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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

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

Doing Business As
WAIANAE COAST COMPREHENSIVE HEALTH CENTER

Number and street (or P O box if mail is not delivered to street address) | Room/suite
86-260 FARRINGTON HIGHWAY

City or town, state or province, country, and ZIP or foreign postal code
WAIANAE, HI 967923199

D Employer identification number
99-0148164

E Telephone number
(808) 697-3457

G Gross receipts $ 55,022,910

F Name and address of principal officer
RICHARD P BETTINI
86260 FARRINGTON HWY
WAIANAE,HI 96792

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW WCCHC COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1972

M State of legal domicile HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER ("THE HEALTH CENTER") IS A HEALING CENTER THAT PROVIDES ACCESSIBLE AND AFFORDABLE MEDICAL AND TRADITIONAL HEALING SERVICES WITH ALOHA THE HEALTH CENTER IS A LEARNING CENTER THAT OFFERS HEALTH CAREER TRAINING TO ENSURE A BETTER FUTURE FOR OUR COMMUNITY THE HEALTH CENTER IS ALSO AN INNOVATOR, USING LEADING EDGE TECHNOLOGY TO DELIVER THE HIGHEST QUALITY OF HEALTH CARE SERVICES

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	725
6	Total number of volunteers (estimate if necessary)	**6**	105
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	14,708
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	15,247,159	6,918,806
	9 Program service revenue (Part VIII, line 2g)	40,513,053	45,626,237
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,661	9,640
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,607,026	2,468,227
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,370,899	55,022,910
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	259,165	177,616
	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)	34,678,012	37,804,076
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶109,765		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,037,912	16,551,353
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,975,089	54,533,045
	19 Revenue less expenses Subtract line 18 from line 12	7,395,810	489,865

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	57,474,019	56,200,725
	21 Total liabilities (Part X, line 26)	8,257,316	7,249,599
	22 Net assets or fund balances Subtract line 21 from line 20	49,216,703	48,951,126

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

****** | 2015-05-13
Signature of officer | Date

JAMES Z CHEN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ACCUITY LLP				P00089337

Firm's name ▶ ACCUITY LLP | Firm's EIN ▶ 20-5325889

Firm's address ▶ 999 BISHOP STREET STE 1900
HONOLULU, HI 96813 | Phone no (808) 531-3400

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER ("THE HEALTH CENTER") IS A HEALING CENTER THAT PROVIDES ACCESSIBLE AND AFFORDABLE MEDICAL AND TRADITIONAL HEALING SERVICES WITH ALOHA THE HEALTH CENTER IS A LEARNING CENTER THAT OFFERS HEALTH CAREER TRAINING TO ENSURE A BETTER FUTURE FOR OUR COMMUNITY THE HEALTH CENTER IS ALSO AN INNOVATOR, USING LEADING EDGE TECHNOLOGY TO DELIVER THE HIGHEST QUALITY OF HEALTH CARE SERVICES

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 $ 20,326,541 including grants of $) (Revenue $ 30,130,189)

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

4b (Code) (Expenses $ 6,140,089 including grants of $) (Revenue $ 7,660,150)

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

4c (Code) (Expenses $ 2,925,951 including grants of $) (Revenue $ 5,068,995)

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

(Code) (Expenses $ 16,176,104 including grants of $ 177,616) (Revenue $ 5,230,062)

THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER SERVES THE MEDICALLY UNDERSERVED AND ECONOMICALLY DISADVANTAGED COMMUNITY OF WAIANAE AND SURROUNDING COMMUNITIES IN THE LEEWARD AREA ON THE ISLAND OF OAHU IN THE STATE OF HAWAII SERVING THE COMMUNITY SINCE 1972, THE HEALTH CENTER CELEBRATED ITS 40TH ANNIVERSARY IN 2012 FROM ITS START AS A ONE DOCTOR OFFICE, THE HEALTH CENTER IS THE LARGEST, AND OLDEST, OF THE FOURTEEN COMMUNITY HEALTH CENTERS IN THE STATE OF HAWAII THE STRENGTH OF THE HEALTH CENTER LIES IN THE STRONG FOUNDATION SET BY ITS FOUNDERS, THE VISION AND EXPERTISE OF ITS BOARD OF DIRECTORS, THE SENSE OF OWNERSHIP BY ITS STAFF, PATIENTS AND COMMUNITY, THE YEARS OF SERVICE AND COMMITMENT OF ITS MANAGEMENT TEAM, AND THE RELATIONSHIPS FORGED AT THE COMMUNITY, STATE AND NATIONAL LEVEL IN 2014, THE HEALTH CENTER SERVED 34,781 PATIENTS, THE MAJORITY BEING NATIVE HAWAIIAN (49%), FOLLOWED BY ASIAN & OTHER PACIFIC ISLANDERS (27%), AND CAUCASIANS (17%) DATA SHOWS 70% OF PATIENTS ARE AT 100% OF THE FEDERAL POVERTY LEVEL OR BELOW, 11% ARE UNINSURED, AND 58% ARE RECEIVING COVERAGE UNDER QUEST, THE STATE OF HAWAII'S MEDICAID PROGRAM THE WAIANAE COAST IS AN ECONOMICALLY DISTRESSED COMMUNITY WITH A POPULATION OF 48,519 ALMOST 19% OF THE POPULATION HAS ANNUAL INCOME LESS THAN 100% OF THE FEDERAL POVERTY LEVEL, WHICH IS THE HIGHEST LEVEL IN THE CITY AND COUNTY OF HONOLULU AND THE THIRD HIGHEST IN THE STATE OF HAWAII TWENTY-NINE PERCENT OF WAIANAE COAST HOUSEHOLDS ARE RECEIVING SNAP/CASH OR OTHER FORMS OF PUBLIC ASSISTANCE THIS IS THE HIGHEST RATE IN THE CITY AND COUNTY OF HONOLULU AND THE STATE OF HAWAII THE AVERAGE PER CAPITA INCOME IS $17,300 MAKING IT THE LOWEST IN THE CITY AND COUNTY OF HONOLULU AND THE STATE OF HAWAII ALMOST 9% OF THE POPULATION IS UNEMPLOYED, THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND THIRD HIGHEST IN THE STATE THE HEALTH STATISTICS OF THE WAIANAE COAST PARALLEL THE ECONOMIC SITUATION IN THE COMMUNITY THE INFANT MORTALITY RATE IN WAIANAE IS THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND SECOND HIGHEST IN THE STATE TEEN BIRTHS ARE ALSO THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND THIRD HIGHEST IN THE STATE MORBIDITY AND MORTALITY INDICATORS SHOW THAT THE WAIANAE COAST RANKS HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND IN THE STATE FOR OBESITY (43 5%), ADULTS WHO SMOKE (26%), ADULTS WITH DIABETES (13 7%), DISEASES OF THE HEART (260 4 DEATHS PER 100,000), AND CANCER (197 PER 100,000) THE HEALTH CENTER ACHIEVES ITS MISSION BY NOT ONLY SERVING PATIENTS WHO SEEK SERVICES, BUT ALSO BY INCORPORATING THE GOAL OF IMPROVING THE OVERALL HEALTH STATUS OF THE COMMUNITY IT SERVES THE VISION OF THE FOUNDERS TO OFFER COMPREHENSIVE HEALTH SERVICES HAS GUIDED THE DEVELOPMENT OF SERVICES AND ACTIVITIES OF OUR PATIENT CENTERED HEALTH CARE HOME, WHICH INCLUDES - ADULT DAY CARE - BEHAVIORAL HEALTH - CASE MANAGEMENT- CHRONIC DISEASE MANAGEMENT (DIABETES EDUCATION, ASTHMA EDUCATION, SMOKING CESSATION, ETC)- DENTAL - EMERGENCY ROOM SERVICES (24 HOURS, 365 DAYS/YEAR)- EXERCISE CLASSES, FITNESS TRAINING & WALKING TRAILS- FAMILY PLANNING- HEALTH EDUCATION- HEALTH EMERGENCY LIAISON PROGRAM- HOMELESS OUTREACH- INSTITUTIONAL REVIEW BOARD FOR RESEARCH- LABORATORY- NATIVE HAWAIIAN HEALING (LOMILOMI, HO'OPONOPONO, LA'AU LAPA'AU, PALE KEIKI, HA HA)- NUTRITION COUNSELING- PATIENT ELIGIBILITY SERVICES- PHARMACY - PRIMARY CARE CLINICS (ADULT MEDICINE, PEDIATRICS, WOMEN'S HEALTH) - RADIOLOGY/MAMMOGRAPHY/BONE DENSITY SCREENING- RESTAURANT- SPECIALISTS (GENERAL SURGERY, OPTOMETRY, OBSTETRICS/GYNECOLOGY, ORTHOPEDICS, PODIATRY, PSYCHIATRY, PSYCHOLOGY, DERMATOLOGY, AND CHRONIC PAIN MANAGEMENT)- SUBSTANCE ABUSE TREATMENT- TRANSPORTATION- HEALTH CAREER TRAINING/HEALTH CARE PROFESSIONAL TRAINING- WOMEN, INFANT, CHILDREN PROGRAM (WIC) THE HEALTH CENTER IS A MAJOR ECONOMIC PROVIDER IN THE COMMUNITY, EMPLOYING 600 INDIVIDUALS, THE MAJORITY OF WHOM RESIDE ON THE WAIANAE COAST THE HEALTH CENTER IS GOVERNED AND GUIDED BY A BOARD OF DIRECTORS THAT INCLUDES 10 MEMBERS ELECTED FROM THE WAIANAE COMMUNITY, AND 10 MEMBERS APPOINTED FOR EXPERTISE IN BUSINESS, MEDICINE, LAW, OR COMMUNITY AFFAIRS, WITH TWO REPRESENTING THE SERVICE AREAS OF WAIPAHU AND KAPOLEI THE HEALTH CENTER HAS MAINTAINED A POSITIVE FINANCIAL POSITION BY CONTINUOUSLY INCREASING PRODUCTIVITY, DEVELOPING REVENUE GENERATING SERVICES, INITIATING TECHNOLOGICAL INNOVATIONS AND PROMOTING COMMUNITY INVOLVEMENT THE HEALTH CENTER'S FULL ARRAY OF PRIMARY HEALTH CARE SERVICES IS DESIGNED TO MEET THE NEEDS OF THE TARGET POPULATION MUCH ATTENTION HAS BEEN PAID INTO PLACING CLINICS THAT ARE STRATEGICALLY LOCATED ALONG BUS ROUTES THAT ARE VISIBLE TO THE COMMUNITY THE HOURS OF OPERATION AT ALL SITES REPRESENT A COMMITMENT TO MEET THE NEEDS OF PATIENTS AND THEIR PERSONAL SITUATIONS CLINICS ARE OPEN WEEKDAYS AS EARLY AS 7 00 AM AND STAY OPEN, AT THE LATEST, TILL 8 00 PM CLINICS ARE ALSO OPEN ON SATURDAYS AND A WALK-IN CLINIC IS AVAILABLE AT ONE OF THE SATELLITE CLINICS FOR URGENT CARE THE HEALTH CENTER'S EMERGENCY ROOM IS AVAILABLE 24 HOURS, 365 DAYS A YEAR PRIMARY, PREVENTIVE, AND ENABLING SERVICES ARE AVAILABLE AND ACCESSIBLE TO ALL LIFE CYCLES REGARDLESS OF ABILITY TO PAY FOR SERVICES SPECIFIC PREVENTIVE (CHRONIC DISEASE MANAGEMENT, HEALTH EDUCATION - DIABETES, ASTHMA, NUTRITION, EXERCISE/FITNESS, AND SMOKING CESSATION) AND ENABLING SERVICES (CASE MANAGEMENT, ELIGIBILITY ASSISTANCE) ARE INTEGRATED WITH PRIMARY CARE THE HEALTH CENTER COMPLETED CONSTRUCTION OF ITS TWO-STORY ADULT MEDICAL AND PHARMACY BUILDING IN THE SPRING OF 2013 THE HEALTH CENTER WILL START CONSTRUCTION OF A NEW 2-STORY EMERGENCY MEDICAL SERVICES BUILDING IN 2015 A KEY INITIATIVE FOR THE HEALTH CENTER CONTINUES TO BE DEVELOPING A "PRIMARY CARE HEALTH CARE HOME" THAT FITS THE MODEL OF CARE THAT MEETS THE BROAD HEALTH CARE NEEDS OF OUR PATIENTS THE HEALTH CENTER CONTINUES TO GROW ITS PARTNERSHIP THROUGH AHARO (ACCOUNTABLE HEALTHCARE ALLIANCE OF RURAL OAHU) WHICH INCLUDES HEALTH CENTERS ON OAHU AND THE BIG ISLAND WHOSE MISSION IS "PROMOTING ACCESS, QUALITY, AND COST EFFECTIVENESS IN HEALTHCARE BY EMPOWERING CONSUMERS TO EVALUATE THE PERFORMANCE OF HEALTHCARE AGENCIES THAT SERVE THEM "

4d Other program services (Describe in Schedule O)

(Expenses $ 16,176,104 including grants of $ 177,616) (Revenue $ 5,230,062)

4e **Total program service expenses** ▶ 45,568,685

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	144		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	725		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	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**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
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**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

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

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY R GUERRERO BOARD CHAIR	1 00	X		X				0	0	0
(2) DANE KEOLA LLOYD BOARD 1ST VICE CHAIR	1 00	X		X				0	0	0
(3) MELVIN KAUILA CLARK BOARD 2ND VICE CHAIR	1 00	X		X				0	0	0
(4) WILLIAM WILSON BOARD 3RD VICE CHAIR	1 00	X		X				0	0	0
(5) BILLIE HAUGE BOARD SECRETARY	1 00	X		X				0	0	0
(6) WAYNE SUEHIRO BOARD TREASURER	1 00	X		X				0	0	0
(7) MERRIE AIPOALANI BOARD MEMBER	1 00	X						0	0	0
(8) DONNA BROOME BOARD MEMBER	1 00	X						0	0	0
(9) GINGER FUATA BOARD MEMBER	1 00	X						0	0	0
(10) DAN GOMES BOARD MEMBER	1 00	X						0	0	0
(11) CLIFFORD ISARA BOARD MEMBER	1 00	X						0	0	0
(12) BRIAN KEAULANA BOARD MEMBER	1 00	X						0	0	0
(13) BARBARA KEOLA BOARD MEMBER	1 00	X						0	0	0
(14) RENEE REGO BOARD MEMBER	1 00	X						0	0	0
(15) CANDY SUISO BOARD MEMBER	1 00	X						0	0	0
(16) CHARLES WHEATLEY BOARD MEMBER	1 00	X						0	0	0
(17) ROY MAGNUSSEN BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD P BETTINI CHIEF EXECUTIVE OFFICER	40 00 1 00			X				317,075	0	25,273
(19) JAMES Z CHEN CHIEF FINANCIAL OFFICER	40 00			X				179,256	0	34,624
(20) STEPHEN P BRADLEY MEDICAL DIRECTOR	40 00				X			237,606	0	38,910
(21) ROBERT THOMAS BONHAM ASS'T DIRECTOR - EMERGENT CARE	40 00				X			226,783	0	28,597
(22) ROBERT YOUNG CHIEF -BEH HLTH SCIENCES, PS	45 00				X			218,482	0	37,808
(23) VIJA M SEHGAL CHIEF QUALITY OFFICER	30 00				X			213,585	0	31,826
(24) SCOTT PADAVAN DIRECTOR-EMERGENT CARE, PHYSICIAN	40 00				X			209,968	0	34,504
(25) ALLON AMITAI PHYSICIAN	48 00				X			203,803	0	0
(26) JOYCE O'BRIEN EXECUTIVE VICE PRESIDENT	40 00				X			181,034	0	11,338
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,987,592	0	242,880

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 ▶67

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSAL CLEANING SYSTEMS LLC 87-1449 AKOWAI RD WAIANAE HI 96792	JANITORIAL SERVICES	235,699
LEE LAW OFFICE LLLC 1136 UNION MALL ST STE 303 HONOLULU HI 96813	LEGAL REPRESENTATION	187,472
MARK KA'AHA'AINA DBA MARK'S SPECIALTIES 85-1192 WAIANAE VALLEY RD WAIANAE HI 96792	DINING PAVILION MANAGEMENT	142,982
TORKILDSON KATZ MOORE HETHERINGTON HARRI 700 BISHOP ST 15TH FL HONOLULU HI 96813	LEGAL REPRESENTATION	106,585

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a 32,422				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 6,643,146				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 243,238				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		6,918,806			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621400	36,265,648	36,265,648		
	b	SETTLEMENT INCOME	621400	5,303,052	5,303,052		
	c	RISK SHARE EARNINGS	621400	2,261,041	2,261,041		
	d	CAPITATION REVENUE	621400	1,764,987	1,764,987		
	e	MOB-RENTAL MENTAL HEALTH CENTER	621400	31,509	31,509		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		45,626,237			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		9,640			9,640
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	SOURCE INCENTIVE PAYMENTS	621400	1,053,524	1,053,524		
	b	MISC REVENUE NOT INCLUDED ABOVE	621400	757,464	742,756	14,708	
	c	TRAINING PROGRAMS	621400	557,363	557,363		
	d	All other revenue		99,876	99,876		
	e	**Total.** Add lines 11a–11d . . . . . ▶		2,468,227			
	12	**Total revenue.** See Instructions . . . . . ▶		55,022,910	48,079,756	14,708	9,640

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 or note to any line 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	116,928	116,928		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	60,688	60,688		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,806,560		1,806,560	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,000		2,000	
7 Other salaries and wages	29,016,633	25,497,189	3,449,792	69,652
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	913,001	784,045	127,158	1,798
9 Other employee benefits	3,854,525	3,455,163	389,963	9,399
10 Payroll taxes	2,211,357	1,968,062	238,309	4,986
11 Fees for services (non-employees)				
a Management				
b Legal	287,340		287,340	
c Accounting	178,377		178,377	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,338,662	997,520	341,142	
12 Advertising and promotion	149,940	3,604	122,514	23,822
13 Office expenses	6,453,182	5,858,566	594,561	55
14 Information technology	693,221	501,201	192,020	
15 Royalties . .				
16 Occupancy	3,972,334	3,433,837	538,497	
17 Travel	204,713	149,702	54,999	12
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	150,634	81,000	69,634	
20 Interest	5,545		5,545	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,423,857	2,145,713	278,144	
23 Insurance	341,369	261,063	80,265	41
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 EMPLOYEE INCENTIVES	214,632	159,532	55,100	
b EMPLOYEE RECRUITMENT	46,478	34,624	11,854	
c DUES AND LICENSES	21,664	18,844	2,820	
d GENERAL EXCISE TAXES	8,923	8,780	143	
e All other expenses	60,482	32,624	27,858	
25 **Total functional expenses.** Add lines 1 through 24e	54,533,045	45,568,685	8,854,595	109,765
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		4,047	1	6,644
	2	Savings and temporary cash investments		6,373,025	2	5,953,211
	3	Pledges and grants receivable, net		2,319,952	3	1,577,289
	4	Accounts receivable, net		7,274,969	4	7,851,443
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		296,814	8	259,398
	9	Prepaid expenses and deferred charges		516,566	9	1,036,644
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 58,410,873			
	b	Less accumulated depreciation	10b 19,637,362	39,674,002	10c	38,773,511
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,014,644	15	742,585
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		57,474,019	16	56,200,725
Liabilities	17	Accounts payable and accrued expenses		7,353,479	17	6,073,202
	18	Grants payable			18	
	19	Deferred revenue		748,747	19	954,030
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		155,090	25	222,367
	26	**Total liabilities.** Add lines 17 through 25		8,257,316	26	7,249,599
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		48,519,540	27	48,019,576
	28	Temporarily restricted net assets		297,163	28	531,550
	29	Permanently restricted net assets		400,000	29	400,000
		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		49,216,703	33	48,951,126
	34	Total liabilities and net assets/fund balances		57,474,019	34	56,200,725

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,022,910
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,533,045
3	Revenue less expenses Subtract line 2 from line 1	3	489,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,216,703
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-294,387
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-461,055
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	48,951,126

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
99-0148164

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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**	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test		
Return Reference	Explanation	

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
99-0148164

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

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

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

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

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

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

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	400,000	200,000	200,000	200,000	200,000
b	Contributions		200,000			
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	400,000	400,000	200,000	200,000	200,000

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 ▶ 100 000 %
- 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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		466,267		466,267
b Buildings		43,887,159	11,066,920	32,820,239
c Leasehold improvements		1,692,060	1,615,519	76,541
d Equipment		12,365,387	6,954,923	5,410,464
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				38,773,511

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
CAPITAL LEASES	222,367
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	222,367

2. Liability for uncertain tax positions 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** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information**

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

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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

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2013

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

Employer identification number
99-0148164

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BUILDING INDUSTRY ASSOCIATION OF HI 94-487 AKOKI ST WAIPAHU,HI 96797	99-0085483	501(C)(6)	21,690				TRAINING SERVICES
(2) MALAMA LEARNING CENTER PO BOX 75467 KAPOLEI,HI 96707	20-0442056	501(C)(3)	6,250				WAIANAE FARMERS MARKET EXPANSION PROGRAM
(3) UNIVERSITY OF HAWAII OFFICE OF RESEARCH SVC 2530 DOLE ST SAK D200 HONOLULU,HI 96822	99-9000354	GOVT	27,166				VOCATIONAL AND CAREER CLASSES
(4) WAIANAE COAST COMMUNITY MENTAL HEALTH 86-226 FARRINGTON HWY WAIANAE,HI 96792	99-0256258	501(C)(3)	27,049				PROJECT PLANNING AND IMPLEMENTATION SERVICES
(5) WAIMANALO HEALTH CENTER 41-1347 KALANIANAOLE HWY WAIMANALO,HI 96795	99-0273205	501(C)(3)	27,773				PROJECT PLANNING AND IMPLEMENTATION SERVICES

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EVALUATION RESEARCH SERVICES	1	7,000			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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

Employer identification number
99-0148164

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)RICHARD P BETTINI CHIEF EXECUTIVE OFFICER	**(i)**	241,300	75,013	762	25,273	0	342,348	0
	(ii)	0	0	0	0	0	0	0
(2)JAMES Z CHEN CHIEF FINANCIAL OFFICER	**(i)**	157,076	21,825	355	34,624	0	213,880	0
	(ii)	0	0	0	0	0	0	0
(3)STEPHEN P BRADLEY MEDICAL DIRECTOR	**(i)**	199,144	38,066	396	38,910	0	276,516	0
	(ii)	0	0	0	0	0	0	0
(4)ROBERT THOMAS BONHAM ASS'T DIRECTOR - EMERGENT CARE	**(i)**	223,012	3,375	396	28,597	0	255,380	0
	(ii)	0	0	0	0	0	0	0
(5)ROBERT YOUNG CHIEF -BEH HLTH SCIENCES, PS	**(i)**	217,674	550	258	37,808	0	256,290	0
	(ii)	0	0	0	0	0	0	0
(6)VIJA M SEHGAL CHIEF QUALITY OFFICER	**(i)**	183,940	29,087	558	31,826	0	245,411	0
	(ii)	0	0	0	0	0	0	0
(7)SCOTT PADAVAN DIRECTOR- EMERGENT CARE, PHYSICIAN	**(i)**	205,278	4,600	90	34,504	0	244,472	0
	(ii)	0	0	0	0	0	0	0
(8)ALLON AMITAI PHYSICIAN	**(i)**	203,803	0	0	0	0	203,803	0
	(ii)	0	0	0	0	0	0	0
(9)JOYCE O'BRIEN EXECUTIVE VICE PRESIDENT	**(i)**	181,034	0	0	11,338	0	192,372	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 99-0148164

Name: WAIANAE DISTR COMPREHENSIVE HEALTH & HOSPITAL BOARD INCORPORATED

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RICHARD P BETTINI CHIEF EXECUTIVE OFFICER	(I)	241,300	75,013	762	25,273	0	342,348	0
	(II)	0	0	0	0	0	0	0
JAMES Z CHEN CHIEF FINANCIAL OFFICER	(I)	157,076	21,825	355	34,624	0	213,880	0
	(II)	0	0	0	0	0	0	0
STEPHEN P BRADLEY MEDICAL DIRECTOR	(I)	199,144	38,066	396	38,910	0	276,516	0
	(II)	0	0	0	0	0	0	0
ROBERT THOMAS BONHAM ASS'T DIRECTOR - EMERGENT CARE	(I)	223,012	3,375	396	28,597	0	255,380	0
	(II)	0	0	0	0	0	0	0
ROBERT YOUNG CHIEF -BEH HLTH SCIENCES, PS	(I)	217,674	550	258	37,808	0	256,290	0
	(II)	0	0	0	0	0	0	0
VIJA M SEHGAL CHIEF QUALITY OFFICER	(I)	183,940	29,087	558	31,826	0	245,411	0
	(II)	0	0	0	0	0	0	0
SCOTT PADAVAN DIRECTOR- EMERGENT CARE, PHYSICIAN	(I)	205,278	4,600	90	34,504	0	244,472	0
	(II)	0	0	0	0	0	0	0
ALLON AMITAI PHYSICIAN	(I)	203,803	0	0	0	0	203,803	0
	(II)	0	0	0	0	0	0	0
JOYCE O'BRIEN EXECUTIVE VICE PRESIDENT	(I)	181,034	0	0	11,338	0	192,372	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
99-0148164

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE HEALTH CENTER HAS A CORPORATE MEMBERSHIP CORPORATE MEMBERS ARE DEFINED AS AN INDIVIDUAL, 18 YEARS OR OLDER, WHO RESIDES IN THE SERVICE AREA AND USES THE HEALTH CENTER AS A PRIMARY CARE FACILITY OR WHO HAS AN INTEREST IN THE FIELD OF HEALTH MEMBERS WHO ARE ELIGIBLE TO VOTE PARTICIPATE IN CONTRIBUTING NAMES TO BE ON THE BALLOT AND VOTING IN THE ANNUAL ELECTION THIS PROCESS TAKES PLACE ANNUALLY IN MARCH/APRIL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE HEALTH CENTER HAS A CORPORATE MEMBERSHIP CORPORATE MEMBERS ARE DEFINED AS AN INDIVIDUAL, 18 YEARS OR OLDER, WHO RESIDES IN THE SERVICE AREA AND USES THE HEALTH CENTER AS A PRIMARY CARE FACILITY OR WHO HAS AN INTEREST IN THE FIELD OF HEALTH MEMBERS WHO ARE ELIGIBLE TO VOTE PARTICIPATE IN CONTRIBUTING NAMES TO BE ON THE BALLOT AND VOTING IN THE ANNUAL ELECTION THIS PROCESS TAKES PLACE ANNUALLY IN MARCH/APRIL

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	SENIOR MANAGEMENT IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE FORM 990 THE COMPLETED FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IN ADVANCE OF THE FILING DEADLINE AFTER ALL QUESTIONS AND CONCERNS OF THE FINANCE COMMITTEE HAVE BEEN ADDRESSED AND CHANGES INCORPORATED INTO THE FORM 990 AS APPROPRIATE, ALL MEMBERS OF THE BOARD OF DIRECTORS ARE INVITED TO REVIEW THE COMPLETED FORM 990 IN ADVANCE OF THE FILING DEADLINE VIA A DEDICATED WCCHC WEBSITE AFTER ALL QUESTIONS AND CONCERNS OF THE BOARD OF DIRECTORS HAVE BEEN ADDRESSED AND CHANGES INCORPORATED INTO THE FORM 990 AS APPROPRIATE, SENIOR MANAGEMENT FILES THE FINAL FORM 990 AS REQUIRED

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE HEALTH CENTER UTILIZES NUMEROUS HEALTH CARE-RELATED RESOURCES AND/OR CONTRACTS FOR SERVICES TO CONDUCT PAY STUDIES ON EMPLOYEE AND KEY MANAGEMENT POSITIONS THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS THE BOARD ESTABLISHES A CEO EVALUATION COMMITTEE TO REVIEW HIS PERFORMANCE, COMPLETED OBJECTIVES AND ANY COMPENSATION STUDIES ONCE COMPLETED THE COMMITTEE PREPARES THEIR RECOMMENDATIONS ON COMPENSATION AND BONUSES AND PRESENTS IT TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL THIS PROCESS WAS LAST COMPLETED DECEMBER 2, 2013 THE HEALTH CENTER UTILIZES NUMEROUS HEALTH CARE-RELATED RESOURCES AND/OR CONTRACTS FOR SERVICES TO CONDUCT PAY STUDIES ON EMPLOYEE AND KEY MANAGEMENT POSITIONS THE HEALTH CENTER PARTICIPATES IN THE NACHC (NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS) HEALTH CENTER COMPENSATION & BENEFIT STUDY EACH YEAR THE HEALTH CENTER STARTED PARTICIPATING IN 2004 THE HEALTH CENTER COMPLETED ITS LAST CENTER-WIDE COMPENSATION STUDY IN FEBRUARY 2013 AND AN EXECUTIVE MANAGEMENT COMPENSATION/BENEFIT STUDY WAS COMPLETED JUNE 2013 THE HEALTH CENTER UTILIZES THE NACHC COMPENSATION STUDIES AND THE HAWAII EMPLOYERS COUNCIL PAY SCALES TO DETERMINE COMPENSATION

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS, ALTHOUGH NOT PUBLICIZED, IS MADE AVAILABLE UPON REQUEST

Return Reference	Explanation	
	FORM 990, PART III, LINE 4D, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER SERVES THE MEDICALLY UNDERSERVED AND ECONOMI CALLY DISADVANTAGED COMMUNITY OF WAIANAE AND SURROUNDING COMMUNITIES IN THE LEEWARD AREA O N THE ISLAND OF OAHU IN THE STATE OF HAWAII SERVING THE COMMUNITY SINCE 1972, THE HEALTH CENTER CELEBRATED ITS 40TH ANNIVERSARY IN 2012 FROM ITS START AS A ONE DOCTOR OFFICE, THE HEALTH CENTER IS THE LARGEST, AND OLDEST, OF THE FOURTEEN COMMUNITY HEALTH CENTERS IN THE STATE OF HAWAII THE STRENGTH OF THE HEALTH CENTER LIES IN THE STRONG FOUNDATION SET BY I TS FOUNDERS, THE VISION AND EXPERTISE OF ITS BOARD OF DIRECTORS, THE SENSE OF OWNERSHIP BY ITS STAFF, PATIENTS AND COMMUNITY, THE YEARS OF SERVICE AND COMMITMENT OF ITS MANAGEMENT TEAM, AND THE RELATIONSHIPS FORGED AT THE COMMUNITY, STATE AND NATIONAL LEVEL IN 2014, TH E HEALTH CENTER SERVED 34,781 PATIENTS, THE MAJORITY BEING NATIVE HAWAIIAN (49%), FOLLOWED BY ASIAN & OTHER PACIFIC ISLANDERS (27%), AND CAUCASIANS (17%) DATA SHOWS 70% OF PATIENT S ARE AT 100% OF THE FEDERAL POVERTY LEVEL OR BELOW, 11% ARE UNINSURED, AND 58% ARE RECEIV ING COVERAGE UNDER QUEST, THE STATE OF HAWAII'S MEDICAID PROGRAM THE WAIANAE COAST IS AN ECONOMICALLY DISTRESSED COMMUNITY WITH A POPULATION OF 48,519 ALMOST 19% OF THE POPULATIO N HAS ANNUAL INCOME LESS THAN 100% OF THE FEDERAL POVERTY LEVEL WHICH IS THE HIGHEST LEVEL IN THE CITY AND COUNTY OF HONOLULU AND THE THIRD HIGHEST IN THE STATE OF HAWAII TWENTY-N INE PERCENT OF WAIANAE COAST HOUSEHOLDS ARE RECEIVING SNAP/CASH OR OTHER FORMS OF PUBLIC A SSISTANCE. THIS IS THE HIGHEST RATE IN THE CITY AND COUNTY OF HONOLULU AND THE STATE OF HA WAII THE AVERAGE PER CAPITA INCOME IS $17,300 MAKING IT THE LOWEST IN THE CITY AND COUNTY OF HONOLULU AND THE STATE OF HAWAII ALMOST 9% OF THE POPULATION IS UNEMPLOYED, THE HIGHE ST IN THE CITY AND COUNTY OF HONOLULU AND THIRD HIGHEST IN THE STATE. THE HEALTH STATISTIC S OF THE WAIANAE COAST PARALLEL THE ECONOMIC SITUATION IN THE COMMUNITY THE INFANT MORTAL ITY RATE IN WAIANAE IS THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND SECOND HIGHEST I N THE STATE. TEEN BIRTHS ARE ALSO THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND THIRD HIGHEST IN THE STATE. MORBIDITY AND MORTALITY INDICATORS SHOW THAT THE WAIANAE COAST RANK S HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND IN THE STATE FOR OBESITY (43 5%), ADULTS WHO SMOKE (26%), ADULTS WITH DIABETES (13 7%), DISEASES OF THE HEART (260 4 DEATHS PER 100 ,000), AND CANCER (197 PER 100,000) THE HEALTH CENTER'S MISSION JUST BEGINS TO TELL OUR S TORY "THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER IS A HEALING CENTER THAT PROVIDES ACC ESSIBLE AND AFFORDABLE MEDICAL AND TRADITIONAL HEALING SERVICES WITH ALOHA THE HEALTH CEN TER IS A LEARNING CENTER THAT OFFERS HEALTH CAREER TRAINING TO ENSURE A BETTER FUTURE FOR OUR COMMUNITY THE HEALTH CENTER IS ALSO AN INNOVATOR, USING LEADING EDGE TECHNOLOGY TO DE LIVER THE HIGHEST QUALITY OF HEALTH CARE SERVICES " THE HEALTH CENTER ACHIEVES ITS MISSION BY NOT ONLY SERVING PATIENTS WHO SEEK SERVICES, BUT ALSO BY INCORPORATING THE GOAL OF IMP ROVING THE OVERALL HEALTH STATUS OF THE COMMUNITY IT SERVES THE VISION OF THE FOUNDERS OF THE HEALTH CENTER, TO OFFER COMPREHENSIVE HEALTH SERVICES, HAS GUIDED THE DEVELOPMENT OF THE SERVICES AND ACTIVITIES OF A PATIENT CENTERED HEALTH CARE HOME, WHICH INCLUDES - ADUL T DAY CARE IN NANAKULI, PEARL CITY, MILILANI AND WAHIAWA - BEHAVIORAL HEALTH IN WAIANAE, K APOLEI AND WAIPAHU - CASE MANAGEMENT - CHRONIC DISEASE MANAGEMENT (DIABETES SELF MANAGEMEN T EDUCATION, ASTHMA EDUCATION, ETC) - DENTAL IN WAIANAE AND KAPOLEI - EMERGENCY ROOM SERV ICES (24 HOURS, 365 DAYS/YEAR) - EXERCISE/FITNESS TRAINING & WALKING TRAILS - FAMILY PLANN ING - HEALTH EDUCATION - HEALTH EMERGENCY LIAISON PROGRAM - HOMELESS OUTREACH - INSTITUTIO NAL REVIEW BOARD OF RESEARCH - INTEGRATED HEALING (WEIGHT MANAGEMENT, PAIN MANAGEMENT AND MORE) - LABORATORY - NATIVE HAWAIIAN HEALING (LOMILOMI, HO'OPONOPONO, LA'AU LAPA'AU, PALE KEIKI, HA HA) - NUTRITION COUNSELING - PATIENT SERVICES - PHARMACY IN WAIANAE AND KAPOLEI INCLUDING HOME DELIVERIES - PRIMARY CARE CLINICS (FAMILY MEDICINE, INTERNAL MEDICINE, PEDI ATRICS, WOMEN'S HEALTH) WAIANAE, NANAKULI, KAPOLEI AND WAIPAHU - RADIOLOGY/MAMMOGRAPHY/BON E DENSITY SCREENING - RESTAURANT - SPECIALISTS (GENERAL SURGERY, OPHTHALMOLOGY, OBSTETRICS /GYNECOLOGY, ORTHOPEDICS, PERINATOLOGY, PODIATRY, PSYCHIATRY, PSYCHOLOGY, DERMATOLOGY, AND CHRONIC PAIN MANAGEMENT) - SUBSTANCE ABUSE TREATMENT - TRANSPORTATION - HEALTH CAREER TRA INING/HEALTH CARE PROFESSIONAL TRAINING - WOMEN, INFANT, CHILDREN PROGRAM (WIC) IN WAIANAE AND EWA THE HEALTH CENTER IS A MAJOR ECONOMIC PROVIDER IN THE COMMUNITY, EMPLOY ING 600 IN DIVIDUALS, THE MAJORITY OF WHOM RESIDE ON THE WAIANAE COAST GOVERNED AND GUIDED BY A BOAR D OF DIRECTORS THAT INCLUDES 10 MEMBERS ELECTED FROM THE WAIANAE COMMUNITY, AND 10 MEMBERS APPOINTED FOR EXPERTISE IN BUSINESS, MEDICINE, LAW, OR COMMUNITY AFFAIRS, WITH TWO REPRES ENTING THE SERVICE AREAS OF WAIPAHU AND KAPOLEI, T

Return Reference	Explanation	
	FORM 990, PART III, LINE 4D, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	HE HEALTH CENTER HAS MAINTAINED A POSITIVE FINANCIAL POSITION FOR MANY YEARS BY CONTINUOUS LY INCREASING PRODUCTIVITY, DEVELOPING REVENUE GENERATING SERVICES, INITIATING TECHNOLOGIC AL INNOVATIONS AND PROMOTING COMMUNITY INVOLVEMENT THE HEALTH CENTER'S FULL ARRAY OF PRIM ARY HEALTH CARE SERVICES IS DESIGNED TO MEET THE NEEDS OF THE TARGET POPULATION MUCH ATTE NTION HAS BEEN PAID INTO PLACING CLINICS THAT ARE STRATEGICALLY LOCATED ALONG BUS ROUTES T HAT ARE VISIBLE TO THE COMMUNITY THE HOURS OF OPERATION AT ALL SITES REPRESENT A COMMITME NT TO MEET THE NEEDS OF PATIENTS AND THEIR PERSONAL SITUATIONS CLINICS ARE OPEN WEEKDAYS AS EARLY AS 7 00 AM AND STAY OPEN, AT THE LATEST, TILL 8 00 PM CLINICS ARE ALSO OPEN ON S ATURDAYS AND A WALK-IN CLINIC IS AVAILABLE AT ONE OF THE SATELLITE CLINICS FOR URGENT CARE THE HEALTH CENTER'S EMERGENCY ROOM IS AVAILABLE 24 HOURS, 365 DAYS A YEAR PRIMARY, PREV ENTIVE, AND ENABLING SERVICES ARE AVAILABLE AND ACCESSIBLE TO ALL LIFE CY CLES REGARDLESS O F ABILITY TO PAY FOR SERVICES SPECIFIC PREVENTIVE (CHRONIC DISEASE MANAGEMENT, HEALTH EDU CATION - DIABETES, ASTHMA, NUTRITION, EXERCISE/FITNESS, AND SMOKING CESSATION) AND ENABLIN G SERVICES (CASE MANAGEMENT, ELIGIBILITY ASSISTANCE) ARE INTEGRATED WITH PRIMARY CARE. THE HEALTH CENTER COMPLETED CONSTRUCTION OF ITS TWO-STORY ADULT MEDICAL AND PHARMACY BUILDING IN THE SPRING OF 2013 THE HEALTH CENTER STARTED CONSTRUCTION OF A NEW 2-STORY EMERGENCY MEDICAL SERVICES BUILDING IN 2015 A KEY INITIATIVE FOR THE HEALTH CENTER CONTINUES TO BE DEVELOPING A "PRIMARY CARE HEALTH CARE HOME" THAT FITS THE MODEL OF CARE THAT MEETS THE BR OAD HEALTH CARE NEEDS OF OUR PATIENTS THE HEALTH CENTER CONTINUES TO GROW ITS PARTNERSHIP THROUGH AHARO (ACCOUNTABLE HEALTHCARE ALLIANCE OF RURAL OAHU) WHICH INCLUDES KO'OLAULOA H EALTH AND WELLNESS CENTER, BAY CLINIC AND WAIMANALO HEALTH CENTER WHOSE MISSION IS "PROMOT ING ACCESS, QUALITY, AND COST EFFECTIVENESS IN HEALTHCARE BY EMPOWERING CONSUMERS TO EVALU ATE THE PERFORMANCE OF HEALTHCARE AGENCIES THAT SERVE THEM"

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
99-0148164

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

(a) Name, address, and EIN (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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HAWAII PATIENT ACCTG SVCS CORP 86-260 FARRINGTON WAIANAE, HI 967923199 98-0280109	ACCOUNTING SVC	HI	WDCHHB	C		222,367	100 000 %	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation