI'I PACIFIC HEALTH AND ITS AFFILIATES LINE C TO REFUND SERIES 2009A BONDS ISSUED ON 04/02/2009 LINE D 2010B - NEW AND REFUNDED MONEY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129031033

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ASC PACIFIC VENTURES LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 27-0540034	INVESTMENT	AL	NA									
(2) INVISION LLC 1010 SOUTH KING STREET HONOLULU, HI 96813 20-0856515	MRI CENTER	HI	NA									
(3) MAUI CANCER CENTER PETCT LLC 227 MAHALANI ST STE 107 WAILUKU, HI 96793 26-0163883	INACTIVE	HI	NA									
(4) MAUI CANCER CTR PROPERTY CO LLC 227 MAHALANI ST STE 107 WAILUKU, HI 96793 26-0146602	INACTIVE	HI	NA									

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) HAWAI'I PACIFIC HEALTH PARTNERS INC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0318588	HOLDING COMPANY	HI	NA	C CORP	12,394,008	30,291,705	100 000 %
(2) STRAUB PHARMACY INC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0145107	INACTIVE	HI	SCH	C CORP	0	0	0 %
(3) HICORD Inc 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0251496	INVESTMENT	HI	HPHPI	C-CORP	0	0	0 %

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h	Yes	
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(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) Disproprtionate 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	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
RELATED ORG TAXABLE AS PARTNERSHIP	SCHEDULE R, PART III	1 ASC PACIFIC VENTURES, LLC EIN 27-0540034 ADDRESS 3000 RIVERCHASE GALLERIA, STE 500 BIRMINGHAM, AL 35244 2 INVISION, LLC EIN 20-8565615 ADDRESS 1010 SOUTH KING STREET HONOLULU, HI 96813 3 MAUI CANCER CENTER PET/CT, LLC EIN 26-0163883 ADDRESS 227 MAHALANI ST , STE 107 WAILUKU, HI 96793 4 MAUI CANCER CENTER PROPERTY COMPANY, LLC EIN 26-0146602 ADDRESS 227 MAHALANI ST , STE 107 WAILUKU, HI 96793

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
KAPI'OLANI MEDICAL CENTER WOMEN CHILDREN 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0177350	HOSPITAL	HI	501(C)(3)	3	NA	Yes	
STRAUB CLINIC & HOSPITAL 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 91-2151670	HOSPITAL	HI	501(C)(3)	3	NA	Yes	
PALI MOMI FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 38-3840327	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
STRAUB FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0109350	RESEARCH/EDU	HI	501(C)(3)	7	NA	Yes	
PROVIDERS INSURANCE CORPORATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 71-0893000	NFP INSURANCE	HI	501(C)(3)	11B-TYPE II	NA	Yes	
KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
KAPI'OLANI MEDICAL SPECIALISTS 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501(C)(3)	9	NA	Yes	
PALI MOMI MEDICAL CENTER 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0274038	HOSPITAL	HI	501(C)(3)	3	NA	Yes	
WILCOX MEMORIAL HOSPITAL 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0074365	HOSPITAL	HI	501(C)(3)	3	NA	Yes	
WILCOX HEALTH FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0204242	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
KAUA'I MEDICAL CLINIC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501(C)(3)	3	NA	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	O	55,987,596	FMV
(2)	KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	Q	89,360,603	FMV
(3)	KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	N	11,237,023	FMV
(4)	KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	I	96,208	FMV
(5)	KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	R	169,798,522	FMV
(6)	KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	P	1,607,154	FMV
(7)	KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	B	114,514	FMV
(8)	PROVIDER'S INSURANCE CORP	O	72,288	FMV
(9)	PROVIDER'S INSURANCE CORP	N	269,123	FMV
(10)	PROVIDER'S INSURANCE CORP	C	449,195	FMV
(11)	KAPI'OLANI HEALTH FOUNDATION	B	873,091	FMV
(12)	KAPI'OLANI HEALTH FOUNDATION	R	51,091	FMV
(13)	KAPI'OLANI HEALTH FOUNDATION	P	115,376	FMV
(14)	KAPI'OLANI HEALTH FOUNDATION	O	417,943	FMV
(15)	KAPI'OLANI HEALTH FOUNDATION	I	84,836	FMV
(16)	KAPI'OLANI HEALTH FOUNDATION	C	574,554	FMV
(17)	KAPI'OLANI HEALTH FOUNDATION	N	1,141,514	FMV
(18)	KAPI'OLANI MEDICAL SPECIALISTS	B	5,200,000	FMV
(19)	KAPI'OLANI MEDICAL SPECIALISTS	R	743,289	FMV
(20)	KAPI'OLANI MEDICAL SPECIALISTS	P	624,583	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	KAPI'OLANI MEDICAL SPECIALISTS	N	1,573,693	FMV
(22)	KAPI'OLANI MEDICAL SPECIALISTS	O	5,258,971	FMV
(23)	PALI MOMI MEDICAL CENTER	B	53,277	FMV
(24)	PALI MOMI MEDICAL CENTER	P	120,477,579	FMV
(25)	PALI MOMI MEDICAL CENTER	R	5,225,516	FMV
(26)	PALI MOMI MEDICAL CENTER	N	7,784,842	FMV
(27)	PALI MOMI MEDICAL CENTER	O	44,937,433	FMV
(28)	PALI MOMI MEDICAL CENTER	Q	60,703,692	FMV
(29)	STRAUB CLINIC & HOSPITAL	B	133,011	FMV
(30)	STRAUB CLINIC & HOSPITAL	J	1,306,932	FMV
(31)	STRAUB CLINIC & HOSPITAL	P	1,033,815	FMV
(32)	STRAUB CLINIC & HOSPITAL	R	69,081,191	FMV
(33)	STRAUB CLINIC & HOSPITAL	H	612,861	FMV
(34)	STRAUB CLINIC & HOSPITAL	N	17,769,600	FMV
(35)	STRAUB CLINIC & HOSPITAL	Q	220,816	FMV
(36)	STRAUB CLINIC & HOSPITAL	O	47,423,867	FMV
(37)	STRAUB FOUNDATION	B	232,000	FMV
(38)	WILCOX MEMORIAL HOSPITAL	B	1,757,579	FMV
(39)	WILCOX MEMORIAL HOSPITAL	R	27,132,738	FMV
(40)	WILCOX MEMORIAL HOSPITAL	N	5,290,088	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41)	WILCOX MEMORIAL HOSPITAL	P	271,918	FMV
(42)	WILCOX MEMORIAL HOSPITAL	H	655,940	FMV
(43)	WILCOX MEMORIAL HOSPITAL	Q	79,978	FMV
(44)	WILCOX MEMORIAL HOSPITAL	O	15,935,232	FMV
(45)	WILCOX HEALTH FOUNDATION	B	168,945	FMV
(46)	WILCOX HEALTH FOUNDATION	N	196,291	FMV
(47)	KAUA'I MEDICAL CLINIC	B	5,650,910	FMV
(48)	KAUA'I MEDICAL CLINIC	P	218,890	FMV
(49)	KAUA'I MEDICAL CLINIC	R	3,111,118	FMV
(50)	KAUA'I MEDICAL CLINIC	H	321,436	FMV
(51)	KAUA'I MEDICAL CLINIC	N	4,003,635	FMV
(52)	KAUA'I MEDICAL CLINIC	O	5,076,661	FMV
(53)	HAWAI'I PACIFIC HEALTH PARTNERS	N	299,517	FMV
(54)	HAWAI'I PACIFIC HEALTH PARTNERS	O	81,344	FMV

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

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			
KAREN CHANG Board of Director, Chair	5	X		X				0	0	0
KENN SARUWATARI MD Board of Director, Vice Chair	4	X		X				0	251,400	48,298
CLINTON R CHURCHILL Board of Director	4	X						0	0	0
LAURIE FOSTER Board of Director	4	X						0	0	0
JAMES KAKUDA MD Board of Director	4	X						0	18,000	0
ANDREW KAWANO Board of Director	6	X						0	0	0
FAYE KURREN Board of Director	3	X						0	0	0
LYNN MCCRORY Board of Director	6	X						0	0	0
LYLE TABATA Board of Director	6	X						0	0	0
HOWARD TODO Board of Director	6	X						0	0	0
MELVIN VENTURA Board of Director	4	X						0	0	0
MARK WONG Board of Director	3	X						0	0	0
DALE GLENN MD Board of Director	4	X						0	240,147	42,361
DENNIS SCHEPPERS MD Board of Director	4	X						0	242,949	31,936
KENNETH T NAKAMURA MD Board of Director	1 0	X						204,324	0	41,725
CHARLES A STED Board of Director, CEO	40 0	X		X				1,555,410	0	597,643
GERI YOUNG MD Board of Director	4	X						417,777	0	63,266
RAYMOND P VARA JR President	15 0			X				1,056,346	0	274,172
DAVID OKABE EVP, CFO & Treasurer	35 0			X				624,519	0	140,845
CHARLES R CHING EVP, General Counsel & Secreta	30 0			X				476,486	0	108,462
GAIL LERCH EVP	40 0			X				545,501	0	144,607
VIRGINIA PRESSLER-FISHER MD EVP	45 0			X				557,313	0	154,090
KENNETH B ROBBINS MD EVP & CMO	10 0			X				684,384	0	203,029
STEVEN ROBERTSON EVP & CIO	15 0			X				549,278	0	142,203
MELINDA ASHTON MD VP	40 0			X				379,697	0	69,014

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			
JENNIE CHAHANOVICH VP	1			X				360,845	0	72,537
WARREN CHAIKO VP	15 0			X				280,639	0	59,425
ARTHUR GLADSTONE VP & CNE	5 0			X				382,873	0	76,740
EARL INOUYE VP & System Controller	30 0			X				300,820	0	77,938
SUSAN MASUMOTO-NONAKA VP	20 0			X				242,748	0	45,576
ANN PETERS VP	45 0			X				216,584	0	44,780
KEKA SANBORN VP	50 0			X				257,300	0	34,458
MARTHA SMITH VP	1			X				498,306	0	116,318
DAVID FOX Privacy & Information Security	2 4			X				112,370	0	34,869
JESSICA LEWIS Assistant Corporate Secretary	6			X				111,856	0	21,557
KATIE SHIGEMITSU Compliance Officer	1			X				168,402	0	38,172
COLBERT SETO Director	40 0				X			216,351	0	47,945
PATRICIA ANN BOECKMANN CNE & VP	1 0					X		322,951	0	54,378
HUGH N HAZENFIELD MD CMO	1					X		287,081	0	49,187
KATHLEEN A CLARK CEO OF WMH	1					X		273,294	0	42,721
PAULA DIAS VP	20 0					X		247,696	0	43,208
MAUREEN FLANNERY VP	1					X		236,422	0	43,450
TERRY LONG FORMER OFFICER	36 3						X	144,440	0	2,528

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	990177350	03	Yes		Yes		Yes		14838759
(B) PALI MOMI MEDICAL CENTER	990274038	03	Yes		Yes		Yes		12330405
(C) WILCOX MEMORIAL HOSPITAL	990074365	03	Yes		Yes		Yes		7326187
(D) STRAUB CLINIC & HOSPITAL	912151670	03	Yes		Yes		Yes		5527804