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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

Hawai'i Pacific Health

Doing Business As

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

55 MERCHANT STREET 24TH FLOOR Suite

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

HONOLULU, HI 96813

F Name and address of principal officer

RAYMOND VARA

55 MERCHANT STREET 24TH FLOOR

HONOLULU, HI 96813

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

99-0246363

E Telephone number

(808) 535-7401

G Gross receipts \$ 170,737,707

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW HAWAIIPACIFICHEALTH ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1986

M State of legal domicile HI

Part I Summary																																	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O																																
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>15</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>8</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>1,020</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>8</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>98,573</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>44,390</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	15	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,020	6	Total number of volunteers (estimate if necessary)	6	8	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	98,573	b	Net unrelated business taxable income from Form 990-T, line 34	7b	44,390								
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Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>310,675</td><td>392,740</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>86,524,988</td><td>87,002,349</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) 2,050,891</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>47,946,078</td><td>56,805,254</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>134,781,741</td><td>144,200,343</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-3,793,855</td><td>1,598,290</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	310,675	392,740	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)	86,524,988	87,002,349	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b	Total fundraising expenses (Part IX, column (D), line 25) 2,050,891			17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	47,946,078	56,805,254	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	134,781,741	144,200,343	19	Revenue less expenses Subtract line 18 from line 12	-3,793,855	1,598,290
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Part II Signature Block

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

Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

EARL INOUYE VICE PRESIDENT

Type or print name and title

2015-05-11

Date

Print/Type preparer's name

CINDY WHITE

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01396368

Firm's name

ERNST & YOUNG US LLP

Firm's EIN

Firm's address

2901 DOUGLAS BLVD SUITE 300

ROSEVILLE, CA 95661

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

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

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 78,746,334 including grants of \$ 392,740) (Revenue \$ 131,876,295)

SEE SCHEDULE O

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 78,746,334

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	450			
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	1,020			
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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>	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?						
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? <i>If "No," provide an explanation in Schedule O.</i>	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	15	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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 ▶DONNA MASUDA-KAM 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 (808) 535-7355

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	13,367,874	760,539	3,053,885

159

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
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? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION, BOX 88314 MILWAUKEE WI 532880314	MED RECORDS SYSTEM	4,086,957
INFOR US INC, NW7418 PO BOX 1450 MINNEAPOLIS MN 554857418	ERP SYSTEM	3,081,280
PACXA, PO BOX 3347 HONOLULU HI 96801	COMPUTER HARDWARE	2,990,712
DEP-APB JV LLC, 1600 KAPIOLANI BLVD 1700 HONOLULU HI 96813	CONTRACTORS	1,112,289
CDW GOVERNMENT, 75 REMITTANCE DRIVE SUITE 1515 CHICAGO IL 606731259	COMPUTER EQUIPMENT	1,033,290

\$100,000 of compensation from the organization ➡57

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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	8,357,723			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	201,779			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		8,559,502			
Program Service Revenue	2a	ADMIN/MGMT SVC TO TAX EXEMPT AFFILIATES	Business Code 561000	129,220,264	129,121,691	98,573	0
	b	HAWAII HEALTH PARTNERS REVENUE	561000	1,427,841	1,427,841		
	c	CLINICAL TRIALS	541710	232,608	232,608	0	0
	d	INDIRECT COSTS	900099	780,023	780,023	0	0
	e	NET PATIENT REVENUE	624190	319,891	319,891	0	0
	f	All other program service revenue		-104,332	-104,332		0
	g	Total. Add lines 2a-2f		131,876,295			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,447,205		
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)		0	0		
d		Net rental income or (loss)		0			
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)		2,915,631			
d		Net gain or (loss)		2,915,631			2,915,631
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a			
b		Less direct expenses		b			
c		Net income or (loss) from fundraising events			0		
9a	Gross income from gaming activities See Part IV, line 19		a				
b	Less direct expenses		b				
c	Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances		a				
b	Less cost of goods sold		b				
c	Net income or (loss) from sales of inventory			0			
	Miscellaneous Revenue		Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See Instructions			145,798,633	131,777,722	98,573	5,362,836

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.	392,740	392,740		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	11,379,003	7,965,302	3,413,701	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	860,987		860,987	0
7	Other salaries and wages.	57,423,530	25,907,871	30,020,191	1,495,468
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,618,608	3,367,037	3,198,151	53,420
9	Other employee benefits.	6,005,403	4,146,153	1,612,703	246,547
10	Payroll taxes.	4,714,818	2,722,784	1,887,328	104,706
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	1,689,336	0	1,689,336	0
c	Accounting.	69,653	0	69,653	0
d	Lobbying.	57,300	0	57,300	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	289,690	0	289,690	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	11,715,738	5,684,893	6,028,822	2,023
12	Advertising and promotion.	2,855,657	37,269	2,818,388	0
13	Office expenses.	1,502,499	495,118	1,007,381	0
14	Information technology.	10,282,994	4,370,255	5,912,739	0
15	Royalties.	0	0	0	0
16	Occupancy.	4,519,567	4,369,408	150,159	0
17	Travel.	714,076	309,582	404,494	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	473,593	382,911	90,682	0
20	Interest.	1,080,389	1,080,389	0	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	6,880,245	6,731,518	0	148,727
23	Insurance.	652,491	538,961	113,530	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	OTHER PURCHASES	2,773,119	1,315,450	1,457,669	0
b	OTHER EXPENSES	2,385,963	65,749	2,320,214	0
c	PROGRAM SERVICE EXPENDITURES	8,862,944	8,862,944	0	0
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	144,200,343	78,746,334	63,403,118	2,050,891
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		100,257,098	2	183,177,771
	3	Pledges and grants receivable, net		2,201,663	3	3,315,763
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		2,191,101	9	1,614,381
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 123,777,073			
	b	Less: accumulated depreciation	10b 70,336,086	42,433,570	10c	53,440,987
	11	Investments—publicly traded securities		69,917,621	11	170,997,861
	12	Investments—other securities. See Part IV, line 11		59,645,551	12	70,822,401
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		70,389,694	15	71,128,566
	16	Total assets. Add lines 1 through 15 (must equal line 34)		347,036,298	16	554,497,730
Liabilities	17	Accounts payable and accrued expenses		27,686,743	17	39,639,532
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		237,936,168	20	366,500,904
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		168,372,505	25	183,602,218
	26	Total liabilities. Add lines 17 through 25		433,995,416	26	589,742,654
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		-94,301,556	27	-41,947,885
	28	Temporarily restricted net assets		5,076,503	28	4,434,166
	29	Permanently restricted net assets		2,265,935	29	2,268,795
	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		-86,959,118	33	-35,244,924
	34	Total liabilities and net assets/fund balances		347,036,298	34	554,497,730

Part XI Reconciliation 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	145,798,633
2	Total expenses (must equal Part IX, column (A), line 25)	2	144,200,343
3	Revenue less expenses Subtract line 2 from line 1	3	1,598,290
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-86,959,118
5	Net unrealized gains (losses) on investments	5	6,098,624
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	44,017,280
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-35,244,924

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: Hawai'i Pacific Health

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (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			
KAREN CHANG	5									
Board of Director, Chair	0 0	X		X				0	0	0
MICHAEL GIBSON ESQ	4									
Board of Director	0 0	X						0	0	0
DALE GLENN MD	4									
Board of Director	40 0	X						0	251,853	35,154
JAMES KAKUDA MD	4									
Board of Director	2	X						3,500	36,000	0
ANDREW KAWANO	6									
Board of Director	0 0	X						0	0	0
KEITH MATSUMOTO MD	4									
Board of Director	2	X						0	0	0
LYNN MCCRORY	6									
Board of Director	2	X						0	0	0
ELLIOT MILLS	4									
Board of Director	0 0	X						0	0	0
KENNETH T NAKAMURA MD	1 0									
Board of Director	20 0	X						170,838	0	43,108
KENN SARUWATARI MD	4									
Board of Director, Vice Chair	40 0	X		X				0	247,687	57,314
DENNIS SCHEPPERS MD	4									
Board of Director	40 0	X						0	224,999	34,048
LYLE TABATA	6									
Board of Director	0 0	X						0	0	0
RAYMOND P VARA JR	35 0									
Board of Director, Pres & CEO	30 0	X		X				1,490,728	0	393,474
MARK WONG	3									
Board of Director	0 0	X						0	0	0
GERI YOUNG MD	4									
Board of Director	61 0	X						411,324	0	92,222
LAURIE FOSTER	4									
Board of Director (Part Year)	0 0	X						0	0	0
HOWARD TODO	6									
Board of Director (Part Year)	0 0	X						0	0	0
DAVID OKABE	35 0									
EVP, CFO & Treasurer	20 0			X				783,672	0	175,363
KENNETH B ROBBINS MD	10 0									
EVP & CMO	50 0			X				758,614	0	215,955
GAIL LERCH	45 0									
EVP	15 0			X				606,129	0	168,090
VIRGINIA PRESSLER-FISHER MD	45 0									
EVP	14 0			X				586,997	0	184,338
CHARLES R CHING	38 0									
EVP, General Counsel & Sec	22 0			X				659,823	0	160,550
STEVEN ROBERTSON	15 0									
EVP & CIO	45 0			X				627,870	0	177,502
MELINDA ASHTON MD	40 0									
SVP & CQO	9 0			X				441,619	0	105,751
JOHN LA FORGIA	40 0									
SVP & Chief Marketing Officer	1 0			X				117,923	0	31,516

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 Hawai'i Pacific Health	Employer identification number 99-0246363
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches 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 33¹/₃% 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 33¹/₃% 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?

(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?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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	
See Additional Data Table									
Total									89,317,720

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

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 IIISupport 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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Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: Hawai'i Pacific Health

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	990177350	03	Yes		Yes		Yes		48308140
(A) Pali Momi Medical Center	990274038	03	Yes		Yes		Yes		22290850
(B) Straub Clinic & Hospital	912151670	03	Yes		Yes		Yes		8872145
(C) KAUAI MEDICAL CLINIC	990326099	03	Yes		Yes		Yes		9846585

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Hawa'i Pacific Health	Employer identification number 99-0246363
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		57,300
j	Total. Add lines 1c through 1i.			57,300
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 11	LOBBYING ACTIVITY A REGISTERED LOBBYIST (LINDA CHU-TAKAYAMA) PROVIDES GENERAL ADVICE ON LEGISLATIVE ACTIVITIES INCLUDING INFORMATION AND INSIGHT ON LEGISLATIVE ACTIONS THAT MAY BE OF INTEREST OT HAWAI`I PACIFIC HEALTH ('HPH') THE INDIVIDUAL ALSO PROVIDES GUIDANCE AND INSIGHT ON HOW TO NEGOTIATE THROUGH THE LEGISLATIVE PROCESS WHEN TRYING TO PASS LEGISLATION AS WELL AS INFORMATION AND INSIGHT ON THE GENERAL ACTIVITIES OF WHAT'S HAPPENING AT THE LEGISLATURE THE INDIVIDUAL DOES SPEAK TO LEGISLATORS, SOMETIMES ON BEHALF OF LEGISLATION OR ISSUES IN WHICH HPH HAS AN INTEREST THE INDIVIDUAL ALSO HAS AN INPUT ON HPH'S OVERALL LEGISLATIVE/COMMUNITY COMMUNICATION PLAN BUT DOES NOT SEND MAILINGS OUT TO LEGISLATORS OR THE PUBLIC ON HPH'S BEHALF PUBLIC POLICY HAWAI'I PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION HAWAI'I PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS TO RETAIN PHYSICIANS IN THE STATE AND PROVIDE STABILITY FOR HEALTH CARE PROVIDERS DURING THE MOST RECENT STATE SESSION, HAWAI'I PACIFIC HEALTH SUPPORTED LEGISLATION TO DETER ASSAULTS AGAINST MEDICAL SERVICE WORKERS FOR A SAFER HOSPITAL ENVIRONMENT, SUPPORTING REIMBURSEMENT FOR TELEHEALTH SERVICES, EXPANDING THE SCOPE OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSES, AND ENABLING THE PRIVITIZATION OF THE STATE HOSPITAL SYSTEM

Part IV

Return Reference

Explanation

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 Hawai'i Pacific Health	Employer identification number 99-0246363
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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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	14,317,094	14,810,400	16,383,544	17,644,417	18,984,408
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	418,132	493,306	1,573,144	1,260,873	1,339,991
f Administrative expenses					
g End of year balance	13,898,962	14,317,094	14,810,400	16,383,544	17,644,417

- 2

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

Board designated or quasi-endowment

100 000 %
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

☐ Yes

☐ No
- 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		14,981,997		14,981,997
b Buildings		2,700,928	1,083,337	1,617,591
c Leasehold improvements		10,560,500	9,416,060	1,144,440
d Equipment		38,086,968	33,451,321	4,635,647
e Other		57,446,680	26,385,368	31,061,312
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				53,440,987

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

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 99-0246363

Name: Hawai'i Pacific Health

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

(a) Description	(b) Book value
(1) DEFERRED CHARGE-TK57	1,371,411
(2) DEFERRED CHARGE-RETIREMENT	725,249
(3) DEFERRED CHARGE-LEASE/DEPOSITS	65,822
(4) DEFERRED BOND ISSUANCE COSTS	2,187,767
(5) INVESTMENT LIFE INS CSV	3,594,502
(6) SECURITY PLEDGE FOR CREDITOTS	4,830,000
(7) BENEFICIAL INTEREST-FDN ASSETS	56,541,625
(8) KAPI'OLANI HEALTH FOUNDATION	680,189
(9) HICORD	32,413
(10) KAPI'OLANI MEDICAL SPECIALISTS	569,012
(11) PALI MOMI FOUNDATION	35,664
(12) STRAUB FOUNDATION	78,205
(13) PROVIDERS INSURANCE CORP	94,111
(14) KAUA'I MEDICAL CENTER	120,972
(15) WILCOX HEALTH FOUNDATION	67,755
(16) HPHPI	81,539
(17) KEAHONUIOKALANI	7,700
(18) OTHER	44,630

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
DEFFERED CHARGE - APOLLO	358,881
PATIENT ACCOUNTS RECEIVABLE	256,878
OTHER LONG TERM LIABILITIES	12,714,466
ACCRUED PENSION BENEFIT COSTS	169,980,446
KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN	4,929
KAPI'OLANI MEDICAL SPECIALISTS	56,153
STRAUB HOSPITAL	97,665
WILCOX MEMORIAL HOSPITAL	330
PALI MOMI FOUNDATION	198
KAUA'I MEDICAL CLINIC	87,644
OTHER	44,628

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Hawai'i Pacific Health

Employer identification number
99-0246363

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) North America			Investments		57,402
(2) Central America and the Caribbean			Investments		32,174,120
(3) Europe (Including Iceland and Greenland)			Investments		7,504,724
(4)					
(5)					
3a Sub-total					39,736,246
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					39,736,246

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes

☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Hawai'i Pacific Health

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.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
99-0246363

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

12

3

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

1

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

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

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: Hawai'i Pacific Health

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFTER SCHOOL ALL STARS HAWAI'I 4747 KILAUEA AVE STE 207 HONOLULU, HI 96817	27-4604870	501(c)(3)	20,000	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
'AHAHUI KOA ANUENUE 1337 LOWER CAMPUS HONOLULU, HI 96822	99-0085260	501(c)(3)	23,000	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALOHA COUNCIL BOY SCOUTS OF AMERICA 42 PUIWA ROAD HONOLULU,HI 96817	99-0073482	501(c)(3)	10,100	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 2370 NUUANU AVENUE HONOLULU, HI 96817	99-0073489	501(c)(3)	17,500	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 677 ALA MOANA BLVD HONOLULU, HI 96813	99-0085260	501(c)(3)	30,000	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD AND FAMILY SERVICE 200 N VINEYARD BLVD HONOLULU, HI 96706	99-0073483	501(c)(3)	20,000	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAI'I INSTITUTE FOR PUBLIC AFFAIR 1003 BISHOP ST SUITE 765 HONOLULU,HI 96813	22-3859306	501(c)(3)	12,500	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE ASSOCIATION OF HAWAI'I 707 RICHARDS STREET PH2 HONOLULU,HI 96813	99-0105817	501(c)(6)	10,000	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONOLULU THEATRE FOR YOUTH 1149 BETHEL STREET SUITE 700 HONOLULU, HI 96813	99-0107563	501(c)(3)	7,000	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 1580 MAKALOA STREET SUITE 1200 HONOLULU, HI 96813	13-1846366	501(c)(3)	25,000	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLYNESIAN VOYAGING 10 SAND ISLAND PARKWAY HONOLULU, HI 96819	23-7302232	501(c)(3)	25,000	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GIFT FOUNDATION OF HAWAII 1288 ALA MOANA BLVD SUITE 208 HONOLULU,HI 96813	30-0266316	501(c)(3)	10,000	0			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UH FOUNDATION 1337 LOWER CAMPUS ROAD HONOLULU, HI 96822	99-0085260	501(C)(3)	97,540	0			GENERAL SUPPORT

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

Open to Public Inspection

Name of the organization
Hawai'i Pacific Health

Employer identification number
99-0246363

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☒ 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.	1bYes	
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?	2Yes	
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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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?	4aYes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4bYes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III.	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued 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				
See Additional Data Table								

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
Form 990, Schedule J, Part I, Line 1a	HEALTH AND SOCIAL CLUB DUES HEALTH/SOCIAL CLUB DUES WERE PAID FOR VARIOUS OFFICERS OF THE ORGANIZATION. PERSONAL SERVICES INCLUDED DEPENDENT NURSING CARE(RAYMOND VARA) AND FINANCIAL PLANNING (GAIL LERCH). ALL AMOUNTS HAVE BEEN INCLUDED IN THE INDIVIDUAL'S FORM W-2.
Form 990, Schedule J, Part I, Line 4a	SEVERANCE PAY THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING THE YEAR: CHARLES STED - \$999,598.
Form 990, Schedule J, Part I, Line 4b	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: THE RESTORATION PLAN WAS DESIGNED TO RESTORE BENEFITS THAT ARE LOST DUE TO LIMITS IMPOSED BY SECTIONS 401 AND 415 OF THE INTERNAL REVENUE CODE ON COMPENSATION CONSIDERED UNDER SUCH PLANS. THE CAPITAL ACCUMULATION ACCOUNT (CAA) IS A SECTION 457(F) PROGRAM THAT WAS PREVIOUSLY AFFORDED TO EXECUTIVE OFFICERS OF THE ORGANIZATION TO PROVIDE BENEFITS ON A TAX DEFERRED BASIS. AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION: KENNETH T. NAKAMURA, M.D. - \$8,755; RAYMOND P. VARA JR. - \$70,020; GERI YOUNG, M.D. - \$14,435; DAVID OKABE - \$42,822; KENNETH B. ROBBINS, M.D. - \$54,468; GAIL LERCH - \$29,622; VIRGINIA PRESSLER-FISHER, M.D. - \$47,557; CHARLES R. CHING - \$36,337; STEVEN ROBERTSON - \$41,870; MELINDA ASHTON, M.D. - \$12,219; EARL INOUE - \$4,242; ARTHUR GLADSTONE - \$11,367; MARTHA SMITH - \$14,743; JENNIE CHAHANOVICH - \$12,390; KATHLEEN CLARK - \$2,712; SUSAN MASUMOTO-NONAKA - \$89; WARREN CHAIKO - \$1,466; PATRICIA BOECKMANN - \$5,503; HUGH N. HAZENFIELD, MD - \$4,907. THE LONG TERM INCENTIVE PLAN IS AFFORDED TO EXECUTIVES ON ANNUAL AND LONG TERM SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS. AMOUNT PAID OUT DURING THE YEAR BY THE ORGANIZATION: KENNETH T. NAKAMURA, M.D. - \$19,625; RAYMOND P. VARA JR. - \$395,327; GERI YOUNG, M.D. - \$34,283; DAVID OKABE - \$177,313; KENNETH B. ROBBINS, M.D. - \$175,124; GAIL LERCH - \$138,172; VIRGINIA PRESSLER-FISHER, M.D. - \$137,886; CHARLES R. CHING - \$133,692; STEVEN ROBERTSON - \$144,488; MELINDA ASHTON, M.D. - \$51,720; EARL INOUE - \$41,827; ARTHUR GLADSTONE - \$64,105; MARTHA SMITH - \$78,419; JENNIE CHAHANOVICH - \$60,418; KATHLEEN CLARK - \$48,134; SUSAN MASUMOTO-NONAKA - \$35,404; WARREN CHAIKO - \$35,180; PATRICIA BOECKMANN - \$44,438; HUGH N. HAZENFIELD, MD - \$44,196; MARK YATES, MD - \$49,131; MAUREEN FLANNERY - \$33,459.

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: Hawai'i Pacific Health

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DALE GLENN MD Board of Director	(i)	0	0	0	0	0	0	0
	(ii)	218,242	20,123	13,488	18,805	16,349	287,007	
KENNETH T NAKAMURA MD Board of Director	(i)	123,971	19,625	27,242	31,438	11,670	213,946	18,568
	(ii)	0	0	0	0	0	0	0
KENN SARUWATARI MD Board of Director, Vice Chair	(i)	0	0	0	0	0	0	0
	(ii)	222,324	23,000	2,363	32,973	24,341	305,001	
DENNIS SCHEPPERS MD Board of Director	(i)	0	0	0	0	0	0	0
	(ii)	176,390	45,000	3,609	17,865	16,183	259,047	0
RAYMOND P VARA JR Board of Director, Pres & CEO	(i)	780,906	445,327	264,495	372,504	20,970	1,884,202	267,684
	(ii)	0	0	0	0	0	0	0
GERI YOUNG MD Board of Director	(i)	327,657	34,283	49,384	80,280	11,942	503,546	31,577
	(ii)	0	0	0	0	0	0	0
DAVID OKABE EVP, CFO & Treasurer	(i)	429,188	177,313	177,171	161,473	13,890	959,035	131,479
	(ii)	0	0	0	0	0	0	0
KENNETH B ROBBINS MD EVP & CMO	(i)	423,048	175,124	160,442	198,028	17,927	974,569	142,030
	(ii)	0	0	0	0	0	0	0
GAIL LERCH EVP	(i)	339,750	178,172	88,207	153,400	14,690	774,219	98,708
	(ii)	0	0	0	0	0	0	0
VIRGINIA PRESSLER- FISHER MD EVP	(i)	332,773	137,886	116,338	164,622	19,716	771,335	116,500
	(ii)	0	0	0	0	0	0	0
CHARLES R CHING EVP, General Counsel & Sec	(i)	325,455	173,692	160,676	155,468	5,082	820,373	103,184
	(ii)	0	0	0	0	0	0	0
STEVEN ROBERTSON EVP & CIO	(i)	348,031	144,488	135,351	158,680	18,822	805,372	114,115
	(ii)	0	0	0	0	0	0	0
MELINDA ASHTON MD SVP & CQO	(i)	316,112	61,720	63,787	94,270	11,481	547,370	38,079
	(ii)	0	0	0	0	0	0	0
KATIE SHIGEMITSU Compliance Officer	(i)	169,283	0	76	25,170	13,300	207,829	0
	(ii)	0	0	0	0	0	0	0
EARL INOUYE VP & System Controller	(i)	236,093	41,827	39,770	59,398	19,987	397,075	25,156
	(ii)	0	0	0	0	0	0	0
ARTHUR GLADSTONE VP & CNE	(i)	303,773	94,105	69,498	95,116	20,167	582,659	43,420
	(ii)	0	0	0	0	0	0	0
MARTHA SMITH VP	(i)	340,763	112,419	72,485	119,970	15,190	660,827	53,953
	(ii)	0	0	0	0	0	0	0
JENNIE CHAHANOVICH VP	(i)	272,266	60,418	54,769	90,318	12,390	490,161	42,599
	(ii)	0	0	0	0	0	0	0
KATHLEEN CLARK VP	(i)	232,849	73,134	40,031	84,561	5,950	436,525	26,779
	(ii)	0	0	0	0	0	0	0
SUSAN MASUMOTO- NONAKA VP	(i)	203,579	45,404	59,773	52,261	14,170	375,187	17,791
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WARREN CHAIKO VP	(i) (ii)	214,407 0	35,180 0	31,520 0	45,308 0	21,130 0	347,545 0	19,056 0
DAVID FOX Privacy & Information Security	(i) (ii)	123,225 0	0 0	0 0	23,498 0	18,576 0	165,299 0	0 0
PATRICIA ANN BOECKMANN VP AND CNE	(i) (ii)	262,152 0	44,438 0	29,365 0	57,268 0	18,872 0	412,095 0	27,722 0
HUGH N HAZENFIELD MD CMO	(i) (ii)	250,258 0	44,196 0	14,114 0	60,483 0	11,793 0	380,844 0	27,005 0
MARK YATES MD CMO and CQO	(i) (ii)	315,788 0	49,131 0	24,902 0	61,349 0	5,950 0	457,120 0	24,566 0
PAULA DIAS VP	(i) (ii)	200,559 0	32,971 0	30,987 0	48,494 0	12,935 0	325,946 0	16,524 0
MAUREEN FLANNERY VP	(i) (ii)	199,441 0	61,095 0	18,169 0	46,887 0	16,999 0	342,591 0	33,460 0
CHARLES A STED FORMER OFFICER	(i) (ii)	144,326 0	0 0	1,481,122 0	32,947 0	2,161 0	1,660,556 0	28,913 0
COLBERT YF SETO DIRECTOR OF IT	(i) (ii)	145,651 0	12,741 0	65,004 0	0 0	2,128 0	225,524 0	0 0
ANN PETERS VP (PART YEAR)	(i) (ii)	181,463 0	28,390 0	23,388 0	18,625 0	18,849 0	270,715 0	14,195 0

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990 .										OMB No 1545-0047		
											2013		
	Department of the Treasury Internal Revenue Service											Open to Public Inspection	
Name of the organization Hawai'i Pacific Health										Employer identification number 99-0246363			

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	STATE OF HAWAI'I DEPARTMENT OF BUDGET & FINANCE	99-0266961	419771AN0	06-10-2010	99,307,516	SERIES 2010-A, SEE SCHEDULE O		X		X		X
B	STATE OF HAWAI'I DEPARTMENT OF BUDGET & FINANCE	99-0266961	419771AX8	07-21-2010	60,400,728	SERIES 2010-B, SEE SCHEDULE O		X		X		X
C	STATE OF HAWAI'I DEPARTMENT OF BUDGET & FINANCE	99-0266961		10-03-2013	50,000,000	SERIES 2013-C, SEE SCHEDULE O		X		X		X
D	STATE OF HAWAI'I DEPARTMENT OF BUDGET & FINANCE	99-0266961	419800JX6	10-03-2013	159,059,332	SERIES 2013-A/B, SEE SCHEDULE O		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	99,307,516		60,400,728		50,000,000		159,065,361	
4	Gross proceeds in reserve funds	17,436,037		8,569,639		50,000		5,522,319	
5	Capitalized interest from proceeds	0		0		0		5,042,583	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	794,170		911,278		0		1,995,112	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		11,617,071	
11	Other spent proceeds	88,784,057		20,000,000		50,000,000		36,348,760	
12	Other unspent proceeds	0		0		0		104,206,945	
13	Year of substantial completion	2013		2013		2013		YesNo	
		Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	2 260 %		0 980 %		0 250 %		0 240 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	2 260 %		0 980 %		0 250 %		0 240 %	
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %				0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			X

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider	0		0		GOLMAN SACHS			
c	Term of hedge								
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?						X		

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?				X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DESCRIPTION OF PURPOSE OF TAX EXEMPT BONDS	SCHEDULE K, PART I, COLUMN F LINE A TO REFUND SERIES 2009A BONDS ISSUED ON 04/02/2009 LINE B NEW & REFUNDED MONEY LINE C TO REFUND SERIES 2004-B BONDS ISSUED ON 01/14/2004 LINE D NEW MONEY TO FUND THE KAPI'OLANI EXPANSION OF NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS AND OTHER CLINICAL SERVICES 2013-B IS REFUNDING SERIES 1998 BONDS ISSUED ON 04/08/1998 AND SERIES 2004A BONDS ISSUED ON 01/14/2004

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 Hawai'i Pacific Health	Employer identification number 99-0246363
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Return Reference	Explanation
FORM 990, PART I, LINE 1	ORGANIZATION'S MISSION HAWAII PACIFIC HEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM, THE STATE'S LARGEST HEALTH CARE PROVIDER, AND THE STATE'S LARGEST PRIVATE EMPLOYER. HAWAII PACIFIC HEALTH IS COMMITTED TO PROVIDING HIGH-QUALITY, ACCESSIBLE CARE AND SERVICES FOR THE PEOPLE OF HAWAII AND PACIFIC REGION. FORM 990, PART III, LINE 1 ORGANIZATION'S MISSION HAWAII PACIFIC HEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM THAT IS COMMITTED TO PROVIDING HIGH-QUALITY, ACCESSIBLE CARE AND SERVICES TO THE PEOPLE OF HAWAII AND PACIFIC REGION.

Return Reference	Explanation
FORM 990, PART III, LINE 2	NEW PROGRAM SERVICES HAWAII HEALTH PARTNERS IS AN ACCOUNTABLE CARE ORGANIZATION OF INDEPENDENT PHYSICIANS, EMPLOYED HAWAII PACIFIC HEALTH PHYSICIANS, AND HAWAII PACIFIC HEALTH HOSPITALS AND CLINICS LAUNCHED IN JANUARY 2014, ITS MISSION IS TO IMPROVE THE HEALTH OF HAWAII'S PEOPLE BY CREATING AN EXCEPTIONAL CARE DELIVERY SYSTEM IT IS BASED ON THE IDEA THAT GREATER CLINICAL COLLABORATION AND SHARED ACCOUNTABILITY AMONG INDEPENDENT PHYSICIANS, EMPLOYED HAWAII PACIFIC HEALTH PHYSICIANS, AND HAWAII PACIFIC HEALTH HOSPITALS AND CLINICS WILL CREATE BETTER OUTCOMES FOR THE PEOPLE OF HAWAII WHILE REDUCING THE RATE OF INCREASE IN THE COST OF HEALTH CARE THE OBJECTIVES OF HAWAII HEALTH PARTNERS - CREATE A BETTER, SAFER, HIGHER QUALITY PATIENT EXPERIENCE FOR THE PATIENTS WE SERVE - DEVELOP A PHYSICIAN-LED ENTITY THAT PROMOTES INTEGRATION AND COLLABORATION WITHIN THE CLINICAL COMMUNITY -DEVELOP A MUTUALLY BENEFICIAL PARTNERSHIP BETWEEN HAWAII PACIFIC HEALTH AND PHYSICIANS WITH A COMMITMENT TO QUALITY AND SERVICE - DEVELOP, ADOPT AND IMPLEMENT CLINICAL PROTOCOLS THAT ARE GROUNDED IN EVIDENCE-BASED MEDICINE - IMPROVE ACCESS AND CARE COORDINATION FOR THE RESIDENTS OF OUR COMMUNITY - CREATE AN ENVIRONMENT WHERE CARE IS DELIVERED MORE EFFICIENTLY AND EFFECTIVELY - IMPROVE CARE FOR PATIENTS THROUGH PRIMARY CARE PHYSICIANS' ADOPTION OF THE PATIENT CENTERED MEDICAL HOME MODEL - MEASURE, IMPROVE AND REWARD QUALITY OF CARE DELIVERED - PROVIDE PROGRAMS AND SERVICES THAT WILL SUPPORT PHYSICIANS IN ACHIEVING ECONOMIC INCENTIVES RELATED TO VALUE-BASED PAYMENT MODELS HHP PROVIDES NUMEROUS SERVICES TO ITS PHYSICIAN MEMBERS AND PATIENTS DESIGNED TO MEASURE AND IMPROVE QUALITY, AND REDUCE THE COST OF CARE FOR A DEFINED PATIENT POPULATION THESE INCLUDE - POPULATION CARE ANALYTICS - CARE COORDINATION - PATIENT EDUCATION AND OUTREACH - COMPLEX CARE MANAGEMENT - PCMH CERTIFICATION - CLINICAL QUALITY IMPROVEMENT - CARE STANDARDIZATION AT THE END OF FISCAL YEAR 2014, HAWAII HEALTH PARTNERS HAD 66,736 ATTRIBUTED LIVES AND 616 PHYSICIAN MEMBERS

Return Reference	Explanation	
FORM 990, PART III, LINE 4	PROGRAM SERVICE ACCOMPLISHMENTS 4A WOMEN'S SERVICES - OBSTETRICS/GYNECOLOGY IN FISCAL YEAR 2014, HAWAII PACIFIC HEALTH SPENT \$40,147,515 IN DIRECT EXPENSES FOR WOMEN'S OB/GYN SERVICES, AS PART OF OUR MISSION TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY KAPI'OLANI MEDICAL CENTER IS THE ONLY HOSPITAL IN HAWAII SPECIALIZING IN MATERNITY CARE AND HAS THE ONLY SPECIALIZED WOMEN'S CANCER CENTER IN THE STATE STRAUB PROVIDES MAMMOGRAPHY SERVICES AT ITS HOSPITAL AND FAMILY HEALTH CENTERS PALI MOMI HAS GYNECOLOGY SERVICES PRIMARILY FOR THE CENTRAL, WEST O'AHU AND NORTH SHORE COMMUNITIES THE WOMEN'S CENTER AT WILCOX PROVIDES DIAGNOSIS, TREATMENT AND PREVENTIVE HEALTH SERVICES TO KAUAI 4B OUTPATIENT OPERATING ROOMS IN FISCAL YEAR 2014, HAWAII PACIFIC HEALTH SPENT \$50,415,244 IN DIRECT EXPENSES FOR OUTPATIENT OPERATING ROOMS AND SURGICAL PROCEDURES, AS PART OF OUR MISSION TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY KAPI'OLANI IS THE ONLY HOSPITAL IN THE STATE PROVIDING DA VINCI ROBOT-AIDED PEDIATRIC SURGERY THE ROBOT ALSO IS USED FOR GYNECOLOGICAL SURGICAL SERVICES IN FISCAL YEAR 2014, 5,611 PEDIATRIC AND ADULT OUTPATIENT SURGERIES WERE PERFORMED STRAUB HAS INTEGRATED OUTPATIENT SURGERY AND PERFORMED 3,267 OUTPATIENT SURGERIES PALI MOMI'S OR FEATURES A FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE EQUIPPED WITH THE DA VINCI ROBOT-AIDED SURGICAL SYSTEM, AND PERFORMED 4,571 OUTPATIENT SURGERIES WILCOX HAS A STATE-OF-THE-ART SURGICAL CENTER AND PERFORMED 6,555 OUTPATIENT SURGERIES 4C OUTPATIENT EMERGENCY ROOMS IN FISCAL YEAR 2014, HAWAII PACIFIC HEALTH HOSPITALS SAW 164,482 ER PATIENTS AND SPENT \$52,214,524 IN DIRECT EXPENSES FOR OUTPATIENT ER SERVICES, AS PART OF OUR MISSION TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY THE KAPI'OLANI ER RECEIVED 44,424 PATIENTS, THE STRAUB ER RECEIVED 29,571 PATIENTS, THE PALI MOMI ER RECEIVED 66,009 PATIENTS, AND THE WILCOX ER RECEIVED 24,478 PATIENTS 4D OTHER PROGRAM SERVICES HAWAII RESIDENTS AND VISITORS RELY ON HAWAII PACIFIC HEALTH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES IT IS THE STATE'S LARGEST HEALTH CARE PROVIDER WITH FOUR HOSPITALS, 50 CLINICS AND SERVICE SITES, 1,800 AFFILIATED PHYSICIANS AND 6,400+ FULL- AND PART-TIME EMPLOYEES, AS WELL AS HUNDREDS OF COMMUNITY VOLUNTEERS IN FISCAL YEAR 2014, THE HOSPITALS ADMITTED 34,268 PATIENTS FOR A TOTAL OF 175,175 PATIENT DAYS IN ADDITION, KAUAI MEDICAL CLINIC HAD 311,746 CLINIC ENCOUNTERS AND KAPI'OLANI MEDICAL SPECIALISTS HAD 88,286 PATIENT VISITS AFFILIATES AND SUBSIDIARIES KAPI'OLANI MEDICAL SPECIALISTS IS A SPECIALTY PHYSICIANS GROUP ORGANIZED TO SUPPORT KAPI'OLANI MEDICAL CENTER THE FOUNDATIONS OF HAWAII PACIFIC HEALTH CONSIST OF KAPI'OLANI HEALTH FOUNDATION, PALI MOMI HEALTH FOUNDATION, STRAUB FOUNDATION AND WILCOX HEALTH FOUNDATION THESE CHARITABLE ENTITIES SUPPORT HEALTH RESEARCH, FACILITY ENHANCEMENTS, TECHNOLOGY INVESTMENTS, EDUCATIONAL PROGRAMS AND OTHER RESOURCES FOR THEIR RESPECTIVE HOSPITALS HAWAII PACIFIC HEALTH PARTNERS, INC IS A FOR-PROFIT SUBSIDIARY THAT SERVES AS THE JOINT VENTURE PARTNER WHEN HAWAII PACIFIC HEALTH WORKS WITH OTHER PROVIDERS PROVIDERS INSURANCE CORPORATION IS A CAPTIVE INSURANCE COMPANY THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE TO HAWAII PACIFIC HEALTH-AFFILIATED EMPLOYED PHYSICIANS PATIENT CARE HAWAII PACIFIC HEALTH HAS STRATEGIC INITIATIVES IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, BONE & JOINT SERVICES, AND CANCER CARE IT RANKS AMONG THE TOP HOSPITALS NATIONWIDE IN THE ADOPTION OF ELECTRONIC HEALTH RECORDS, WHICH ENABLE COORDINATED CARE THROUGHOUT THE STATE HAWAII PACIFIC HEALTH OFFERS THE PACIFIC REGION'S ONLY FULL-SERVICE CHILDREN'S HOSPITAL, ONLY DEDICATED BURN CENTER, AND ONLY BREAST AND WOMEN'S CANCER CENTERS, A STATE-OF-THE-ART IMAGING CENTER ON KAUAI, WEST O'AHU'S ONLY CARDIAC CATHETERIZATION LAB, PIONEERING BONE & JOINT CENTERS, A SLEEP DISORDERS CENTER, THE STATE'S FIRST WOMEN'S CENTER, AND OTHER SPECIALIZED SERVICES CONSIDERED CRITICAL TO THE REMOTE HAWAIIAN ARCHIPELAGO COMMUNITY ROLE/ACTIVITY AS THE STATE'S LARGEST HEALTH CARE PROVIDER, HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO IMPROVE THE HEALTH OF THE COMMUNITY EACH YEAR, IT SPONSORS MANY HEALTH, EDUCATION, TEACHING, RESEARCH AND OTHER INITIATIVES IN FISCAL YEAR 2014, HAWAII PACIFIC HEALTH SPENT OVER \$4 MILLION ON COMMUNITY BENEFIT PROGRAMS, INCLUDING THE KAPIOLANI SEX ABUSE TREATMENT CENTER, KAPI'OLANI CHILD PROTECTION CENTER, BREAST AND CERVICAL CANCER SCREENINGS FOR UNINSURED WOMEN, HEART DISEASE PREVENTION, INFANT HEALTH, REHABILITATION SERVICES, CANCER SUPPORT GROUPS, BLOOD PRESSURE SCREENING AND GLUCOSE MONITORING, HEMOPHILIA CARE, AND MANY OTHER EDUCATION AND SCREENINGS FOR THE PUBLIC HAWAII PACIFIC HEALTH'S PUBLIC HEALTH EDUCATION PROGRAMS HAVE TAUGHT THOUSANDS OF PEOPLE HOW TO PREVENT A HEART ATTACK, CANCER, ARTHRITIS, ASTHMA, ALLERGIES	

Return Reference	Explanation	
FORM 990, PART III, LINE 4		, STRESS, OBESITY, OSTEOPOROSIS AND DRUG ABUSE. EVENTS INCLUDE "HPH KIDS FEST," "LIVING HEALTHY IN PARADISE," "WOMEN'S WAY TO HEALTH," "CANCER CARE," "BREATHE WITH EASE," "VALENTINE IN PARADISE" AND "GETTING A GRIP ON ARTHRITIS." IN FISCAL YEAR 2014, HAWAII PACIFIC HEALTH SPONSORED OR SUPPORTED HEALTH EVENTS, INCLUDING "HPH WOMEN'S 10K," "THE GREAT ALOHA RUN," "AHA HEART WALK," "SUSAN G. KOMEN'S RACE FOR THE CURE," "RELAY FOR LIFE," "ARTHRITIS FOUNDATION'S ARTHRITIS WALK," AND MORE. HAWAII PACIFIC HEALTH PARTICIPATED IN SYMPOSIA AND MEETINGS FOR HEALTH CARE PROFESSIONALS, HIRED STUDENTS AS SUMMER INTERNS, AND SPONSORED WORKSHOPS FOR VOLUNTEERS TO TRAIN FUTURE DOCTORS AND OTHER HEALTH CARE PROFESSIONALS. HAWAII PACIFIC HEALTH HAS ALLIANCES WITH THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE AND HAWAII PACIFIC UNIVERSITY. HAWAII PACIFIC HEALTH INVESTS MORE THAN \$4,133,000 EACH YEAR INTO TEACHING AND RESEARCH AS A PEDIATRIC AND OB/GYN TRAINING FACILITY. FOR UH KAPIOLANI MEDICAL CENTER IS ACTIVELY INVOLVED IN CLINICAL TRIALS AND RESEARCH IN PEDIATRICS, ONCOLOGY, OPHTHALMOLOGY AND CARDIOLOGY. PUBLIC POLICY: HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION. HAWAII PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS TO RETAIN PHYSICIANS IN THE STATE AND PROVIDE STABILITY FOR HEALTH CARE PROVIDERS. DURING THE MOST RECENT STATE SESSION, HAWAII PACIFIC HEALTH SUPPORTED LEGISLATION TO DETER ASSAULTS AGAINST MEDICAL SERVICE WORKERS FOR A SAFER HOSPITAL ENVIRONMENT, ESTABLISH STANDARDS FOR ACCESS TO CONTRACEPTIVES IN EMERGENCY ROOMS FOR VICTIMS OF SEX ASSAULT, ELIMINATE STATUTORY LIMITATIONS IN ORDER TO ENCOURAGE EMPLOYEES TO PARTICIPATE IN EMPLOYER WELLNESS PROGRAMS, AND URGED THE CONVENING OF A TASK FORCE TO DEVELOP A STATEWIDE SYSTEM OF STROKE CARE. OTHER HAWAII PACIFIC HEALTH HOSPITALS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS A SAFETY NET PROVIDER OF HEALTH CARE FOR THE COMMUNITY. AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES ON WHICH PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. HAWAII PACIFIC HEALTH CONTRIBUTES MORE THAN \$1 BILLION DOLLARS TO THE STATE ECONOMY EACH YEAR, SUPPORTING ITS EMPLOYEES, THEIR FAMILIES, AND MANY BUSINESSES THROUGH PURCHASES MADE BY ITS HOSPITALS AND CLINICS.

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

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

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN COMPENSATION FOR HAWAII PACIFIC HEALTH ('HPH') EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE INDEPENDENT BOARD MEMBERS OF THE HAWAII PACIFIC BOARD'S COMPENSATION COMMITTEE. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE'S COMPENSATION AND BENEFITS. THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING. INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS. THE COMPENSATION COMMITTEE MAKES FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT. COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED. CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED ORGANIZATION. PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS. THIS PROCESS WAS MOST RECENTLY COMPLETED ON MARCH 3, 2014 TO REVIEW PHYSICIAN COMPENSATION AND ON AUGUST 22, 2014 TO REVIEW EXECUTIVE COMPENSATION.

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS \$ 78,231,639 - OBLIGATED GROUP INTERCOMPANY \$ (16,714,137) - PENSION AND POST RETIREMENT ADJUSTMENT \$ 325,249 - CHANGE IN SWAP \$ 2,249,165 - CHANGE IN INTEREST IN KHF AND WHF \$ (20,135,580) - EQUITY TRANSFER FROM SUBSIDIARIES \$ 60,945 - OTHER CHANGES IN TR \$ (1) - ROUNDING ----- \$ 44,017,280 - TOTAL

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
Hawai'i Pacific Health

Employer identification number
99-0246363

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HAWAII HEALTH PARTNERS 55 Merchant Street Honolulu, HI 96813 35-2480297	Healthcare	HI	1,427,841	4,114,861	HPH

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	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate 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	
(1) ASC PACIFIC VENTURES LLC	AMBU SURG CNTR	AL	NA									
(2) INVISION LLC	MRI CENTER	HI	NA									
(3) MAUI CANCER CENTER PETCT LLC	INACTIVE	HI	NA									
(4) MAUI CANCER CTR PROPERTY CO LLC	INACTIVE	HI	NA									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HAWAII PACIFIC HEALTH PARTNERS INC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0318589	HOLDING COMPANY	HI	na	C Corp			100 000 %	Yes	
(2) STRAUB PHARMACY INC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0145107	INACTIVE	HI	SCH	C Corp	0	0			
(3) HICORD INC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0251496	INVESTMENT	HI	HPHPI	C Corp	0	0			

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

Yes

1i

Yes

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 99-0246363

Name: Hawai'i Pacific Health

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) KAPI'OLANI MEDICAL CNTR WOMEN & CHILDREN 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0274038	HOSPITAL	HI	501(c)(3)	3	na	Yes	
(1) STRAUB CLINIC & HOSPITAL 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 91-2151670	HOSPITAL	HI	501(c)(3)	3	na	Yes	
(2) PALI MOMI FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 38-3840327	FUNDRAISING	HI	501(c)(3)	7	na	Yes	
(3) STRAUB FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0109350	RESEARCH/EDU	HI	501(c)(3)	7	na	Yes	
(4) PROVIDERS INSURANCE CORPORATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 71-0893000	NFP INSURANCE	HI	501(C)(3)	11B-TYPE II	NA	Yes	
(5) KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
(6) KAPI'OLANI MEDICAL SPECIALISTS 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501(C)(3)	9	NA	Yes	
(7) PALI MOMI MEDICAL CENTER 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0274038	HOSPITAL	HI	501(C)(3)	3	NA	Yes	
(8) WILCOX MEMORIAL HOSPITAL 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0074365	HOSPITAL	HI	501(C)(3)	3	NA	Yes	
(9) WILCOX HEALTH FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0204242	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
(10) KAUA'I MEDICAL CLINIC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501(C)(3)	3	NA	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	s	167,544,995	FMV
KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	q	2,010,196	FMV
KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	j	50,016	FMV
KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	o	13,858,752	FMV
KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	p	104,179,148	FMV
KAPI'OLANI MEDICAL CNTR FOR WOMEN & CHILDREN	r	3,159,135	FMV
PROVIDER'S INSURANCE CORPORATION	p	4,276,197	FMV
PROVIDER'S INSURANCE CORPORATION	o	312,426	FMV
PROVIDER'S INSURANCE CORPORATION	c	185,398	FMV
KAPI'OLANI HEALTH FOUNDATION	b	114,969	FMV
KAPI'OLANI HEALTH FOUNDATION	p	1,549,362	FMV
KAPI'OLANI HEALTH FOUNDATION	o	694,447	FMV
KAPI'OLANI HEALTH FOUNDATION	r	342,571	FMV
KAPI'OLANI MEDICAL SPECIALISTS	b	6,700,000	FMV
KAPI'OLANI MEDICAL SPECIALISTS	s	2,563,214	FMV
KAPI'OLANI MEDICAL SPECIALISTS	q	706,764	FMV
KAPI'OLANI MEDICAL SPECIALISTS	o	1,877,449	FMV
KAPI'OLANI MEDICAL SPECIALISTS	p	8,270,769	FMV
KAPI'OLANI MEDICAL SPECIALISTS	r	73,761	FMV
PALI MOMI MEDICAL CENTER	q	89,330,303	FMV
PALI MOMI MEDICAL CENTER	s	12,530,469	FMV
PALI MOMI MEDICAL CENTER	o	9,642,204	FMV
PALI MOMI MEDICAL CENTER	p	69,813,567	FMV
PALI MOMI MEDICAL CENTER	r	114,151	FMV
STRAUB CLINIC & HOSPITAL	b	80,943	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
STRAUB CLINIC & HOSPITAL	k	1,125,465	FMV
STRAUB CLINIC & HOSPITAL	o	24,675,578	FMV
STRAUB CLINIC & HOSPITAL	r	94,752	FMV
STRAUB CLINIC & HOSPITAL	s	92,713,092	FMV
STRAUB CLINIC & HOSPITAL	h	176,691	FMV
STRAUB CLINIC & HOSPITAL	o	21,205,797	FMV
STRAUB CLINIC & HOSPITAL	r	125,853	FMV
STRAUB CLINIC & HOSPITAL	p	88,309,345	FMV
STRAUB FOUNDATION	b	341,797	FMV
STRAUB FOUNDATION	c	84,942	FMV
STRAUB FOUNDATION	p	92,531	FMV
WILCOX MEMORIAL HOSPITAL	s	41,098,221	FMV
WILCOX MEMORIAL HOSPITAL	q	458,619	FMV
WILCOX MEMORIAL HOSPITAL	o	6,247,757	FMV
WILCOX MEMORIAL HOSPITAL	r	367,199	FMV
WILCOX MEMORIAL HOSPITAL	p	36,219,762	FMV
WILCOX HEALTH FOUNDATION	b	782,809	FMV
KAUA'I MEDICAL CLINIC	b	14,356,236	FMV
KAUA'I MEDICAL CLINIC	q	147,048	FMV
KAUA'I MEDICAL CLINIC	s	5,923,525	FMV
KAUA'I MEDICAL CLINIC	r	137,327	FMV
KAUA'I MEDICAL CLINIC	o	6,838,115	FMV
KAUA'I MEDICAL CLINIC	p	3,604,781	FMV
PALI MOMI FOUNDATION	o	53,628	FMV
PALI MOMI FOUNDATION	p	60,552	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HAWAI'I PACIFIC HEALTH PARTNERS INC	O	386,961	FMV
HAWAI'I PACIFIC HEALTH PARTNERS INC	P	101,244	FMV