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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

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

C Name of organization
HALE MAKUA HEALTH SERVICES

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
472 KAULANA STREET

City, town, or post office, state, and ZIP code
KAHULUI, HI 96732-2099

F Name and address of principal officer: ANTHONY J. KRIEG
SAME AS C ABOVE

D Employer identification number
99-0080460

E Telephone number
(808) 877-2761

G Gross receipts $ 33,170,712.

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.HALEMAKUA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1954 M State of legal domicile: HI

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HALE MAKUA HEALTH SERVICES STRIVES TO BE A LEADER IN PERSONALIZED HEALTHCARE BY INSPIRING		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	506
6	Total number of volunteers (estimate if necessary)	6	171
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	308,106.	837,989.
9	Program service revenue (Part VIII, line 2g)	32,704,488.	32,113,661.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-15,002.	-13,507.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	179,704.	149,078.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,177,296.	33,087,221.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
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)	26,526,502.	26,105,282.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 192,519.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,728,207.	9,750,706.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	37,254,709.	35,855,988.
19	Revenue less expenses. Subtract line 18 from line 12	-4,077,413.	-2,768,767.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,900,681.	23,129,673.
21	Total liabilities (Part X, line 26)	13,534,333.	15,622,953.
22	Net assets or fund balances. Subtract line 21 from line 20	10,366,348.	7,506,720.

Part II Signature Block

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

Sign Here
▶ Signature of officer Date
▶ ANTHONY J. KRIEG, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LESTER J. HEE, CPA	Preparer's signature	Date: 11/6/13	Check ☐ if self-employed	PTIN: P00988033
Firm's name ▶ HEE & CHING CPAS LLC			Firm's EIN ▶	27-4174400
Firm's address ▶ 737 BISHOP STREET, SUITE 2360 HONOLULU, HI 96813-3214			Phone no.	(808)532-7322

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	HALE MAKUA HEALTH SERVICES	99-0080460
	Number, street, and room or suite no. If a P.O. box, see instructions. 472 KAULANA STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KAHULUI, HI 96732-2099	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

- The books are in the care of ▶ JOYCE TAMORI 472 KAULANA STREET - KAHULUI, HI 96732-2099
  Telephone No. ▶ 808-873-6620 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2013.

5 For calendar year 2012 , or other tax year beginning _____ , and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

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

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ _____ Title ▶ CPA Date ▶ 8/5/13

223842
01-21-13