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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 , 2012, and ending , 20

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

C Name of organization
MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
285 MAHALANI STREET

City, town or post office, state, and ZIP code
WAILUKU, HI 96793

D Employer identification number
99-0330698

E Telephone number
(808) 242-2632

G Gross receipts $ 1,433,654.

F Name and address of principal officer LISA VARDE
285 MAHALANI STREET, #25 WAILUKU, HI 96793

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: ▶ N/A

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

L Year of formation: 1996 **M** State of legal domicile: HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE FOUNDATION WAS ORGANZIED TO PROVDE AN ORGNAIZATION AND FUND, THROUGH WHICH THE COMMUNITY MAY DONATE MONEY AND ASSETS FOR THE SUPPORT OF MAUI MEMORIAL MEDICAL CENTER.

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	21.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	5.
6	Total number of volunteers (estimate if necessary)	6	37.
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)	1,271,734.	444,015.
9	Program service revenue (Part VIII, line 2g)	58.	293.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	266,193.	93,000.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,834.	146,955.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,672,819.	684,263.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	314,270.	67,861.
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)	230,338.	195,053.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 150,659.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	151,665.	105,872.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	696,273.	368,786.
19	Revenue less expenses. Subtract line 18 from line 12	976,546.	315,477.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,366,731.	4,286,133.
21	Total liabilities (Part X, line 26)	911,771.	418,242.
22	Net assets or fund balances. Subtract line 21 from line 20	3,454,960.	3,867,891.

RECEIVED
AUG 09 2013
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OGDEN, UT

SCANNED AUG 27 2013

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: 8-5-13

▶ Type or print name and title: Board President

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Russell T. Yamane	JUL 26 2013		P00082045

Firm's name ▶ RUSSELL YAMANE & ASSOC. CPAS, INC. — Firm's EIN ▶ 94-3282687

Firm's address ▶ 2158 MAIN ST., SUITE 202 WAILUKU, HI 96793 — Phone no 808-244-5527

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:

THE FOUNDATION WAS ORGANIZED TO PROVIDE AN ORGANIZATION AND FUND, THROUGH WHICH THE COMMUNITY MAY DONATE MONEY AND ASSETS FOR THE SUPPORT OF MAUI MEMORIAL MEDICAL CENTER.

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 $ 91,182. including grants of $) (Revenue $)

FUNDS TO MAUI MEMORIAL MEDICAL CENTER FOR QUALIFYING EXPENSES

4b (Code:) (Expenses $ 14,534. including grants of $) (Revenue $)

WILI PA LOOP RENTAL EXPENSES

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** ▶ 105,716.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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	X	
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	X	
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		X
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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)*

			Yes	No
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	X	
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		X
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		X
24 a	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		X
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		
25 a	**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		X
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		X
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		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
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		X

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 3		
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		
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 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		X
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		
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		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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		X
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 line 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 X

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 21			
	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			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		
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		X

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		X
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		X
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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] 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: ▶MAUI MEMORIAL MEDICAL CTR FND 285 MAHALANI STREET #25 WAILUKU, HI 96793 (808)242-9015

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, and 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) EUGENE BAL III DIRECTOR	1.50	X						0	0	0
(2) ROWENA DAGDAG-ANDAYA DIRECTOR	1.50	X						0	0	0
(3) SANDRA C FLORENCE VICE PRESIDENT	1.50	X		X				0	0	0
(4) AMY HANLON DIRECTOR	1.50	X						0	0	0
(5) COLLEEN F INOUYE MD DIRECTOR	1.50	X						0	0	0
(6) ANNE OISHI SECRETARY	1.50	X		X				0	0	0
(7) THOMAS ROGERS MD DIRECTOR	1.50	X						0	0	0
(8) SARAJEAN TOKUNAGA PRESIDENT	1.50	X		X				0	0	0
(9) LYLE J MATSUNAGA DIRECTOR	1.50	X						0	0	0
(10) KEITH A REGAN DIRECTOR	1.50	X						0	0	0
(11) CATHY TAI DIRECTOR	1.50	X						0	0	0
(12) CLAYTON FUCHIGAMI TREASURER	1.50	X		X				0	0	0
(13) DAVID JORGENSEN ESQ VICE PRESIDENT	1.50	X		X				0	0	0
(14) JEANNIE KONG DIRECTOR	1.50	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			
15) RIAN DUBACH DIRECTOR	1.50	X						0	0	0
16) MICK FLEETWOOD DIRECTOR	1.50	X						0	0	0
17) DANIEL GARCIA MD DIRECTOR	1.50	X						0	0	0
18) PATRICK ING CPA DIRECTOR	1.50	X						0	0	0
19) GALEN NAKAMURA DIRECTOR	1.50	X						0	0	0
20) TREVOR TOKISHI CPA DIRECTOR	1.50	X						0	0	0
21) HAL JOBE DIRECTOR	1.50	X						0	0	0
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								0	0	0

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 ▶ 0

		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*		X
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*		X
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*		X

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

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	444,015.			
	g	Noncash contributions included in lines 1a-1f: $					
	h	Total. Add lines 1a-1f		444,015.			
Program Service Revenue			Business Code				
	2a	OTHER	900099	293.	293.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		293.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 1		57,662.	57,662.		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	146,422.				
	b	Less: rental expenses	24,455.				
	c	Rental income or (loss)	121,967.				
	d	Net rental income or (loss)			121,967.		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	742,529.				
	b	Less: cost or other basis and sales expenses	707,191.				
	c	Gain or (loss)	35,338.				
	d	Net gain or (loss)			35,338.		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a	42,733.			
	b	Less: direct expenses	b	17,745.			
	c	Net income or (loss) from fundraising events ATCH 2			24,988.		
	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			684,263.	57,955.	

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	67,861.	67,861.		
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	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)	0			
7 Other salaries and wages	160,938.	16,094.	51,500.	93,344.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	19,518.	1,952.	6,246.	11,320.
10 Payroll taxes	14,597.	1,460.	4,671.	8,466.
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	21,457.		21,457.	
d Lobbying	0			
e *Professional fundraising services.* See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,172.		1,172.	
12 Advertising and promotion	0			
13 Office expenses	11,562.	3,815.	3,931.	3,816.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	4,828.		4,828.	
20 Interest	13,484.	13,484.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,162.		1,162.	
23 Insurance	3,122.		3,122.	
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 INVESTMENT FEES	12,100.		12,100.	
b MARKETING EXPENSE	33,713.			33,713.
c MISCELLANEOUS	3,272.	1,050.	2,222.	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	368,786.	105,716.	112,411.	150,659.
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)	0			

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	682,393.	1	590,287.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	15,158.	4	593.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	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 ATCH 3	5,368.	9	5,399.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 62,085.			
	b	Less: accumulated depreciation — 10b: 21,631.	41,616.	10c	40,454.
	11	Investments - publicly traded securities ATCH 4	1,503,196.	11	1,683,736.
	12	Investments - other securities. See Part IV, line 11	0	12	0
	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	2,119,000.	15	1,965,664.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,366,731.	16	4,286,133.
Liabilities	17	Accounts payable and accrued expenses	5,597.	17	4,188.
	18	Grants payable	96,486.	18	5,869.
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties ATCH 5	800,000.	23	400,000.
	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	9,688.	25	8,185.
	26	**Total liabilities.** Add lines 17 through 25	911,771.	26	418,242.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,648,144.	27	2,951,459.
	28	Temporarily restricted net assets	618,640.	28	727,531.
	29	Permanently restricted net assets	188,176.	29	188,901.
		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	3,454,960.	33	3,867,891.
	34	Total liabilities and net assets/fund balances	4,366,731.	34	4,286,133.

Form **990** (2012)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	684,263.
2	Total expenses (must equal Part IX, column (A), line 25)	2	368,786.
3	Revenue less expenses. Subtract line 2 from line 1	3	315,477.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,454,960.
5	Net unrealized gains (losses) on investments	5	112,263.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,809.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,867,891.

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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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	2b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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		X
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		

SCHEDULE A (Form 990 or 990-EZ)

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

2012

Open to Public Inspection

Name of the organization	**Employer identification number**
MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.	99-0330698

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 described in **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 [X] 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** [X] Type II **c** [ ] Type III-Functionally integrated **d** [ ] Type III-Non-functionally integrated

e [X] 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 supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									67,861.

Part II **Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2012.** 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 - 2011.** If the organization did not check a 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 - 2012.** 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 - 2011.** 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **331/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **331/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES	(IV) NO	(V) YES	(V) NO	(VI) YES	(VI) NO	(VII) AMOUNT OF SUPPORT
MAUI MEMORIAL MEDICAL CENTER	99-0263310	03	X		X		X		67,861.
TOTAL AMOUNT OF SUPPORT									67,861.

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

MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.

Employer identification number

99-0330698

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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 Tax 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	188,176.	175,448.	165,448.	145,448.	115,448.
b Contributions	725.	12,728.	10,000.	20,000.	30,000.
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	188,901.	188,176.	175,448.	165,448.	145,448.

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		22,254.	3,997.	18,257.
c Leasehold improvements		23,055.	1,267.	21,788.
d Equipment		16,776.	16,367.	409.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				40,454.

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1) ORECK NOTE RECEIVABLE	202,088.
(2) DUE FROM MMMC (WILI PA LOOP)	33,415.
(3) CAPITAL LEASE OBLG. REC MMMC	1,730,161.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	1,965,664.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED WAGES	
(3) ACCRUED VACATION	7,322.
(4) EXCISE TAX PAYABLE	863.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	8,185.

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	790,118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	112,263.		
b	Donated services and use of facilities	2b	8,400.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	106,909.		
e	Add lines 2a through 2d			2e	227,572.
3	Subtract line 2e from line 1			3	562,546.
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	121,717.		
c	Add lines 4a and 4b			4c	121,717.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	684,263.

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

1	Total expenses and losses per audited financial statements			1	377,186.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	8,400.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	8,400.
3	Subtract line 2e from line 1			3	368,786.
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			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	368,786.

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.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

ENDOWMENT FUNDS

PART V LINE 4

ENDOWMENT FUNDS WILL BE USED AS STIPULATED BY THE DONOR TO BENEFIT MAUI MEMORIAL MEDICAL CENTER.

RENTAL INCOME

PART XII, LINE 4B

RENTAL INCOME LESS DEPRECIATION EXPENSE REPORTED FOR TAX PURPOSES, BUT NOT FOR BOOK PURPOSES.

INTEREST INCOME

PART XII, LINE 2D

INTEREST INCOME FROM WILI PA LOOP INCLUDED ON BOOKS, BUT NOT ON TAX RETURN.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization
MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.

Employer identification number
99-0330698

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SILENT AUCTION (event type)	(b) Event #2 SIGNATURE EVEN (event type)	(c) Other events 2. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	10,849.	17,400.	14,484.	42,733.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	10,849.	17,400.	14,484.	42,733.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		11,544.	6,201.	17,745.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(17,745.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				24,988.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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
MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.

Employer identification number
99-0330698

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) MAUI MEMORIAL MEDICAL CENTER	99-0263310		67,861.				PATIENT CARE & ASSIS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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						
2						
3						
4						
5						
6						
7						

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.

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 990-EZ 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
MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.

Employer identification number
99-0330698

SECTION B. POLICIES

FORM 990, PART VI, LINES 15A AND 15B

15A - THE EXECUTIVE BOARD MEETS TO DISCUSS THE EXECUTIVE DIRECTOR'S PERFORMANCE. THE RECOMMENDATION FOR ANY INCREASE AND % IS PRESENTED TO THE FULL BOARD AT THE BOARD OF DIRECTOR'S MEETING.

15B - THE EXECUTIVE DIRECTOR CONDUCTS AN INTERNAL REVIEW OF THE EXECUTIVE DIRECTOR'S ASSISTANT AND MAKES A RECOMMEDNATION TO THE EXECUTIVE COMMITTEE FOR AN INCREASE. THE PERCENTAGE OF INCREASE IS DETERMINED BY THE EXECUTIVE COMMITTEE AND PRESENTED TO THE FULL BOARD AT THE BOARD OF DIREECTOR'S MEETING FOR A DECISION.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9

INTEREST INCOME FROM WILI PA LOOP INCLUDED ON BOOKS, BUT NOT ON TAX RETURN	$106,909
RENTAL INCOME LESS DEPRECIATION EXPENSE REPORTED FOR TAX PURPOSES, BUT NOT ON BOOKS	$(121,718)
TOTAL	$(14,809)

Name of the organization: MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.
Employer identification number: 99-0330698

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	12,445.	12,445.		
DIVIDEND INCOME	45,217.	45,217.		
TOTALS	57,662.	57,662.		

ATTACHMENT 2

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SILENT AUCTION	10,849.		10,849.
T-SHIRTS	4,095.		4,095.
CHARITY WALK TAKAMIYA	10,389.	6,201.	4,188.
SIGNATURE EVENT - SPAGO	17,400.	11,544.	5,856.
TOTALS	42,733.	17,745.	24,988.

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	5,399.
TOTALS	5,399.

ATTACHMENT 4

Name of the organization: MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.
Employer identification number: 99-0330698

ATTACHMENT 4 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
EQUITY SECURITIES	1,186,101.
MUTUAL FUNDS	34,737.
FIXED INCOME	462,898.
TOTALS	1,683,736.

ATTACHMENT 5

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: FIRST HAWAIIAN BANK
ORIGINAL AMOUNT: 1,600,000.
INTEREST RATE: 2.350000
DATE OF NOTE: 12/23/2010
MATURITY DATE: 03/30/2011
REPAYMENT TERMS: INTERST ONLY, ENTIRE PRINCIPAL DUE AT MATURITY

BEGINNING BALANCE DUE	800,000.
ENDING BALANCE DUE	400,000.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	800,000.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	400,000.

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

2012

Open to Public Inspection

Name of the organization
MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.

Employer identification number
99-0330698

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

(a) Name, address, and EIN (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) MAUI MEMORIAL MEDICAL CENTER 221 MAHALANI STREET WAILUKU, HI 96793	PATIENT CARE	HI			ST OF HAWAII		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

JSA

2E1307 1 000

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MAUI MEMORIAL MEDICAL CENTER	B	67,861.	CONTRIBUTION
(2)	MAUI MEMORIAL MEDICAL CENTER	J	121,717.	RENTS
(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 section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(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)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII Supplemental Information

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

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.	99-0330698

DESCRIPTION OF PROPERTY
MAUI MEMORIAL MEDICAL CENTER

☐ Yes ☐ No Did you actively participate in the operation of the activity during the tax year?

TYPE OF PROPERTY:
REAL RENTAL INCOME

OTHER INCOME:			
SEE ATTACHMENT		146,422.	
TOTAL GROSS INCOME			146,422.
OTHER EXPENSES:			
DEPRECIATION (SHOWN BELOW)	24,455.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			24,455.
TOTAL RENT OR ROYALTY INCOME (LOSS)			121,967.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			121,967.
Deductible Rental Loss (if Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE ATTACHMENT									
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	140,316.
GET	5,856.
OTHER	250.
	146,422.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
MAUI MEMORIAL MEDICA	146,422.	24,455.		121,967.
TOTALS	146,422.	24,455.		121,967.

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2012

Name of estate or trust: MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.

Employer identification number: 99-0330698

Note: *Form 5227 filers need to complete **only** Parts I and II.*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example. 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo., day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	5,983.
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	5,983.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo , day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a						

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	29,355.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	29,355.

Part III Summary of Parts I and II

Caution: *Read the instructions* ***before*** *completing this part.*

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 **Net short-term gain or (loss)**	13			5,983.
14 **Net long-term gain or (loss):**				
a Total for year	14a			29,355.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15			35,338.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and* ***do not*** *complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the* ***Capital Loss Carryover Worksheet,*** *as necessary.*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:		
a The loss on line 15, column (3) **or** **b** $3,000	16	( )

Note: *If the loss on line 15, column (3), is more than $3,000,* ***or*** *if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the* ***Capital Loss Carryover Worksheet*** *in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the* ***Schedule D Tax Worksheet*** *in the instructions if:*

- *Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17	
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18			
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19			
20	Add lines 18 and 19	20			
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21			
22	Subtract line 21 from line 20. If zero or less, enter -0-			22	
23	Subtract line 22 from line 17. If zero or less, enter -0-			23	
24	Enter the **smaller** of the amount on line 17 or $2,400			24	
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26; go to line 27 and check the "No" box. ☐ **No.** Enter the amount from line 23			25	
26	Subtract line 25 from line 24			26	
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30; go to line 31. ☐ **No.** Enter the smaller of line 17 or line 22			27	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28	
29	Subtract line 28 from line 27			29	
30	Multiply line 29 by 15% (.15)				30
31	Figure the tax on the amount on line 23. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				31
32	Add lines 30 and 31				32
33	Figure the tax on the amount on line 17. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				33
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)				34

SCHEDULE D-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

▶ Information about Schedule D (Form 1041) and its separate instructions is at *www.irs.gov/form1041*.

OMB No 1545-0092

2012

Name of estate or trust

MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.

Employer identification number

99-0330698

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a BANK OF HAWAII - SHORT-TERM			319,831.	314,941.	4,890.
FIRST HAWAIIAN BANK - SHORT-TERM			4,124.	3,031.	1,093.

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . . 5,983.

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side	Employer identification number

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a					
BANK OF HAWAII - LONG-TERM			243,371.	215,080.	28,291.
FIRST HAWAIIAN BANK - LONG-TERM			175,203.	174,139.	1,064.
6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b					29,355.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2012

Attachment Sequence No. **179**

Name(s) shown on return

MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.

Identifying number

99-0330698

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	1,162.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	1,162.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.)*

24a Do you have evidence to support the business/investment use claimed? Yes [X] No — 24b If "Yes," is the evidence written? Yes [X] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Description of Property
GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
COMPUTER SOFTWARE	06/15/1999	10,425.	100.000			10,425.	10,183.	10,183.	200DB	HY			5		
EQUIPMENT	11/30/2000	50.	100.000			50.	50.	50.	200DB	MQ			5		
COPIER	01/16/2001	540.	100.000			540.	475.	475.	200DB	HY			5		
DESK	09/04/2001	362.	100.000			362.	260.	260.	200DB	HY			7		
DELL COMPUTER	05/04/2005	4,287.	100.000			4,287.	4,287.	4,287.	200DB	HY			5		
HP PRINTER	05/23/2005	1,112.	100.000			1,112.	1,112.	1,112.	200DB	HY			5		
DONOR WALL	11/01/2005	22,254.	100.000			22,254.	3,426.	3,997.	SL	MM			39		571.
LEASEHOLD IMPRV	10/31/2010	19,431.	100.000			19,431.	602.	1,100.	SL	MM			39		498.
LEASEHD IMPV OFFIC	03/31/2011	3,624.	100.000			3,624.	74.	167.	SL	MM			39		93.
Less: Retired Assets															
Subtotals		62,085.				62,085.	20,469.	21,631.							1,162.

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS		62,085.				62,085.	20,469.	21,631.							1,162.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
2X9024 1.000

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2012

Attachment Sequence No **179**

Name(s) shown on return

MAUI MEMORIAL MEDICAL CENTER FOUNDATION, INC.

Identifying number

99-0330698

Business or activity to which this form relates

MAUI MEMORIAL MEDICAL CENTER

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	24,455.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	24,455.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? Yes [X] No — 24b If "Yes," is the evidence written? Yes [X] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use.								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Description of Property
MAUI MEMORIAL MEDICAL CENTER

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
BUILDING - WILI PA	01/01/2011	953,778.	100.000			953,778.	23,472.	47,927.	SL	MM			39		24,455.
LAND - WILI PA	01/01/2011	672,569.	100.000												
Less: Retired Assets															
Subtotals		1,626,347.				953,778.	23,472.	47,927.							24,455.

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS		1,626,347.				953,778.	23,472.	47,927.							24,455.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
2X9024 1.000

First Hawaiian Bank

REALIZED GAIN/LOSS - TAX LOT DETAIL

Account: MAUI MEMORIAL HOSPITAL FDN/INV-BAL

From: 01/01/2012
To: 12/31/2012
Reporting Currency: USD

Security Description	Acquisition Date	Transaction Type	Change Quantity	Cost Basis	Trade Date	Days Held	Proceeds	Short Term Gain/Loss	Long Term Gain/Loss
		Capital Gain Distribution	0.000		08/29/2012		390.68	0.00	390.68
BISHOP STR FDS HIGH GRADE INCOME FD-CL A INSTL SHS		Sell	(8,254.297)		06/13/2012		87,660.63	0.00	2,723.91
		Capital Gain Distribution	0.000		12/14/2012		210.46	210.46	0.00
		Capital Gain Distribution	0.000		12/14/2012		1,476.48	0.00	1,476.48
			(8,254.297)				*89,738.25*	*210.46*	*4,591.07*
BISHOP STR FDS STRATEGIC GROWTH FD INSTL CL		Sell	(128.064)		06/13/2012		1,628.98	0.00	(3.84)
COHEN & STEERS INSTITUTIONAL REALTY SHARES		Capital Gain Distribution	0.000		07/02/2012		64.30	0.00	64.30
		Capital Gain Distribution	0.000		12/14/2012		592.74	0.00	592.74
		Capital Gain Distribution	0.000		12/14/2012		453.35	453.35	0.00
			0.000				*1,110.39*	*453.35*	*657.04*
		Capital Gain Distribution	0.000		12/14/2012		47.75	47.75	0.00
COLUMBIA MIDCAP INDEX FUND		Capital Gain Distribution	0.000		06/20/2012		1,164.17	0.00	1,164.17
		Capital Gain Distribution	0.000		12/14/2012		1,880.35	0.00	1,880.35
			0.000				*3,092.27*	*47.75*	*3,044.52*

Notes

1 Proceeds from transactions include commissions but exclude accrued amounts

Reporting Currency: USD

Security Description	Acquisition Date	Transaction Type	Change Quantity	Cost Basis	Trade Date	Days Held	Proceeds	Short Term Gain/Loss	Long Term Gain/Loss
FEDERATED INSTITUTIONAL HIGH YIELD BOND FUND		Capital Gain Distribution	0.000		12/06/2012		22.73	0.00	22.73
		Capital Gain Distribution	0.000		12/06/2012		0.36	0.36	0.00
			0.000				*23.09*	*0.36*	*22.73*
HARBOR INTERNATIONAL FUNDS		Sell	(15.772)		06/13/2012		845.22	0.00	(161.51)
PIMCO GLOBAL BOND FUND(UNHEDGED)		Capital Gain Distribution	0.000		12/13/2012		83.40	0.00	83.40
		Capital Gain Distribution	0.000		12/13/2012		182.72	182.72	0.00
			0.000				*266.12*	*182.72*	*83.40*
TIAA-CREF LARGE-CAP VALUE INDEX FUND		Sell	(5,203.937)		06/13/2012		62,551.32	166.59	(7,908.79)
TIAA-CREF SMALL-CAP BLEND INDEX??? FUND		Sell	(1,458.883)		06/13/2012		18,965.48	0.00	(335.54)
		Capital Gain Distribution	0.000		12/10/2012		902.75	0.00	902.75
			(1,458.883)				*19,868.23*	*0.00*	*567.21*
VANGUARD INFLATION PROTECTED SECURITIES FUND		Capital Gain Distribution	0.000		12/20/2012		31.71	31.71	0.00

Notes

1. Proceeds from transactions include commissions but exclude accrued amounts

First Hawaiian Bank

REALIZED GAIN/LOSS - TAX LOT DETAIL

Account: MAUI MEMORIAL HOSPITAL FDN/INV-BAL

From: 01/01/2012
To. 12/31/2012
Reporting Currency: USD

Security Description	Acquisition Date	Transaction Type	Change Quantity	Cost Basis	Trade Date	Days Held	Proceeds	Short Term Gain/Loss	Long Term Gain/Loss
		Capital Gain Distribution	0.000		12/20/2012		171.97	0.00	171.97
			0.000				*203.68*	*31.71*	*171.97*
Account Totals:							*179,327.55*	*1,092.94*	*1,063.80*

Notes

1. Proceeds from transactions include commissions but exclude accrued amounts

ACCOUNT # 135098853
TAX ID XX-XXX0698
FROM 01/01/2012
TO 12/31/2012
FISCAL YEAR: 12/31

BANK OF HAWAII
Gain and Loss Report
BANK OF HAWAII AGENT FOR
MAUI MEMORIAL MEDICAL CENTER
CHARITABLE FOUNDATION, INC.

AS OF 06/13/2013
RUN JUN 13 2013

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
SHORT TERM CAPITAL GAIN (LOSS)					
1 SHARES OF GOLDMAN SACHS LARGE CAP VALUE FD - INST	02/17/2012 06/02/2011	11.93	12.37	(0.44)	N
124.313 SHARES OF RS GLOBAL NATURAL RESOURCES FUND CL Y	02/17/2012 06/02/2011	4,761.18	4,912.85	(151.67)	N
854.948 SHARES OF ABERDEEN INTL EQUITY INSTITUTIONAL FUND CL SHS	02/17/2012 06/02/2011	11,071.57	11,772.63	(701.06)	N
9981 SHARES OF MAINSTAY HIGH YIELD CORP BOND FUND CL I	02/17/2012 06/02/2011	59,386.95	59,786.19	(399.24)	N
3259.538 SHARES OF T ROWE PRICE INSTITUTIONAL FLOATING RATE FUND CL I	02/17/2012 06/02/2011	32,790.95	33,768.81	(977.86)	N
64.993 SHARES OF COLUMBIA MID CAP INDEX FD CL Z	02/17/2012 06/17/2011	777.32	754.57	22.75	N
9.985 SHARES OF COLUMBIA MID CAP INDEX FD CL Z	02/17/2012 06/17/2011	119.42	115.93	3.49	N
68.957 SHARES OF COLUMBIA MID CAP INDEX FD CL Z	02/17/2012 12/12/2011	824.73	727.50	97.23	N

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
SHORT TERM CAPITAL GAIN (LOSS) - CONTINUED					
113.052 SHARES OF FEDERATED STRATEGIC VALUE DIVIDEND FUND CL INST	06/06/2012 02/17/2012	542.65	548.30	(5.65)	C
199.464 SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM	06/06/2012 02/17/2012	2,712.71	2,577.08	135.63	C
16.038 SHARES OF COLUMBIA ACORN INTERNATIONAL FUND CL Z	06/06/2012 02/17/2012	575.44	616.66	(41.22)	C
95.879 SHARES OF TEMPLETON GLOBAL BOND FUND CL AD	06/06/2012 02/17/2012	1,191.78	1,261.77	(69.99)	C
580 SHARES OF VANGUARD TOTAL BOND MARKET ETF	06/06/2012 02/17/2012	48,766.30	48,447.81	318.49	C
2559.428 SHARES OF GUGGENHEIM MID CAP VALUE FUND CL I	10/02/2012 02/17/2012	29,049.51	28,947.13	102.38	C
263.617 SHARES OF GUGGENHEIM MID CAP VALUE FUND CL I	10/02/2012 06/06/2012	2,992.05	2,670.44	321.61	C
57.55 SHARES OF THIRD AVENUE REAL ESTATE VALUE FUND CL IS	12/19/2012 02/17/2012	1,449.11	1,374.29	74.82	C

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
SHORT TERM CAPITAL GAIN (LOSS) - CONTINUED					
118.747 SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM	12/19/2012 02/17/2012	1,565.08	1,534.21	30.87	C
340 SHARES OF SPDR S&P 500 ETF TRUST	12/19/2012 06/06/2012	49,438.33	44,602.12	4,836.21	C
TOTAL SHORT TERM CAPITAL GAIN (LOSS)		248,027.01	244,430.66	3,596.35	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAIN (LOSS)					
495 SHARES OF GOLDMAN SACHS LARGE CAP VALUE FD - INST	02/17/2012 10/05/2010	5,905.35	5,479.65	425.70	
826.919 SHARES OF GOLDMAN SACHS LARGE CAP VALUE FD - INST	02/17/2012 06/28/2010	9,865.14	8,550.34	1,314.80	
2409.957 SHARES OF MAINSTAY LARGE CAP GROWTH FUND CL I	02/17/2012 06/28/2010	19,014.56	14,218.75	4,795.81	
214 SHARES OF MAINSTAY LARGE CAP GROWTH FUND CL I	02/17/2012 10/05/2010	1,688.46	1,414.54	273.92	
2165.369 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 05/01/2009	23,948.98	23,342.68	606.30	
338.979 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 03/27/2007	3,749.11	3,677.93	71.18	
1247.48 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 04/15/2010	13,797.13	13,934.35	(137.22)	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAIN (LOSS) - CONTINUED					
268.963 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 06/23/2004	2,974.73	2,958.60	16.13	
254.965 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 08/04/2006	2,819.91	2,733.23	86.68	
186.14 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 03/24/2005	2,058.71	2,043.82	14.89	
2.266 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 12/08/2005	25.06	24.67	0.39	
1175.754 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 06/24/2008	13,003.84	12,662.87	340.97	
232.514 SHARES OF ABERDEEN INTL EQUITY INSTITUTIONAL FUND CL SHS	02/17/2012 06/01/2005	3,011.06	3,322.95	(311.89)	
11.003 SHARES OF ABERDEEN INTL EQUITY INSTITUTIONAL FUND CL SHS	02/17/2012 04/16/2001	142.49	156.72	(14.23)	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAIN (LOSS) - CONTINUED					
1228.644 SHARES OF MAINSTAY HIGH YIELD CORP BOND FUND CL I	02/17/2012 10/05/2010	7,310.43	7,199.85	110.58	
746.209 SHARES OF NATIXIS LOOMIS SAYLES LTD GOV AND AGCY FD CL Y	02/17/2012 06/28/2010	8,932.12	8,939.58	(7.46)	
413.486 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 11/20/2008	6,846.03	3,296.19	3,549.84	
175.578 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 12/09/1999	2,907.02	1,805.87	1,101.15	
317.446 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 06/23/2000	5,255.91	3,571.36	1,684.55	
7.285 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 12/15/2008	120.62	69.17	51.45	
87 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 10/05/2010	1,440.45	1,204.95	235.50	
238.522 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 09/22/2008	3,949.18	3,483.76	465.42	
3011.067 SHARES OF COLUMBIA MID CAP INDEX FD CL Z	02/17/2012 06/28/2010	36,012.36	28,635.25	7,377.11	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAIN (LOSS) - CONTINUED					
138.231 SHARES OF NATIXIS LOOMIS SAYLES LTD GOV AND AGCY FD CL Y	06/06/2012 06/28/2010	1,650.48	1,656.01	(5.53)	
508.159 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	06/06/2012 08/04/2006	5,681.22	5,447.46	233.76	
250.715 SHARES OF MAINSTAY HIGH YIELD CORP BOND FUND CL I	06/06/2012 10/05/2010	1,466.68	1,469.19	(2.51)	
5.045 SHARES OF T ROWE PRICE INSTITUTIONAL FLOATING RATE FUND CL I	06/06/2012 06/02/2011	50.20	52.27	(2.07)	N
156.629 SHARES OF ABERDEEN ASIA-PACIFIC EX-JAPAN EQUITY FUND INSTITUTIONAL CLASS	12/19/2012 06/01/1999	1,910.87	1,164.57	746.30	
254.908 SHARES OF ABERDEEN INTERNATIONAL EQUITY FUND INST	12/19/2012 06/02/2011	3,716.56	3,749.40	(32.84)	N
123.691 SHARES OF GOLDMAN SACHS LARGE CAP VALUE FD - INST	12/19/2012 06/28/2010	1,583.25	1,278.97	304.28	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAIN (LOSS) - CONTINUED					
53.431 SHARES OF T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	12/19/2012 06/02/2011	1,649.95	1,729.56	(79.61)	N
42.846 SHARES OF RS GLOBAL NATURAL RESOURCES FUND CL Y	12/19/2012 06/02/2011	1,581.02	1,693.27	(112.25)	N
TOTAL LONG TERM CAPITAL GAIN (LOSS)		194,068.88	170,967.78	23,101.10	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
SHORT TERM CAPITAL GAINS DIVIDENDS					
914.392 BASIS SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM				84.12	
1110 BASIS SHARES OF VANGUARD TOTAL BOND MARKET ETF				42.18	
820.893 BASIS SHARES OF THIRD AVENUE REAL ESTATE VALUE FUND CL IS				153.10	
908.47 BASIS SHARES OF TEMPLETON GLOBAL BOND FUND CL AD				1.54	
1021.237 BASIS SHARES OF T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND				10.21	
7980.22 BASIS SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I				1,550.72	
889.956 BASIS SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM				54.29	
1160 BASIS SHARES OF VANGUARD TOTAL BOND MARKET ETF				193.72	
TOTAL SHORT TERM CAPITAL GAINS DIVIDENDS		0.00	0.00	2,089.88	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAINS DIVIDENDS					
914.392 BASIS SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM				61.26	
1110 BASIS SHARES OF VANGUARD TOTAL BOND MARKET ETF				42.18	
30566.618 BASIS SHARES OF FEDERATED STRATEGIC VALUE DIVIDEND FUND CL INST				75.43	
1151.745 BASIS SHARES OF RS GLOBAL NATURAL RESOURCES FUND CL Y				126.23	
820.893 BASIS SHARES OF THIRD AVENUE REAL ESTATE VALUE FUND CL IS				975.88	
908.47 BASIS SHARES OF TEMPLETON GLOBAL BOND FUND CL AD				154.35	
1602.155 BASIS SHARES OF JANUS TRITON FUND CL I				1,045.09	
7980.22 BASIS SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I				882.13	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAINS DIVIDENDS - CONTINUED					
2453.311 BASIS SHARES OF ABERDEEN ASIA-PACIFIC EX-JAPAN EQUITY FUND INSTITUTIONAL CLASS				398.05	
842.968 BASIS SHARES OF NATIXIS L@OMIS SAYLES LTD GOV AND AGCY FD CL Y				3.29	
889.956 BASIS SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM				114.80	
1160 BASIS SHARES OF VANGUARD TOTAL BOND MARKET ETF				299.28	
TOTAL LONG TERM CAPITAL GAINS DIVIDENDS		0.00	0.00	4,177.97	

BANK OF HAWAII
Gain and Loss Report
BANK OF HAWAII AGENT FOR
MAUI MEMORIAL MEDICAL CENTER
CHARITABLE FOUNDATION, INC.

SUMMARY OF CAPITAL GAINS AND LOSSES

TOTAL SHORT TERM CAPITAL GAIN (LOSS)	3,596.35	
TOTAL SHORT TERM CAPITAL GAINS DIVIDENDS	2,089.88	
NET SHORT TERM CAPITAL GAIN (LOSS)	5,686.23	5,686.23
TOTAL LONG TERM CAPITAL GAIN (LOSS)	23,101.10	
TOTAL LONG TERM CAPITAL GAINS DIVIDENDS	4,177.97	
TOTAL 28% RATE CAPITAL GAINS DIVIDENDS	0.00	
TOTAL SEC 1250 CAPITAL GAINS DIVIDENDS	0.00	
TOTAL SEC 1202 CAPITAL GAINS DIVIDENDS	0.00	
NET LONG TERM CAPITAL GAIN (LOSS)	27,279.07	27,279.07
NET CAPITAL GAIN (LOSS)		32,965.30

TOTAL GAIN/LOSS FROM SALES WITH UNKNOWN COST/ACQUISITION DATE 0.00

ACCOUNT # 135240356
TAX ID XX-XXX0698
FROM 01/01/2012
TO 12/31/2012
FISCAL YEAR: 12/31

BANK OF HAWAII
Gain and Loss Report
BANK OF HAWAII
AGENT U/A DATED 02/03/2006 FOR
MAUI MEMORIAL MEDICAL CENTER
FOUNDATION ENDOWMENT FUND

AS OF 06/13/2013
RUN JUN 13 2013

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
SHORT TERM CAPITAL GAIN (LOSS)					
11.967 SHARES OF RS GLOBAL NATURAL RESOURCES FUND CL Y	02/17/2012 06/02/2011	458.34	472.94	(14.60)	N
166.116 SHARES OF ABERDEEN INTL EQUITY INSTITUTIONAL FUND CL SHS	02/17/2012 06/02/2011	2,151.20	2,287.42	(136.22)	N
2797 SHARES OF MAINSTAY HIGH YIELD CORP BOND FUND CL I	02/17/2012 06/02/2011	16,642.15	16,754.03	(111.88)	N
891.573 SHARES OF T ROWE PRICE INSTITUTIONAL FLOATING RATE FUND CL I	02/17/2012 06/02/2011	8,969.23	9,236.70	(267.47)	N
19.304 SHARES OF COLUMBIA MID CAP INDEX FD CL Z	02/17/2012 12/12/2011	230.88	203.66	27.22	N
18.195 SHARES OF COLUMBIA MID CAP INDEX FD CL Z	02/17/2012 06/17/2011	217.61	211.24	6.37	N
2.795 SHARES OF COLUMBIA MID CAP INDEX FD CL Z	02/17/2012 06/17/2011	33.43	32.45	0.98	N
6.307 SHARES OF FEDERATED STRATEGIC VALUE DIVIDEND FUND CL INST	06/06/2012 02/17/2012	30.27	30.59	(0.32)	C

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
SHORT TERM CAPITAL GAIN (LOSS) - CONTINUED					
54.976 SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM	06/06/2012 02/17/2012	747.67	710.29	37.38	C
4.945 SHARES OF COLUMBIA ACORN INTERNATIONAL FUND CL Z	06/06/2012 02/17/2012	177.43	190.14	(12.71)	C
29.453 SHARES OF TEMPLETON GLOBAL BOND FUND CL AD	06/06/2012 02/17/2012	366.10	387.60	(21.50)	C
185 SHARES OF VANGUARD TOTAL BOND MARKET ETF	06/06/2012 02/17/2012	15,554.77	15,453.18	101.59	C
91.252 SHARES OF GUGGENHEIM MID CAP VALUE FUND CL I	10/02/2012 06/06/2012	1,035.71	924.38	111.33	C
775.527 SHARES OF GUGGENHEIM MID CAP VALUE FUND CL I	10/02/2012 02/17/2012	8,802.23	8,771.21	31.02	C
19.593 SHARES OF THIRD AVENUE REAL ESTATE VALUE FUND CL IS	12/19/2012 02/17/2012	493.35	467.88	25.47	C
36.461 SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM	12/19/2012 02/17/2012	480.56	471.08	9.48	C

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
SHORT TERM CAPITAL GAIN (LOSS) - CONTINUED					
106 SHARES OF SPDR S&P 500 ETF TRUST	12/19/2012 06/06/2012	15,413.12	13,905.36	1,507.76	C
TOTAL SHORT TERM CAPITAL GAIN (LOSS)		71,804.05	70,510.15	1,293.90	

GAIN AND LOSS DETAIL

CUSIP # / PROPERTY DESCRIPTION	DATE SOLD / ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAIN (LOSS)					
83.388 SHARES OF GOLDMAN SACHS LARGE CAP VALUE FD - INST	02/17/2012 06/28/2010	994.82	862.23	132.59	
197 SHARES OF GOLDMAN SACHS LARGE CAP VALUE FD - INST	02/17/2012 10/05/2010	2,350.21	2,180.79	169.42	
433.089 SHARES OF MAINSTAY LARGE CAP GROWTH FUND CL I	02/17/2012 06/28/2010	3,417.07	2,555.23	861.84	
166 SHARES OF MAINSTAY LARGE CAP GROWTH FUND CL I	02/17/2012 10/05/2010	1,309.74	1,097.26	212.48	
31.86 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 03/24/2005	352.37	349.82	2.55	
177.166 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 07/30/2009	1,959.46	1,941.74	17.72	
208.174 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 07/19/2004	2,302.40	2,327.39	(24.99)	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAIN (LOSS) - CONTINUED					
643.999 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 04/15/2010	7,122.63	7,193.48	(70.85)	
290 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 08/17/2009	3,207.40	3,219.00	(11.60)	
46.037 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	02/17/2012 06/23/2004	509.17	506.40	2.77	
312.175 SHARES OF MAINSTAY HIGH YIELD CORP BOND FUND CL I	02/17/2012 10/05/2010	1,857.44	1,829.35	28.09	
182.13 SHARES OF NATIXIS LOOMIS SAYLES LTD GOV AND AGCY FD CL Y	02/17/2012 06/28/2010	2,180.10	2,181.92	(1.82)	
42 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 10/05/2010	695.39	581.70	113.69	
70.773 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 11/20/2008	1,171.78	564.18	607.60	
16.416 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 12/14/2009	271.80	200.52	71.28	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAIN (LOSS) - CONTINUED					
30.052 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 12/09/1999	497.57	309.10	188.47	
20.975 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 11/23/2009	347.28	249.78	97.50	
1.247 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 12/15/2008	20.65	11.84	8.81	
72.288 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 04/15/2010	1,196.86	1,042.32	154.54	
21.887 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 08/17/2009	362.38	241.20	121.18	
9.12 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 10/09/2009	151.00	113.50	37.50	
8.208 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 07/30/2009	135.90	91.53	44.37	
54.335 SHARES OF ABERDEEN SMALL CAP FUND CL INST	02/17/2012 06/23/2000	899.60	611.28	288.32	
820 SHARES OF COLUMBIA MID CAP INDEX FD CL Z	02/17/2012 06/28/2010	9,807.19	7,798.20	2,008.99	
22.94 SHARES OF COLUMBIA MID CAP INDEX FD CL Z	02/17/2012 10/05/2010	274.36	239.03	35.33	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAIN (LOSS) - CONTINUED					
42.452 SHARES OF NATIXIS LOOMIS SAYLES LTD GOV AND AGCY FD CL Y	06/06/2012 06/28/2010	506.88	508.57	(1.69)	
129.889 SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I	06/06/2012 07/30/2009	1,452.16	1,423.58	28.58	
76.935 SHARES OF MAINSTAY HIGH YIELD CORP BOND FUND CL I	06/06/2012 10/05/2010	450.07	450.84	(0.77)	
1.535 SHARES OF T ROWE PRICE INSTITUTIONAL FLOATING RATE FUND CL I	06/06/2012 06/02/2011	15.27	15.90	(0.63)	N
39.726 SHARES OF ABERDEEN ASIA-PACIFIC EX-JAPAN EQUITY FUND INSTITUTIONAL CLASS	12/19/2012 06/02/2011	484.66	491.81	(7.15)	N
85.8 SHARES OF ABERDEEN INTERNATIONAL EQUITY FUND INST	12/19/2012 06/02/2011	1,250.96	1,262.02	(11.06)	N
59.08 SHARES OF GOLDMAN SACHS LARGE CAP VALUE FD - INST	12/19/2012 06/28/2010	756.22	610.89	145.33	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAIN (LOSS) - CONTINUED					
16.397 SHARES OF T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	12/19/2012 06/02/2011	506.34	530.77	(24.43)	N
13.155 SHARES OF RS GLOBAL NATURAL RESOURCES FUND CL Y	12/19/2012 06/02/2011	485.42	519.89	(34.47)	N
TOTAL LONG TERM CAPITAL GAIN (LOSS)		49,302.55	44,113.06	5,189.49	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
SHORT TERM CAPITAL GAINS DIVIDENDS					
274.597 BASIS SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM				25.26	
345 BASIS SHARES OF VANGUARD TOTAL BOND MARKET ETF				13.11	
256.335 BASIS SHARES OF THIRD AVENUE REAL ESTATE VALUE FUND CL IS				47.81	
278.968 BASIS SHARES OF TEMPLETON GLOBAL BOND FUND CL AD				0.47	
313.559 BASIS SHARES OF T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND				3.14	
2450.302 BASIS SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I				476.14	
272.041 BASIS SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM				16.59	
360 BASIS SHARES OF VANGUARD TOTAL BOND MARKET ETF				60.12	
TOTAL SHORT TERM CAPITAL GAINS DIVIDENDS		0.00	0.00	642.64	

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GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAINS DIVIDENDS					
274.597 BASIS SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM				18.40	
345 BASIS SHARES OF VANGUARD TOTAL BOND MARKET ETF				13.11	
9384.47 BASIS SHARES OF FEDERATED STRATEGIC VALUE DIVIDEND FUND CL INST				23.16	
353.621 BASIS SHARES OF RS GLOBAL NATURAL RESOURCES FUND CL Y				38.76	
256.335 BASIS SHARES OF THIRD AVENUE REAL ESTATE VALUE FUND CL IS				304.73	
278.968 BASIS SHARES OF TEMPLETON GLOBAL BOND FUND CL AD				47.40	
493.352 BASIS SHARES OF JANUS TRITON FUND CL I				321.81	
2450.302 BASIS SHARES OF ABERDEEN CORE FIXED INCOME FUND CL I				270.86	

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	COVERED
LONG TERM CAPITAL GAINS DIVIDENDS - CONTINUED					
752.036 BASIS SHARES OF ABERDEEN ASIA-PACIFIC EX-JAPAN EQUITY FUND INSTITUTIONAL CLASS				122.02	
258.86 BASIS SHARES OF NATIXIS LOOMIS SAYLES LTD GOV AND AGCY FD CL Y				1.01	
272.041 BASIS SHARES OF VANGUARD LONG-TERM TREASURY FUND CL ADM				35.09	
360 BASIS SHARES OF VANGUARD TOTAL BOND MARKET ETF				92.88	
TOTAL LONG TERM CAPITAL GAINS DIVIDENDS		0.00	0.00	1,289.23	

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SUMMARY OF CAPITAL GAINS AND LOSSES

TOTAL SHORT TERM CAPITAL GAIN (LOSS)	1,293.90	
TOTAL SHORT TERM CAPITAL GAINS DIVIDENDS	642.64	
NET SHORT TERM CAPITAL GAIN (LOSS)	1,936.54	1,936.54
TOTAL LONG TERM CAPITAL GAIN (LOSS)	5,189.49	
TOTAL LONG TERM CAPITAL GAINS DIVIDENDS	1,289.23	
TOTAL 28% RATE CAPITAL GAINS DIVIDENDS	0.00	
TOTAL SEC 1250 CAPITAL GAINS DIVIDENDS	0.00	
TOTAL SEC 1202 CAPITAL GAINS DIVIDENDS	0.00	
NET LONG TERM CAPITAL GAIN (LOSS)	6,478.72	6,478.72
NET CAPITAL GAIN (LOSS)		8,415.26

TOTAL GAIN/LOSS FROM SALES WITH UNKNOWN COST/ACQUISITION DATE 0.00