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: 93493319084953

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 01-01-2012 , 2012, and ending 12-31-2012

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

C Name of organization
ALOHACARE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1357 KAPIOLANI BLVD NO 1250

City or town, state or country, and ZIP + 4
HONOLULU, HI 96814

D Employer identification number
99-0309519

E Telephone number
(808) 973-1650

G Gross receipts $ 236,980,676

F Name and address of principal officer
JOHN E MCCOMAS
1357 KAPIOLANI BLVD NO 1250
HONOLULU, HI 96814

H(a) Is this a group return for affiliates? ☐ 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) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ALOHACAREHAWAII ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1994 | **M** State of legal domicile HI

Part I Summary

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

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

Activities & Governance

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**	5
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	233
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	229,441,375	236,643,872
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	285,588	324,517
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,570,589	12,287
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,297,552	236,980,676
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,317,642	1,157,788
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,716,201	11,939,702
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	222,538,488	215,152,174
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	235,572,331	228,249,664
	19 Revenue less expenses Subtract line 18 from line 12	-4,274,779	8,731,012

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	128,617,607	134,979,215
	21 Total liabilities (Part X, line 26)	50,920,624	48,551,220
	22 Net assets or fund balances Subtract line 21 from line 20	77,696,983	86,427,995

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

****** | 2013-11-13
Signature of officer | Date

JOHN MCCOMAS CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ACCUITY LLP				P00037058
Firm's name ▶ ACCUITY LLP			Firm's EIN ▶ 20-5325889	
Firm's address ▶ 999 BISHOP STREET STE 1900 HONOLULU, HI 96813			Phone no (808) 531-3400	

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

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 213,415,207 including grants of $ 1,157,788) (Revenue $ 236,643,872)

HEALTH CARE PROGRAMS, GENERAL/OTHER PROVIDE MANAGED HEALTH CARE SERVICES TO APPROXIMATELY 72,726 QUALIFIED MEDICAID MEMBERS, AND 1,827 MEDICARE MEMBERS WHO ARE RESIDENTS OF HAWAII

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 213,415,207

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		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *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		
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 for escrow or custodial account liability, 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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *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		No
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 and XII*	12a	Yes	
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 and XII is optional*	12b		No
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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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**		
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**		
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 11b 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	1,522		
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	233		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 5		
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 this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ HI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

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

▶ ALOHACARE - CO CINDY NEELEY 1357 KAPIOLANI BLVD SUITE 1250 HONOLULU, HI (808) 973-6347

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BEN PETTUS DIRECTOR	1 00	X						0	0	0
(2) DAVID DERAUF DIRECTOR	1 00	X						0	0	0
(3) DESIREE PUHI DIRECTOR	1 00	X						0	0	0
(4) JANET ONAPA DIRECTOR	1 00	X						0	0	0
(5) MARTHA SMITH DIRECTOR	1 00	X						0	0	0
(6) PHILLIP KINNICUTT DIRECTOR	1 00	X						0	0	0
(7) RUSSELL SAITO DIRECTOR	1 00	X						0	0	0
(8) SHEILA BECKHAM DIRECTOR	1 00	X						0	0	0
(9) CHRISTINE RICHARDSON DIRECTOR	1 00	X						0	0	0
(10) MARY ONEHA DIRECTOR	1 00	X						0	0	0
(11) CINDY NEELEY CFO	40 00			X				227,033	0	14,950
(12) DANA HOWETH PAST PRESIDENT	1 00			X				0	0	0
(13) DAVID BESS VP GOVERNANCE	1 00			X				0	0	0
(14) EMMANUEL KINTU TREASURER	1 00			X				0	0	0
(15) JOHN MCCOMAS CEO	40 00			X				231,959	0	26,094
(16) PAUL STRAUSS CHIEF OPERATING OFFICER	40 00			X				166,643	0	13,398
(17) RICHARD BETTINI SECRETARY	1 00			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHERI STACHER COMPLIANCE OFFICER	40 00			X				114,583	0	15,332
(19) SUSAN HUNT PRESIDENT	1 00			X				0	0	0
(20) DR GARY OKAMOTO CHIEF MEDICAL DIRECTOR	40 00			X				57,159	0	1,275
(21) PATRICK BRENNAN SR DIR OF PLAN OPERATIONS	40 00				X			170,511	0	19,566
(22) DARRYL HUFF SR DIR OF COMMUNITY RELATIONS	40 00					X		120,408	0	13,894
(23) EVELYN CHOCK PHARMACY MANAGER	40 00					X		116,244	0	16,455
(24) FRANCIS APPEL SR DIR OF QUALITY IMPROVEMENT	40 00					X		124,836	0	13,212
(25) DR SHARON TISZA MEDICAL DIRECTOR	40 00					X		208,446	0	20,217
(26) STELLA CATALAN SR DIR OF CLINICAL OPS	40 00					X		154,491	0	12,060
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,692,313	0	166,453

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 ▶ 10

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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
MILLIMAN 1301 FIFTH AVENUE SUITE 3800 SEATTLE WA 98101	ACTUARIAL	467,292
INSURANCE BENEFITS SERVICES 1585 KAPIOLANI BLVD STE 1020 HON HI 96814	BROKER FEES	169,992
ACCUITY LLP 999 BISHOP STREET SUITE 1900 HONOLULU HI 96813	ACCOUNTING	102,954

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	CAPITATION	624100	232,657,969	232,657,969	
	b	REINSURANCE	624100	3,985,903	3,985,903	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		236,643,872		
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		323,812		323,812
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: (ii) Other = 705				
	b	Less cost or other basis and sales expenses: (ii) Other = 0				
	c	Gain or (loss): (ii) Other = 705				
	d	Net gain or (loss) . . . . . ▶	705			705
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	OTHER REVENUE 624100	12,287			12,287
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	12,287			
	12	**Total revenue.** See Instructions . . . . . ▶	236,980,676	236,643,872	0	336,804

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,139,788	1,139,788		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	18,000	18,000		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,858,766		1,858,766	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,821,245	5,349,620	2,471,625	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	246,445		246,445	
9 Other employee benefits	1,148,011		1,148,011	
10 Payroll taxes	865,235		865,235	
11 Fees for services (non-employees)				
a Management				
b Legal	89,683		89,683	
c Accounting	161,168		161,168	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	174,080,926	174,080,926		
12 Advertising and promotion	343,473		343,473	
13 Office expenses	114,890		114,890	
14 Information technology				
15 Royalties . .				
16 Occupancy	1,014,460		1,014,460	
17 Travel	129,012		129,012	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,454		25,454	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	430,040		430,040	
23 Insurance	160,976		160,976	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER PROFESSIONAL SERV	27,682,913	27,682,913		
b CAPITATION	4,418,965	4,418,965		
c LICENCES & FEES	1,581,955		1,581,955	
d OTHER PROFESSIONAL FEES	1,478,790		1,478,790	
e All other expenses	3,439,469	724,995	2,714,474	
25 **Total functional expenses.** Add lines 1 through 24e	228,249,664	213,415,207	14,834,457	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		67,168,328	2	76,225,620
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,709,737	4	5,322,540
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		317,167	9	313,460
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,689,150			
	b	Less accumulated depreciation	10b 4,980,735	576,067	10c	708,415
	11	Investments—publicly traded securities		49,846,308	11	52,409,180
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		128,617,607	16	134,979,215
Liabilities	17	Accounts payable and accrued expenses		9,217,187	17	4,605,559
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		41,703,437	25	43,945,661
	26	**Total liabilities.** Add lines 17 through 25		50,920,624	26	48,551,220
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		77,696,983	27	86,427,995
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		77,696,983	33	86,427,995
	34	Total liabilities and net assets/fund balances		128,617,607	34	134,979,215

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	236,980,676
2	Total expenses (must equal Part IX, column (A), line 25)	2	228,249,664
3	Revenue less expenses Subtract line 2 from line 1	3	8,731,012
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,696,983
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	86,427,995

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319084953

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
ALOHACARE

Employer identification number
99-0309519

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		179,050	154,355	24,695
d Equipment		5,510,100	4,826,380	683,720
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				708,415

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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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) must 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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
PAYABLE TO RISK POOLS	10,339,933
ACCRUED MEDICAL CLAIMS	33,605,728
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	43,945,661

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	232,955,212
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	232,955,212
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 XIII)	4b	4,025,464		
c	Add lines **4a** and **4b**			4c	4,025,464
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	236,980,676

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

1	Total expenses and losses per audited financial statements			1	224,259,533
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 XIII)	2d	35,332		
e	Add lines **2a** through **2d**			2e	35,332
3	Subtract line **2e** from line **1**			3	224,224,201
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 XIII)	4b	4,025,463		
c	Add lines **4a** and **4b**			4c	4,025,463
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	228,249,664

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS		RECLASSIFICATION OF REINSURANCE REVENUES 3,985,903 UNREALIZED GAINS/LOSSES 39,559 ROUNDING 2
PART XII, LINE 2D - OTHER ADJUSTMENTS		BROKER FEES -4,227 INVESTMENTS 39,559
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASSIFICATION OF REINSURANCE REVENUES 3,985,903 UNREALIZED GAINS/LOSSES 39,559 ROUNDING 1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319084953

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

2012

Open to Public Inspection

Name of the organization
ALOHACARE

Employer identification number
99-0309519

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated 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 . . . . . ▶ 28

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) GRANTS - CHC DEVELOPMENT	1	18,000			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALOHACARE AWARDS VARIOUS GRANTS TO DIFFERENT ORGANIZATIONS IN THE COMMUNITY THE GRANTS ARE AWARDED BASED ON DIFFERENT CRITERIA, INCLUDING PREVENTION AND/OR TREATMENT OF HEALTH RELATED ISSUES, HEALTHCARE NEEDS, AND THE OVERALL IMPROVEMENT OF HEALTH IN THE HAWAII COMMUNITY

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALII HEALTH CENTER75-5759 KUAKINI HWY SUITE 208 KAILUAKONA,HI 96740	26-0318372	501(C)(3)	25,000				GRANTS - CHC DEVELOPMENT
ALOHA HOUSE1787 WILI PA LOOP SUITE 7 WAILUKU,HI 96793	99-0173804	501(C)(3)	25,000				GRANTS - CHC DEVELOPMENT
AMERICAN CANCER SOCIETY2370 NUUANU AVENUE HONOLULU,HI 96817	99-0073489	501(C)(3)	1,000				DONATION
ASSN OF ASIAN PACIFIC COMMUNITY HEALTH ORG 300 FRANK H OGAWA PLAZA SUITE 620 OAKLAND,CA 94612	94-3050247	501(C)(3)	10,000				DONATION
BAY CLINIC INC224 HAILI ST SUITE B HILO,HI 96720	99-0222784	501(C)(3)	154,542				QUALITY PROGRAM GRANT/CHC DEVELOPMENT
BREATH OF ALOHAMAITREYA INSTITUTE1000 BISHOP STREET HONOLULU,HI 96813	99-0229637	501(C)(3)	525				DONATION
CHILDREN'S MIRACLE NETWORKPO BOX 31191 HONOLULU,HI 96820	99-0177350	501(C)(3)	25,000				DONATION
COMMUNITY CLINIC OF MAUI48 LONO STREET KAHULUI,HI 96732	99-0303304	501(C)(3)	70,251				QUALITY PROGRAM GRANT
EASTER SEALS HAWAII710 GREEN STREET HONOLULU,HI 96813	99-0075235	501(C)(3)	3,500				DONATION
HAMAKUA HEALTH CENTER 45-549 PLUMERIA STREET HAMAKUA,HI 96827	99-0115515	501(C)(3)	53,000				QUALITY PROGRAM GRANT/CHC DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANA COMMUNITY HEALTH CENTERPO BOX 807 HANA,HI 96713	99-0326154	501(C)(3)	14,000				QUALITY PROGRAM GRANT
HAWAII PUBLIC RADIO45 KAHEKA STREET HONOLULU,HI 96814	51-0191809	501(C)(3)	250				DONATION
HO'OLA LAHUI HAWAIIPO BOX 669 WAIMEA,HI 96796	99-0250542	501(C)(3)	14,000				QUALITY PROGRAM GRANT
KALIHI PALAMA HEALTH CENTER915 NORTH KING STREET HONOLULU,HI 96819	99-0161221	501(C)(3)	91,839				QUALITY PROGRAM GRANT
KAPIOLANI COMMUNITY COLLEGEUH4303 DIAMOND HEAD ROAD HONOLULU,HI 96816	99-0085260	501(C)(3)	10,000				DONATION
KEVIN K KATO MD INCPO BOX 5058 KAHULUI,HI 96732	20-0687791		25,000				GRANTS - CHC DEVELOPMENT
KOKUA KALIHI VALLEY 2239 NORTH SCHOOL STREET KIHEI,HI 96819	99-0149797	501(C)(3)	37,566				QUALITY PROGRAM GRANT
KOOLAULOA COMMUNITY HEALTH & WELLNESS CENTERPO BOX 395 KAHUKU,HI 96731	73-1681833	501(C)(3)	53,000				QUALITY PROGRAM GRANT
LANAI COMMUNITY HEALTH CENTERPO BOX 630142 LANAI CITY,HI 96763	20-2509287	501(C)(3)	22,500				QUALITY PROGRAM GRANT/CHC DEVELOPMENT
MALAMA I KE OLA HEALTH CENTER - CC OF MAUI 1881 NANI STREET WAILUKU,HI 96793	99-0303304	501(C)(3)	75,000				GRANTS - CHC DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOLOKAI COMMUNITY HEALTH CENTER28 KAMOI ST SUITE 600 KAUNAKAKAI,HI 96748	51-0439659	501(C)(3)	48,000				QUALITY PROGRAM GRANT/CHC DEVELOPMENT
MOLOKAI GENERAL HOSPITALPO BOX 408 KAUNAKAKAI,HI 96748	99-0251372	501(C)(3)	25,000				GRANTS - CHC DEVELOPMENT
QUEEN EMMA CLINICPO BOX 30160 HONOLULU,HI 96820	99-0073524	501(C)(3)	30,000				QUALITY PROGRAM GRANT
QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU,HI 96813	99-0073524	501(C)(3)	25,000				GRANTS - CHC DEVELOPMENT
ROBERT P MASTROIANNI MD INC81 MAKAWAO AVENUE SUITE 100 MAKAWAO,HI 96768	20-2107739	501(C)(3)	18,000				GRANTS - CHC DEVELOPMENT
STATE OF HI - DOI846 POHUKINA STREET HONOLULU,HI 96813				837	FMV	DONATION OF STETHESCOPES	DONATION OF STETHESCOPES
WAIANAE COAST COMPREHENSIVE HEALTH CENTER86-260 FARRINGTON HWY WAIANAE,HI 96792	99-0148164	501(C)(3)	157,846				QUALITY PROGRAM GRANT
WAIKIKI HEALTH CENTER 758 KAPAHULU AVE A-319 HONOLULU,HI 96816	99-0159253	501(C)(3)	30,000				QUALITY PROGRAM GRANT
WAIMANALO HEALTH CENTER41-1347 KALANIANAOLE HWY A WAIMANALO,HI 96795	99-0273205	501(C)(3)	28,000				QUALITY PROGRAM GRANT
WEST HAWAII COMMUNITY HEALTH CENTER75-5751 KUAKINI HWY SUITE 203 KAILUAKONA,HI 96740	20-0495394	501(C)(3)	65,871				QUALITY PROGRAM GRANT/CHC DEVELOPMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319084953

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

2012

Open to Public Inspection

Name of the organization
ALOHACARE

Employer identification number
99-0309519

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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)CINDY NEELEY CFO	(i) (ii)	206,990 0	10,000 0	10,043 0	9,054 0	5,896 0	241,983 0	0 0
(2)JOHN MCCOMAS CEO	(i) (ii)	229,299 0	0 0	2,660 0	9,307 0	16,787 0	258,053 0	0 0
(3)PAUL STRAUSS CHIEF OPERATING OFFICER	(i) (ii)	166,643 0	0 0	0 0	6,726 0	6,672 0	180,041 0	0 0
(4)PATRICK BRENNAN SR DIR OF PLAN OPERATIONS	(i) (ii)	150,468 0	10,000 0	10,043 0	6,954 0	12,612 0	190,077 0	0 0
(5)DR SHARON TISZA MEDICAL DIRECTOR	(i) (ii)	204,946 0	3,500 0	0 0	8,843 0	11,374 0	228,663 0	0 0
(6)STELLA CATALAN SR DIR OF CLINICAL OPS	(i) (ii)	134,448 0	10,000 0	10,043 0	6,164 0	5,896 0	166,551 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	DISCRETIONARY SPENDING IS APPROVED BY BOARD OF DIRECTORS AS DOCUMENTED IN THE EMPLOYMENT CONTRACT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319084953

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, line 38a or 40b.**

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
ALOHACARE

Employer identification number
99-0309519

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

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

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of grant or type of assistance
(1) DANA ALONZO-HOWETH COMMUNITY CLINIC OF MAUI EXEC DIR	DIRECTOR & PAST PRESIDENT OF ALOHACARE'S BOD	1,900,000
(2) CHRISTINE RICHARDSON HAMAKUA HEALTH CENTER	DIRECTOR OF ALOHACARE'S BOD	445,000
(3) EMMANUEL KINTU KALIHI PALAMA HEALTH CENTER EXEC DIR	DIRECTOR & TREASURER OF ALOHACARE'S BOD	2,900,000
(4) DAVID DERAUF KOKUA KALIHI VALLEY EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	1,100,000
(5) RICH BETTINI WAIANAE COAST COMP HEALTH CENTER CEO	DIRECTOR & SECRETARY OF ALOHACARE'S BOD	10,700,000
(6) DESIREE PUHI MOLOKAI OHANA HEALTH CENTER EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	800,000
(7) MARY ONEHA WAIMANALO HEALTH CENTER EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	470,000
(8) SHEILA BECKAHM WAIKIKI HEALTH CENTER EXEC DIR	DIRECTOR OF ALOHACARE'S BOD	845,000
(9) JANET ONAPA QUEENS HEALTH SYSTEMS MED DIR	DIRECTOR OF ALOHACARE'S BOD	24,500,000
(10) BEN PETTUS KOOLAULOA COMMUNITY HEALTH CENTER	DIRECTOR OF ALOHACARE'S BOD	440,000
(11) BAY CLINIC INC	VACANT BOD POSITION	2,550,000
(12) HANA COMMUNITY HEALTH CENTER	VACANT BOD POSITION	176,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319084953

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

2012

Open to Public Inspection

Name of the organization
ALOHACARE

Employer identification number
99-0309519

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORITY OF THE FULL BOARD OF DIRECTORS, MAY DESIGNATE FROM AMONG ITS MEMBERS AN EXECUTIVE COMMITTEE, A GOVERNANCE COMMITTEE, AN AUDIT COMMITTEE, AND A COMPLIANCE COMMITTEE, TOGETHER WITH ONE OR MORE OTHER COMMITTEES, EACH OF WHICH SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY GRANTED BY THE BOARD OF DIRECTORS, EXCEPT AS LIMITED BY LAW OR THE ARTICLES OF INCORPORATION
	FORM 990, PART VI, SECTION B, LINE 11	BOTH THE CEO & CFO OF ALOHACARE REVIEW FORM 990 PRIOR TO OBTAINING APPROVAL FROM ALOHACARE'S BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPELTE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY, AND NOTIFY ALOHACARE SHOULD ANY CONFLICTS ARISE DURING THE YEAR
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS HOLDS MEETINGS TO DETERMINE FAIR COMPENSATION OF ALOHACARE'S CEO THE CEO DETERMINES FAIR COMPENSATION OF ALOHACARE'S KEY EMPLOYEES
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST BY ALOHACARE
OTHER FEES	FORM 990, PART IX, LINE 11G	OTHER FEES - PROGRAM SERVICES PROGRAM SERVICE EXPENSES 174,080,926 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 174,080,926
	FORM 990, PART XI, LINE 2C	ALOHACARE HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR
	SCHEDULE L, PART III	GRANTS ARE AWARDED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS BASED ON PRE-ESTABLISHED CRITERIA AND REVEIWED BY A SELECTION COMMITTEE, AS DESCRIBED IN REGULATIONS SECTION 53 4945-4 (B)