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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](http://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

MOLOKAI GENERAL HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) PO BOX 408 Suite

Room/suite

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

KAUNAKAKAI MOLOKAI, HI 96748

D Employer identification number

99-0251372

E Telephone number

(808) 553-3125

G Gross receipts \$ 14,056,295

F Name and address of principal officer

JANICE KALANIHUIA  
PO BOX 408  
KAUNAKAKAI MOLOKAI, HI 96748

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

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

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

H(c) Group exemption number

I Tax-exempt status

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

J Website:

www.molokaigeneralhospital.org

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ☐

L Year of formation

1987

M State of legal domicile

HI

Part I Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE QUALITY HEALTHCARE SERVICES TO THE ISLAND OF MOLOKAI
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3	Number of voting members of the governing body (Part VI, line 1a) . . . . .
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . .
Revenue	6	Total number of volunteers (estimate if necessary) . . . . .
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .
	8	Contributions and grants (Part VIII, line 1h) . . . . .
	9	Program service revenue (Part VIII, line 2g) . . . . .
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19	Revenue less expenses Subtract line 18 from line 12 . . . . .
Net Assets or Fund Balances		Beginning of Current Year
	20	Total assets (Part X, line 16) . . . . .
	21	Total liabilities (Part X, line 26) . . . . .
	22	Net assets or fund balances Subtract line 21 from line 20 . . . . .

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

2015-05-04

Date

Clinton Yee

Treasurer

Type or print name and title

Print/Type preparer's name

DEBRA HEISKALA

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00649485

Firm's name

ERNST & YOUNG US LLP

Firm's EIN

Firm's address

4370 LA JOLLA VILLAGE DR SUITE 500  
SAN DIEGO, CA 92122

Phone no

(808) 553-3125

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

TO PROVIDE QUALITY HEALTHCARE SERVICES TO THE ISLAND OF MOLOKAI

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 \$ 9,213,819 including grants of \$ ) (Revenue \$ 11,314,865 )

MOLOKAI GENERAL HOSPITAL (MGH) IS A RURAL HEALTH CARE FACILITY WITH A CRITICAL ACCESS HOSPITAL DESIGNATION IT PROVIDES THE ONLY EMERGENCY ROOM SERVICES FOR RESIDENTS AND VISITORS ON THE ISLAND OF MOLOKAI, AND PROVIDES ACUTE CARE, INPATIENT HOSPICE, SKILLED NURSING, AND LOW-RISK OBSTETRICAL SERVICES MGH ALSO OFFERS CHEMOTHERAPY, LIMITED SPECIAL PROCEDURES, DIABETES MANAGEMENT, PREVENTIVE HEALTH SERVICES, HIGH-RISK WEIGHT MANAGEMENT, MIDWIFERY, FAMILY PLANNING, AND PRIMARY CARE IN ITS RURAL HEALTH CLINIC SEE SCHEDULE O FOR MORE INFORMATION

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 9,213,819

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 <b>Section 501(c)(3) organizations.</b> 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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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		No
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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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.	43	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	95
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	8	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	5	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body? . . . . .	8a	Yes
8b	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
10b	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
11b	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	No
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	
13	Did the organization have a written whistleblower policy? . . . . .	13	No
14	Did the organization have a written document retention and destruction policy? . . . . .	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official . . . . .	15a	No
15b	Other officers or key employees of the organization . . . . .	15b	No
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
16b	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▶
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ▶Jessica Apiki PO Box 408 Kaunakakai, HI 96748 (808) 553-3125

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paul Stevens MD Trustee	1 0 0 0	X								
(2) Ernest Fukeda Jr Trustee	1 0 3 0	X								
(3) Eric Yeaman Trustee	1 0 7 0	X								
(4) Arthur A Ushijima Chair/Trustee	1 0 64 0	X		X				0	5,075,790	172,084
(5) Lance Dunbar Vice Chair/Trustee	1 0 2 0	X		X				0	0	0
(6) Richard Keene Treasurer - Part Year	2 0 53 0			X				0	607,025	42,893
(7) Randy Lite Vice President	55 0 0 0			X				99,850		23,922
(8) Punahele Alcon Secretary	40 0 0 0			X				80,541		15,491
(9) Robert K Nobriga Treasurer	1 0 4 0			X				0	0	0
(10) William L Thomas Jr MD Internal Medicine	50 0 0 0					X		251,724	0	27,639
(11) Sandra Brazzel MD Internal Medicine	50 0 0 0					X		106,558		17,266
(12) Dino Akai Director of Nursing	40 0 0 0					X		159,620	0	16,524
(13) Gary Massengill RAD TECH	40 0 0 0					X		103,054		18,013



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	▼			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▼			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▼	801,347	5,682,815	333,832

**2** Total number of individuals (including but not limited to those I  
\$100,000 of reportable compensation from the organization) 4

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	2,046,742			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	67,083			
	g	Noncash contributions included in lines 1a-1f \$	0			
	h	Total. Add lines 1a-1f . . . . .	2,113,825			
Program Service Revenue	2a	PATIENT SERVICE REVENUE				
		Business Code				
		623000	11,075,216	11,075,216	0	0
	b	INTERCO PURCHASED	9,628	9,628	0	0
	c					
	d					
	e					
	f	All other program service revenue				
Other Revenue	g	Total. Add lines 2a-2f . . . . .	11,084,844			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	30,087		3,354	26,733
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	6a	Gross rents	(i) Real	(ii) Personal		
			170,939			
			170,939	0		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .	170,939			170,939
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			424,796	1,783		
			343,547			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)	81,249	1,783		
	d	Net gain or (loss) . . . . .	83,032			83,032
	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	CAFETERIA SALES	624200	131,334	131,334	0
	b	ALL OTHER REVENUE	900099	98,687	98,687	0
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	230,021			
	12	Total revenue. See Instructions . . . . .	13,712,748	11,314,865	3,354	280,704

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.	0	0		
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.	494,122	0	494,122	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages.	4,224,571	2,967,599	1,256,972	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	263,752	232,724	31,028	0
9	Other employee benefits.	757,781	430,186	327,595	0
10	Payroll taxes.	319,314	205,097	114,217	0
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	0	0	0	0
c	Accounting.	43,415	0	43,415	0
d	Lobbying.	759	0	759	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,329,664	1,792,112	537,552	0
12	Advertising and promotion.	15,710	7,361	8,349	0
13	Office expenses.	337,300	107,862	229,438	0
14	Information technology.	26,071	0	26,071	0
15	Royalties.	0	0	0	0
16	Occupancy.	435,411	37,017	398,394	0
17	Travel.	124,308	81,358	42,950	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.	6,319	3,422	2,897	0
20	Interest.	0	0	0	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	1,305,574	1,246,332	59,242	0
23	Insurance.	158,256	158,256	0	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	INTERCOMPANY CHARGES	1,187,602	1,034,041	153,561	0
b	MEDICAL SUPPLIES	659,050	659,050	0	0
c	PROVIDER TAX	46,560	46,560	0	0
d	GRANT FUNDED EXPENSES	188,588	122,224	66,364	0
e	All other expenses	82,618	82,618		
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	13,006,745	9,213,819	3,792,926	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		650	1	650
	2	Savings and temporary cash investments		3,295,995	2	4,448,966
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,135,317	4	1,716,760
	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		98,725	8	102,845
	9	Prepaid expenses and deferred charges		78,141	9	67,617
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a24,325,416			
	b	Less accumulated depreciation	10b12,821,816	12,402,686	10c	11,503,600
	11	Investments—publicly traded securities		3,378,220	11	3,934,512
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		20,389,734	16	21,774,950
Liabilities	17	Accounts payable and accrued expenses		823,370	17	1,239,063
	18	Grants payable		0	18	0
	19	Deferred revenue		67,360	19	71,747
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		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		2,153,734	25	1,866,414
	26	Total liabilities. Add lines 17 through 25		3,044,464	26	3,177,224
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		17,345,270	27	18,597,726
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		17,345,270	33	18,597,726
	34	Total liabilities and net assets/fund balances		20,389,734	34	21,774,950

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	13,712,748
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,006,745
3	Revenue less expenses Subtract line 2 from line 1	3	706,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,345,270
5	Net unrealized gains (losses) on investments	5	449,214
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	97,239
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,597,726

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	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?	Yes	
3b	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	Yes	

SCHEDULE A  
(Form 990 or 990EZ)

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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization MOLOKAI GENERAL HOSPITAL	Employer identification number 99-0251372
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part 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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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*.**

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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 MOLOKAI GENERAL HOSPITAL	Employer identification number 99-0251372
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)	759	116,026												
c Total lobbying expenditures (add lines 1a and 1b)	759	116,026												
d Other exempt purpose expenditures	9,213,819	874,689,950												
e Total exempt purpose expenditures (add lines 1c and 1d)	9,214,578	874,805,976												
f Lobbying nontaxable amount Enter the amount from the following table in both columns	610,729	1,000,000												
<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)	152,682	250,000												
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	46,088	55,188	113,796	116,026	331,098
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
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

[illegible]

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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2013**  
Open to Public Inspection

Name of the organization MOLOKAI GENERAL HOSPITAL	Employer identification number 99-0251372
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2

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

Board designated or quasi-endowment

b

Permanent endowment

c

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

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (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?

3b

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 . . . . .				
b Buildings . . . . .		17,287,611	7,804,133	9,483,478
c Leasehold improvements . . . . .				
d Equipment . . . . .		6,535,659	4,704,969	1,830,690
e Other . . . . .		502,146	312,714	189,432
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,503,600

Schedule D (Form 990) 2013





**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.

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

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48(ASC 740) Footnote MGH EVALUATES ITS UNCERTAIN TAX POSITIONS AND HAS NO MATERIAL UNRECOGNIZED TAX BENEFITS AS OF JUNE 30,2014

[illegible]

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
MOLOKAI GENERAL HOSPITAL

Employer identification number  
99-0251372

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . .	1a Yes	
b	If "Yes," was it a written policy? . . . . .	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care  4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	3a Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	3b Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	4 Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5a Yes	
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	5b Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	5c	No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a Yes	
		6b Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . .			61,252	0	61,252	0 470 %
b Medicaid (from Worksheet 3, column a) . . . . .			4,312,149	4,656,279	-344,130	
c Costs of other means-tested government programs (from Worksheet 3, column b) .			0	0	0	0 %
d <b>Total</b> Financial Assistance and Means-Tested Government Programs .			4,373,401	4,656,279	-282,878	0 470 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . .			19,985	660	19,325	0 150 %
f Health professions education (from Worksheet 5) . . .						
g Subsidized health services (from Worksheet 6) . . .						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j <b>Total</b> Other Benefits . . .			19,985	660	19,325	0 150 %
k <b>Total</b> . Add lines 7d and 7j .			4,393,386	4,656,939	-263,553	0 620 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2149,865

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3130,383

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

51,494,169

6Enter Medicare allowable costs of care relating to payments on line 5.

61,988,761

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-494,592

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9bYes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

MOLOKAI GENERAL HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	Yes
5	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http //www.molokaigeneralhospital.org</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7	No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 100% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a <input type="checkbox"/> Income level			
b <input type="checkbox"/> Asset level			
c <input type="checkbox"/> Medical indigency			
d <input type="checkbox"/> Insurance status			
e <input type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> Residency			
i <input type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance? . . . . .	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a <input type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input type="checkbox"/> The policy was available upon request			
g <input checked="" type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Section C)			

Part V

Facility Information (continued)

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐ Notified individuals of the financial assistance policy on admission
- b

☐ Notified individuals of the financial assistance policy prior to discharge
- c

☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d

☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	19 Yes	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI	21	No
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI	22	No



**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> _____	
<b>2</b> _____	
<b>3</b> _____	
<b>4</b> _____	
<b>5</b> _____	
<b>6</b> _____	
<b>7</b> _____	
<b>8</b> _____	
<b>9</b> _____	
<b>10</b> _____	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	COMMUNITY BENEFIT REPORT - RELATED ORGANIZATION COMMUNITY BENEFITS ARE REPORTED ANNUALLY AS PART OF FORM 990 THIS IS NOT SEPARATELY AVAILABLE TO THE PUBLIC A FORMAL REPORT ISSUED BY THE PARENT COMPANY, THE QUEEN'S HEALTH SYSTEMS, INCLUDES THE COMMUNITY BENEFITS OF MOLOKAI GENERAL HOSPITAL (MGH) THIS REPORT IS PUBLISHED PERIODICALLY AND IS SEPARATELY AVAILABLE TO THE PUBLIC

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	THE COSTING METHODOLOGY CONSIDERS ALL PATIENT SEGMENTS. AMOUNTS REPRESENT THE NET COSTS FOR THE VARIOUS PROGRAMS AND OPERATIONS, CONSIDERING ACTUAL AMOUNTS INCURRED AND CALCULATED BENEFITS BASED ON COST-TO-CHARGE RATIOS AND AVERAGE RATES (I.E. WAGE RATES).

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	MGH PROVIDES FOR AN ALLOWANCE AGAINST ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE BY ESTABLISHING AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE MGH ESTIMATES THE ALLOWANCE BASED ON THE AGING OF THE ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS MGH PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (PATIENTS ARE NOT BILLED - CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY (BAD DEBTS) THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER MGH'S FINANCIAL ASSISTANCE POLICY IS CALCULATED BASED ON THE COST-TO-CHARGE RATIO

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	BAD DEBT AS COMMUNITY BENEFIT THE PORTION OF THE BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY WAS CALCULATED BY APPLYING THE COST TO CHARGE RATIO TO TOTAL BAD DEBT EXPENSE BAD DEBT PERTAINING TO PATIENT CARE SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE, CONSISTENT WITH MGH'S MISSION, PATIENTS RECEIVE CARE REGARDLESS OF WHETHER MGH COLLECTS PAYMENT FOR SERVICES PERFORMED

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	TEXT OF BAD DEBT EXPENSE FOOTNOTE THERE IS NO FOOTNOTE CONTAINED IN THE FINANCIAL STATEMENTS FOR BAD DEBT EXPENSE PURSUANT TO ASU 2011-07, MGH REPORTS ITS PROVISION FOR BAD DEBTS RELATED TO PATIENT SERVICE REVENUE AS A DEDUCTION FROM REVENUE, SIMILAR TO CONTRACTUAL DISCOUNTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	TREATMENT OF MEDICARE SHORTFALL AS COMMUNITY BENEFIT THE HOSPITAL MUST TREAT PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THE GOVERNMENT SETS NON-NEGOTIABLE MEDICARE RATES AND THE REIMBURSEMENT HAS NOT KEPT PACE WITH THE RISING COSTS OF PROVIDING THOSE SERVICES DUE TO THE REQUIREMENT TO PROVIDE CARE AND THE INABILITY OF THE MEDICARE REIMBURSEMENT TO KEEP PACE WITH THE COST OF PROVIDING SERVICES, WE FEEL THAT THE LOSS FROM SERVICES PROVIDED TO MEDICARE BENEFICIARIES IS PART MGH'S MISSION AND IS A BENEFIT TO THE COMMUNITY MEDICARE COSTING METHODOLOGY THE MEDICARE AMOUNTS ABOVE ARE CALCULATED WITH DATA FROM THE JUNE 30, 2014 COST REPORT, BASED ON A RATIO OF TOTAL PATIENT REVENUES TO TOTAL PATIENT COSTS CALCULATED BY COST CENTERS MGH IS THE ISLAND OF MOLOKAI'S ONLY HOSPITAL, PROVIDING 24 HOUR SERVICE TO ALL MEMBERS OF THE PUBLIC ONLY HOSPITAL, PROVIDING 24 HOUR SERVICE TO ALL MEMBERS OF THE PUBLIC



Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9b	APPLICATION OF COLLECTION PRACTICES TO THOSE QUALIFYING FOR FINANCIAL ASSISTANCE MGH PROVIDES FULL OR PARTIAL DISCOUNTS FOR ELIGIBLE PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ELIGIBILITY CONTINUES FOR SIX MONTHS OR UPON CHANGE IN PATIENT'S INCOME AND ASSETS PER GUIDELINES PATIENTS MAY RECERTIFY EVERY SIX MONTHS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT EVALUATION AND SURVEYS ARE COMPLETED AS NEEDED BY COST CENTERS OR DEPARTMENTS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE MGH HAS AN ON-STAFF SOCIAL WORKER WHO ASSISTS PATIENTS AND THEIR FAMILIES BY PROVIDING EDUCATION AND ASSISTANCE IN APPLYING FOR ASSISTANCE UNDER FEDERAL, STATE AND LOCAL PROGRAMS, INCLUDING MGH'S CHARITY CARE POLICY. ADDITIONALLY, THE REGISTRATION STAFF AND BUSINESS OFFICE STAFF PROVIDE WRITTEN AND VERBAL INFORMATION REGARDING THE HOSPITAL'S CHARITY CARE POLICIES DURING INTAKE AND DISCHARGE.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION MGH, PART OF THE QUEEN'S HEALTH SYSTEMS, IS THE ONLY HOSPITAL ON THE ISLAND OF MOLOKA'I, PROVIDING 24-HOUR CARE SERVICES FOR A POPULATION OF 7,400 MOLOKA'I IS DESIGNATED AS A HEALTH PROFESSIONAL SHORTAGE AREA IN PRIMARY CARE, DENTAL AND MENTAL HEALTH SERVICES ADDITIONALLY, THE ISLAND IS LISTED AS A FEDERAL MEDICALLY UNDER-SERVED AREA (MUA) THE AVERAGE HOUSEHOLD INCOME IS \$46,000 WITH 63% OF THE POPULATION REPORTING THEY ARE OF NATIVE HAWAIIAN ANCESTRY (MULTIPLE RACE) IN 2010 ON AVERAGE, THIRTY PERCENT (30%) OF FAMILY HOUSEHOLDS REPORT RECEIVING SOME FORM OF GOVERNMENT ASSISTANCE MGH SPONSORS AN ANNUAL HEALTH FAIR(S) AND OTHER HEALTH-RELATED EVENTS FOR THE COMMUNITY'S BENEFIT MGH PROVIDES FREE FLU CLINICS IN AREAS OUTSIDE OF THE MAIN TOWN

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH THE AMOUNTS MENTIONED IN PART II OF SCHEDULE H REPRESENT COSTS INCURRED TO ENSURE CONTINUED OPERATIONS THAT BENEFIT THE COMMUNITY TO SUPPORT MGH'S MISSION AND TO FULFILL THE TAX-EXEMPT PURPOSE AS A CHARITABLE HOSPITAL, MGH PROVIDES A NUMBER OF COMMUNITY BENEFITS THIS INCLUDES UNCOMPENSATED CARE, WHERE MGH PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (PATIENTS ARE NOT BILLED, CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY (BAD DEBTS) MGH ALSO IS HOME TO AN OUTPATIENT CLINIC, WHERE MGH PROVIDES OUTPATIENT SERVICES TO INDIGENT PATIENTS IN ADDITION, MGH PROVIDES MANY FREE INFORMATIONAL SEMINARS AND EDUCATIONAL OPPORTUNITIES TO THE PUBLIC TO PROMOTE THE HEALTH OF COMMUNITY THESE PROGRAMS ARE SPECIFICALLY DIRECTED TO ADDRESS HEALTH ISSUES WITHIN THE COMMUNITY INCLUDING DIABETES, CANCER AND WOMEN'S HEALTH ISSUES MGH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND IS DESIGNATED AS A CRITICAL ACCESS HOSPITAL

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM MGH IS A MEMBER OF THE QUEEN'S HEALTH SYSTEMS ("QHS") AFFILIATED GROUP THE GROUP INCLUDES QUEEN'S MEDICAL CENTER ("QMC"), QUEEN EMMA LAND COMPANY ("QEL"), QUEEN'S INSURANCE EXCHANGE ("QIE"), QUEEN'S DEVELOPMENT CORPORATION ("QDC"), AND NORTH HAWAII COMMUNITY HOSPITAL ("NHCH") QHS PROVIDED LEGAL, ACCOUNTING AND ADMINISTRATIVE SUPPORT SERVICES TO MGH AND QIE PROVIDED MEDICAL MALPRACTICE INSURANCE TO MGH IN RETURN, MGH ASSISTED QMC IN FULFILLING ITS MISSION TO PROVIDE IN PERPETUITY QUALITY HEALTH CARE SERVICES TO IMPROVE THE WELL-BEING OF NATIVE HAWAIIANS AND ALL OF THE PEOPLE OF HAWAII

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT N/A





Additional Data

Software ID:  
Software Version:  
EIN: 99-0251372  
Name: MOLOKAI GENERAL HOSPITAL

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3	
SCHEDULE H, PART V, SECTION B, LINE 4	CHNA HOSPITAL FACILITIES THE HEALTHCARE ASSOCIATION OF HAWAII PARTNERED WITH HEALTHY COMMUNITIES INSTITUTE TO CONDUCT A CHNA FOR MAUI COUNTY AS A SUBSET OF THE LARGER PROJECT, DATA RELEVANT TO MOLOKAI WAS ASSESSED SEPARATELY, IN ORDER TO BETTER UNDERSTAND THE UNIQUE NEEDS AND CONCERNS OF THE ISLAND
SCHEDULE H, PART V, SECTION B, LINE 7	NEEDS NOT ADDRESSED THE CHNA IDENTIFIED 20 AREAS OF COMMUNITY HEALTH NEEDS THE MOLOKAI GENERAL HOSPITAL (MGH) RECOGNIZES THE IMPORTANCE OF THESE NEEDS AND HAS SUPPORTED EFFORTS TO ADDRESS MANY OF THEM, IT IS ALSO RECOGNIZED THAT THERE ARE HEALTH NEEDS THAT MGH WILL NOT DIRECTLY BE ADDRESSING FOR VARIOUS REASONS AS PART OF THE PROCESS TO SELECT MGH'S PRIORITY AREA, EACH OF THE 20 IDENTIFIED AREAS OF NEED WERE MAPPED TO THREE CORE NEEDS TO BE ADDRESSED TO IMPROVE COMMUNITY HEALTH PRIMARY HEALTH CARE NEEDS, SECONDARY HEALTH CARE NEEDS AND SOCIETAL NEEDS THIS MAPPING ALLOWED MGH TO FOCUS ON ADDRESSING NEEDS WITHIN THE SCOPE OF ITS CORE COMPETENCIES AS AN ACUTE CARE TERTIARY/QUATERNARY HOSPITAL, MGH'S CORE COMPETENCIES ARE IN THE PRIMARY HEALTH CARE NEEDS CATEGORY COMMUNITY HEALTH NEEDS IN THE SECONDARY HEALTH CARE NEEDS AND SOCIETAL NEEDS CATEGORIES ARE BEING ADDRESSED THROUGH THE LEADERSHIP OF OTHER ORGANIZATIONS WHOSE MISSIONS, CORE COMPETENCIES AND EXPERTISE MEET THOSE NEEDS THOSE ARE - DISABILITIES - ECONOMY - EDUCATION - ENVIRONMENT - EXERCISE, NUTRITION AND WEIGHT - FAMILY PLANNING - INJURY PREVENTION AND SAFETY - ORAL HEALTH - SOCIAL ENVIRONMENT - SUBSTANCE ABUSE AND LIFESTYLE - TRANSPORTATION ALTHOUGH MGH WILL NOT DIRECTLY BE ADDRESSING THESE AREAS OF NEED, WE HAVE SUPPORTED AND PARTNERED WITH OTHERS TO ADDRESS SEVERAL OF THEM AND WILL CONTINUE TO SUPPORT OPPORTUNITIES TO ADDRESS COMMUNITY HEALTH NEEDS IN COLLABORATION WITH OTHERS OF THE AREAS MAPPED TO THE PRIMARY HEALTH CARE NEEDS CATEGORY, MGH SELECTED DIABETES AS ITS PRIORITY AREA FOR THE OTHER AREAS, MGH CURRENTLY PROVIDES MANY SERVICES AND PROGRAMS TO ADDRESS THESE NEEDS THESE SERVICES AND PROGRAMS ARE OFFERED IN/AT THE HOSPITAL, IN CONJUNCTION WITH PARTNERS, AND THROUGH OUTREACH TO THE COMMUNITY
SCHEDULE H, PART V, SECTION B, LINE 14G	OTHER METHOD FOR PUBLICIZING POLICIES A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY WAS ATTACHED TO BILLING INVOICES, PROVIDED IN WRITING TO PATIENTS ON ADMISSION TO THE HOSPITAL FACILITY AND AVAILABLE UPON REQUEST THE FULL POLICY IS PROVIDED TO MGH CLINIC PATIENTS DURING THE APPLICATION PROCESS

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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
MOLOKAI GENERAL HOSPITAL

Employer identification number  
99-0251372

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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	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		
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?		
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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:		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	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.		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:		
5a	The organization?		No
5b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		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:		
6a	The organization?		No
6b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		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.	Yes	
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.		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Richard Keene Treasurer - Part Year	(i)	0	0	0	0	0	0	0
	(ii)	462,096	126,401	18,528	30,073	12,820	649,918	0
(2) Arthur A Ushijima Chair/Trustee	(i)	0	0	0	0	0	0	0
	(ii)	1,004,241	1,033,483	3,038,066	159,429	12,655	5,247,874	3,630,766
(3) William L Thomas Jr MD Internal Medicine	(i)	250,482	0	1,242	21,252	6,387	279,363	0
	(ii)	0	0	0	0	0	0	0
(4) Dino Akai Director of Nursing	(i)	154,100	0	5,520	0	16,524	176,144	0
	(ii)	0	0	0	0	0	0	0

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	METHOD USED TO ESTABLISH COMPENSATION THE ORGANIZATION RELIED ON THE QUEEN'S HEALTH SYSTEM (QHS) TO DETERMINE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL QHS USED A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, FORM 990 OF OTHER ORGANIZATIONS, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SCHEDULE J, PART I, LINE 4B	PARTICIPATE IN, OR RECEIVE PAYMENT FROM, A SUPPLEMENTAL NONQUALIFIED RETIREMENT THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) PROVIDES FOR AN UMBRELLA BENEFIT EQUAL TO A LIFE ANNUITY OF 60% OF FINAL AVERAGE SALARY AT NORMAL RETIREMENT AGE (WHICH BENEFIT IS OFFSET HOWEVER BY THE BENEFIT PROVIDED TO THE CEO UNDER THE QHS PENSION PLAN, THE QHS 401(K) PLAN FOR MATCHING CONTRIBUTIONS ONLY, THE QHS PENSION RESTORATION PLAN, AND 50% OF ESTIMATED SOCIAL SECURITY RETIREMENT BENEFITS ) NORMAL RETIREMENT AGE IS DEFINED AS 65 AND THE BENEFIT VESTS AND IS PAID OUT AS A LUMP SUM AT THAT POINT REGARDLESS IF EMPLOYMENT IS CONTINUED PAST AGE 65 THE FOLLOWING PAYOUTS WERE MADE DURING 2013 ARTHUR A USHIJIMA - \$2,965,859 OTHER REPORTABLE COMPENSATION REFLECTS VESTED PAYMENTS IN TWO NONQUALIFIED RETIREMENT PLANS THE FIRST PLAN IS A DEFINED BENEFIT SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THAT PROVIDED AN INCOME REPLACEMENT EQUAL TO 60% OF MR USHIJIMA'S FINAL THREE-YEAR AVERAGE BASE SALARY AT AGE 65, OFFSET BY ALL OTHER FORMS OF EMPLOYER-PROVIDED RETIREMENT (INCLUDING 50% OF SOCIAL SECURITY) MR USHIJIMA'S SERP WAS A GRANDFATHERED RETIREMENT PLAN THAT PROVIDED RETIREMENT BENEFITS IN LINE WITH INDUSTRY NORMS FOR OTHER HEALTH SYSTEM CEOS UNLIKE SOME OTHER SERP DESIGNS THAT PROVIDE PARTIAL VESTING WITH CASH PAYMENTS EVERY FEW YEARS, 100% OF MR USHIJIMA'S SERP VESTED UPON ATTAINMENT OF AGE 65, WHICH OCCURRED IN 2013 THE \$2,965,859 SERP PAYMENT REFLECTS HIS 24 YEARS OF SERVICE AS OF 2013 AND IS SUBJECT TO ALL APPLICABLE STATE AND FEDERAL TAXES THE SERP CEASED UPON VESTING, AND NO FURTHER PAYMENTS WILL BE MADE UNDER THIS PLAN THE SECOND NONQUALIFIED RETIREMENT PLAN IS A PENSION RESTORATION BENEFIT, WHICH IS PROVIDED TO ALL ELIGIBLE EMPLOYEES, INCLUDING MR USHIJIMA, AND WHICH APPLIES THE SAME BENEFIT FORMULA AS THE ALL-EMPLOYEE QUALIFIED CASH BALANCE PENSION PLAN TO THE PORTION OF SALARY THAT EXCEEDS LEGISLATIVE CAPS ON PAY FOR QUALIFIED PLANS THE PENSION RESTORATION PLAN IS ALSO 100% VESTED AT AGE 65, AND THE BALANCE OF THIS ACCOUNT, WHICH WAS \$664,907 FOR MR USHIJIMA, WAS PAID TO HIM IN 2013, SUBJECT TO ALL APPLICABLE STATE AND FEDERAL TAXES
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS RECOGNITION AWARDS WERE PAID TO ALL EMPLOYEES BASED ON ACCOMPLISHMENTS OF PREDETERMINED GOALS AND OBJECTIVES SET FORTH IN THE INCENTIVE AND STRATEGIC PLANS AND DEFINED ELIGIBILITY OF THE EMPLOYEE RECOGNITION AWARDS ARE DISCRETIONARY AND CONSIDER QUALITY THRESHOLDS WHICH INCLUDE ANNUAL ACCREDITATION AND MINIMUM OPERATING INCOME LEVEL CRITERIA IN ADDITION, EXECUTIVE AWARDS ARE WEIGHTED BASED ON INDIVIDUAL GOALS ESTABLISHED FOR EACH EXECUTIVE
SCHEDULE J, PART II	COMPENSATION PAID FOR SERVICES JANICE KALANIHUIA MS KALANIHUIA SERVES AS VP FOR THE QUEEN'S HEALTH SYSTEMS (PARENT COMPANY) AND PRESIDENT OF MGH SHE IS NOT SEPARATELY COMPENSATED FOR THESE VARIOUS SERVICES THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL HER SERVICES ARTHUR A USHIJIMA MR USHIJIMA SERVES AS A TRUSTEE FOR THE QUEEN'S HEALTH SYSTEMS AND SEVERAL OTHER QUEEN'S RELATED AFFILIATES HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THESE SERVICES HIS HOURS SERVED AS A TRUSTEE FOR MGH IS 1 HOUR PER WEEK MR USHIJIMA ALSO SERVES AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE QUEEN'S HEALTH SYSTEMS (PARENT COMPANY) AND AS PRESIDENT OF QMC THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL HIS SERVICES RICHARD C KEENE MR KEENE SERVED AS QMC TREASURER, SVP/CFO AND TREASURER FOR THE QUEEN'S HEALTH SYSTEMS (PARENT COMPANY), TREASURER OF QEL AND TREASURER OF MGH HE IS NOT SEPARATELY COMPENSATED FOR THESE VARIOUS SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL HIS SERVICES

**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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013****Open to Public  
Inspection**Name of the organization  
MOLOKAI GENERAL HOSPITAL**Employer identification number**

99-0251372

**Return  
Reference****Explanation**FORM 990,  
PART III, LINE  
4A

TO SUPPORT MGH'S MISSION AND TO FULFILL ITS TAX EXEMPT PURPOSE AS A CHARITABLE HOSPITAL, MGH PROVIDED COMMUNITY BENEFITS TOTALING APPROXIMATELY \$705,552 FOR THE YEAR ENDED JUNE 30, 2014 1 UNCOMPENSATED CARE - MGH PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY (BAD DEBTS) FOR THE YEAR ENDED JUNE 30, 2014, THE ESTIMATED LOSSES FROM PROVIDING CHARITY CARE, AS WELL AS THE ESTIMATE OF CHARITY CARE CURRENTLY CLASSIFIED AS BAD DEBTS WAS \$61,252 AND \$130,383 RESPECTIVELY 2 HEALTH AND WELLNESS EDUCATION - MGH PROVIDES HEALTH AND WELLNESS EDUCATION TO THE COMMUNITY IN AN EFFORT TO PROMOTE HEALTHY LIFESTYLES FOR THE YEAR ENDED JUNE 30, 2014, LOSSES RELATED TO PROVIDING HEALTH AND WELLNESS EDUCATION WAS \$19,325 3 MEDICARE SHORTFALL IN PAYMENTS - MGH PROVIDES INPATIENT AND OUTPATIENT SERVICES TO MEDICARE PATIENTS IN THE STATE OF HAWAII MGH INCURRED COSTS IN EXCESS OF REIMBURSEMENT OF APPROXIMATELY \$494,592 DURING THE YEAR ENDED JUNE 30, 2014

Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS MGH HAS A SOLE MEMBER, WHICH IS THE QUEEN'S HEALTH SYSTEMS, A HAWAII NONPROFIT CORPORATION ("QHS")

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	POWER TO ELECT OR APPOINT BOARD MEMBERS QHS ELECTS ALL OF THE BOARD MEMBERS OF THE MGH BOARD OF TRUSTEES

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS CERTAIN MAJOR DECISIONS APPROVED BY THE MGH BOARD OF TRUSTEES MUST ALSO BE APPROVED BY QHS SUCH DECISIONS INCLUDE 1 A CHANGE TO THE PURPOSE OF THE COMPANY, 2 A FINANCING TRANSACTION IN EXCESS OF \$50,000, 3 A LEASE TRANSACTION THAT HAS A TERM THAT IS LONGER THAN 3 YEARS OR HAS A RENT OBLIGATION IN EXCESS OF \$1,000,000 OVER THE LEASE TERM, 4 A TRANSACTION INVOLVING THE SALE, LEASE, DISPOSITION OR HYPOTHECATION OF REAL PROPERTY, 5 ANNUAL OPERATIONAL AND CAPITAL BUDGETS, 6 STRATEGIC PLANS, 7 MERGER OR MAJOR ACQUISITIONS, 8 CREATION OF A NEW ENTITY OR JOINT VENTURE, 9 SALE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF ITS ASSETS, 10 DISSOLUTION, 11 AMENDMENT OF BYLAWS, 12 ADOPTION, AMENDMENT OR RESCISSION OF A BOARD POLICY, 13 CAPITAL EXPENDITURES IN EXCESS OF \$1,000,000 FOR MGH



Return Reference	Explanation
FORM 990, PART VI, LINE 11B	<p>PROCESS USED TO REVIEW THE FORM 990 THE FORM 990 FOR THE QUEEN'S HEALTH SY STEMS (QHS) AND THE SEPARATE FORMS FOR EACH OF THE NOT-FOR-PROFIT SUBSIDIARIES OF QHS WERE REVIEWED BY THE GOVERNING BODY OF QHS PRIOR TO THE FILING OF THE RETURNS THE QHS FINANCE COMMITTEE, WHICH IS COMPRISED OF MEMBERS OF THE QHS BOARD OF TRUSTEES, WAS DELEGATED THE RESPONSIBILITY TO REVIEW THE RETURNS PRIOR TO THEIR FILING THE RETURNS WERE PRESENTED TO THE COMMITTEE BY MANAGEMENT AND BY THE INDEPENDENT PUBLIC ACCOUNTING FIRM THAT PREPARED THE RETURNS IN ADDITION, COMPENSATION RELATED DISCLOSURES IN THE RETURNS WERE REVIEWED BY THE CHAIRPERSON OF THE QHS COMPENSATION COMMITTEE PRIOR TO FILING THE RETURNS ALSO, A COPY OF THE MOLOKAI GENERAL HOSPITAL (MGH) RETURNS WERE MADE AVAILABLE TO EACH OF THE MEMBERS OF THE MGH BOARD OF TRUSTEES PRIOR TO THE RETURNS BEING FILED WITH THE INTERNAL REVENUE SERVICE</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 12, 13, & 14	APPROVED POLICIES THE CONFLICT OF INTEREST, WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES HAVE BEEN APPROVED BY QHS ON BEHALF OF THE MGH BOARD BUT HAVE NOT BEEN SEPARATELY APPROVED BY THE MGH BOARD AS SUCH, LINES 12, 13 AND 14 HAVE BEEN CHECKED 'NO'

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST ALL QHS COMPANIES ARE SUBJECT TO A WRITTEN CONFLICT OF INTEREST POLICY ALL TRUSTEES, OFFICERS, DESIGNATED EMPLOYEES AND CONTRACTORS ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM THE DESIGNATED EMPLOYEES ARE THOSE SELECTED BY EXECUTIVES IN THE ORGANIZATION WHO IDENTIFY THOSE EMPLOYEES (TYPICALLY MANAGER LEVEL OR ABOVE) WHO MAY BE IN A POSITION TO SELECT OR INFLUENCE THE SELECTION OF A VENDOR DISCLOSURES ARE SUMMARIZED AND MAINTAINED BY EACH COMPANY'S CORPORATE SECRETARY THE CONTRACT MANAGEMENT DIVISION AND LEGAL DEPARTMENT HAVE THE CONFLICT SUMMARIES AND CHECK FOR CONFLICTS OF INTEREST AT THE BEGINNING OF THE CONTRACT PROCESS ANY CONFLICTS OF INTEREST INVOLVING A TRUSTEE IS PRESENTED TO THE BOARD OF TRUSTEES ANY TRANSACTION INVOLVING A DISQUALIFIED PERSON IS SUBJECT TO THE PROCESS OF ESTABLISHING A REBUTTABLE PRESUMPTION OF REASONABLENESS ANY TRUSTEE WITH A CONFLICT OF INTEREST IS EXCUSED FOR THE PORTION OF THE MEETING WHERE THE SUBJECT MATTER IS DISCUSSED AND VOTED ON</p>

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN A COMMITTEE OF THE BOARD OF TRUSTEES CALLED THE COMPENSATION COMMITTEE MEETS REGULARLY TO REVIEW THE COMPENSATION OF ALL COMPANIES WITHIN QHS MGH'S EXECUTIVE COMPENSATION IS REVIEWED ANNUALLY FOR ITS PRESIDENT ALL DECISIONS REGARDING EXECUTIVE COMPENSATION ARE MADE IN CONFORMITY WITH THE PROCEDURES REQUIRED TO ESTABLISH A REBUTTABLE PRESUMPTION OF REASONABLENESS ANY ADJUSTMENT TO COMPENSATION IS SUBJECT TO THE PROCESS OF PERFORMANCE REVIEWS AND COMPARISON TO COMPARABLE COMPENSATION DATA PREPARED BY A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT OUTSIDE COUNSEL ASSISTS WITH THE REVIEW PROCESS AND DOCUMENTS THE DECISIONS OF THE COMMITTEE

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY , & FIN STMTS TO GEN PUBLIC MGH'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND THE QHS' CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THIS RETURN, AS REQUIRED MGH DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICES PROGRAM SERVICES MEDICAL SERVICES 1,568,408 OTHER SERVICES 223,704 TOTAL 1,792,112 MANAGEMENT SERVICES COLLECTION SERVICES 780,603 OTHER SERVICES (243,051) TOTAL 537,552

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS MINIMUM PENSION LIABILITY \$ 98,380 FUND TRANSFER \$ ( 1,140) ROUNDING \$ (1) ----- TOTAL \$ 97,239

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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
MOLOKAI GENERAL HOSPITAL

Employer identification number  
99-0251372

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE QUEEN'S HEALTH SYSTEMS  1301 PUNCHBOWL STREET  HONOLULU, HI 96813 99-0238120	ADMIN SERVICE	HI	501(c)(3)	11b	NA		No
(2) THE QUEEN'S MEDICAL CENTER  1301 PUNCHBOWL STREET  HONOLULU, HI 96813 99-0073524	MEDICAL SVCS	HI	501(c)(3)	3	QHS	Yes	
(3) QUEEN EMMA LAND COMPANY  1301 PUNCHBOWL STREET  HONOLULU, HI 96813 99-0183769	SUPPORT SVCS	HI	501(c)(3)	11b	QHS	Yes	
(4) NORTH HAWAII COMMUNITY HOSPITAL  67-1125 MAMALAHOA HIGHWAY  KAMUELA, HI 967438496 99-0260423	MEDICAL SVCS	HI	501(c)(3)	3	QHS	Yes	



Part IIIPart III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HAMAMATSUQUEEN'S PET IMAGING CENTER LL  1301 PUNCHBOWL STREET HONOLULU, HI 96813 94-3266916	PET IMAGING	HI	NA									

Part IVPart III

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) THE QUEEN'S DEVELOPMENT CORPORATION  1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0240109	DEVELOPMENT	HI	NA	C Corp					
(2) QUEEN'S INSURANCE EXCHANGE INC  1301 PUNCHBOWL STREET HONOLULU, HI 96813 91-1913839	INSURANCE	HI	NA	C Corp					
(3) DIAGNOSTIC LABORATORY SERVICES INC  99-859 IWAIWA STREET AIEA, HI 96701 99-0240499	MEDICAL LAB SVCS	HI	NA	C Corp					

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

Yes

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
(1) DIAGNOSTIC LABORATORY SERVICES INC	p	582,586	FMV
(2) THE QUEEN'S MEDICAL CENTER	m	198,093	FMV

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	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP HAMAMATSU/QUEEN'S PET IMAGING CENTER, LLC EIN 94-3266916 ADDRESS 1301 PUNCHBOWL STREET HONOLULU, HI 96813

**TY 2013 AffiliatedGroupAttachment**

**Name:** MOLOKAI GENERAL HOSPITAL

**EIN:** 99-0251372

**Explanation:** NAME: QUEEN EMMA LAND COMPANY ADDRESS: 1301 PUNCHBOWL STREET HONOLULU, HI 96813 EIN: 99-0183769 EXPENSES: \$27,589,120 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: \$0 NAME: THE QUEEN'S HEALTH SYSTEMS ADDRESS: 1301 PUNCHBOWL STREET HONOLULU, HI 96813 EIN: 99-0238120 EXPENSES: \$26,784,452 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: \$0 NAME: THE QUEEN'S MEDICAL CENTER ADDRESS: 1301 PUNCHBOWL STREET HONOLULU, HI 96813 EIN: 99-0073524 EXPENSES: \$792,649,588 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: \$0 NAME: MOLOKAI GENERAL HOSPITAL ADDRESS: P.O. BOX 408 KAUNAKAKAI, HI 96748 EIN: 99-0251372 EXPENSES: \$9,213,819 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: \$0 NAME: NORTH HAWAII COMMUNITY HOSPITAL ADDRESS: 67-1125 MAMALAHOA HIGHWAY EIN: 99-0260423 EXPENSES: \$18,452,971 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: \$0



**THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES**

Consolidated Financial Statements  
and Supplemental Consolidating Schedules

June 30, 2014 and 2013

(With Independent Auditors' Report Thereon)

# THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

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**KPMG LLP**  
Suite 2100  
1003 Bishop Street  
Honolulu, HI 96813-6400

## **Independent Auditors' Report**

The Board of Trustees  
The Queen's Health Systems and Subsidiaries

We have audited the accompanying consolidated financial statements of The Queen's Health Systems and its subsidiaries, which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of The Queen's Health Systems and its subsidiaries as of June 30, 2014 and 2013, and the results of their operations and their cash flows for the years then ended in accordance with U S generally accepted accounting principles.





### **Other Matters**

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in Schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*KPMG LLP*

Honolulu, Hawaii  
October 8, 2014

# THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

## Consolidated Balance Sheets

June 30, 2014 and 2013

(In thousands)

<b>Assets</b>	<b>2014</b>	<b>2013</b>
Current assets		
Cash and cash equivalents	\$ 71.910	69.576
Receivables – less allowances for uncollectible accounts of \$63,286 in 2014 and \$55,222 in 2013	145.723	128.481
Inventories	15.248	11.976
Investments – current	995.263	797.558
Assets whose use is limited or restricted – current	13.863	13.393
Deferred income tax asset – current	2.157	2.292
Prepaid expenses and other assets	9.575	8.669
Total current assets	1,253.739	1,031.945
Investments – less current portion	65.380	72.209
Assets whose use is limited or restricted – less current portion	21.635	19.206
Land, buildings, and equipment, net	609.482	503.906
Assets held for sale	—	48.311
Goodwill	7.619	7.619
Deferred financing fees, net	3.956	4.281
Deferred income tax asset – less current portion	6.945	5.600
Straight-line rents receivable	36.914	28.536
Beneficial interests	112.379	—
Other assets	29.568	9.192
Total	\$ 2,147.617	1,730.805
<b>Liabilities and Net Assets</b>		
Current liabilities		
Accounts payable and other accrued liabilities	\$ 83.701	60.969
Accrued salaries and benefits	52.804	48.492
Other current liabilities	16.100	15.207
Due to government reimbursement programs – current	12.065	10.889
Short-term and long-term debt – current	87.903	23.576
Total current liabilities	252.573	159.133
Long-term debt – less current portion	297.877	318.150
Pension and postretirement liabilities	162.006	129.141
Due to government reimbursement programs – less current portion	17.431	18.562
Other long-term liabilities	56.695	60.068
Total liabilities	786.582	685.054
Net assets		
Unrestricted	1,227.343	1,033.810
Temporarily restricted	17.165	5.990
Permanently restricted	116.527	5.951
Total net assets	1,361.035	1,045.751
Total	\$ 2,147.617	1,730.805

See accompanying notes to consolidated financial statements

**THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES**  
Consolidated Statements of Operations and Changes in Net Assets  
Years ended June 30, 2014 and 2013  
(In thousands)

	<u>2014</u>	<u>2013</u>
Unrestricted operating revenues		
Net patient service revenues	\$ 877,130	794,044
Rental revenues	94,801	103,406
Other	43,527	39,284
Total unrestricted operating revenues	<u>1,015,458</u>	<u>936,734</u>
Net assets released from restrictions	<u>5,535</u>	<u>5,666</u>
Total operating revenues and other support	<u>1,020,993</u>	<u>942,400</u>
Unrestricted operating expenses		
Salaries, wages, and employee benefits	523,058	467,568
Supplies	166,318	142,968
Purchased services	89,834	86,779
Depreciation and amortization	49,431	49,301
Professional fees	46,726	39,670
Sustainability fees and taxes – other than income taxes	34,690	35,319
Rent and utilities	31,258	29,660
Interest	7,265	8,662
Other	45,105	33,416
Total unrestricted operating expenses	<u>993,685</u>	<u>893,343</u>
Operating income	<u>27,308</u>	<u>49,057</u>
Nonoperating income (expense)		
Investment income, net	132,277	94,705
Contribution from North Hawaii Community Hospital affiliation	39,074	—
Income tax expense	(4,309)	(4,319)
Gain on interest rate swap	1,870	12,152
Other expense	(2,787)	(4,392)
Total nonoperating income, net	<u>166,125</u>	<u>98,146</u>
Excess of revenues over expenses, carried forward	<u>193,433</u>	<u>147,203</u>

# THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

## Consolidated Statements of Operations and Changes in Net Assets

Years ended June 30, 2014 and 2013

(In thousands)

	<b>2014</b>	<b>2013</b>
Excess of revenues over expenses, brought forward	\$ 193,433	147,203
Other changes		
Net assets released from restrictions used for capital expenditures	9,534	1,529
Net unrealized gain (loss) on investments	17,520	(24,211)
Pension related changes other than net periodic pension cost	(26,954)	41,170
Total other changes	100	18,488
Increase in unrestricted net assets	193,533	165,691
Temporarily restricted net assets		
Gifts and grants	12,432	4,971
Contribution from North Hawaii Community Hospital affiliation	10,714	—
Investment gains, net	1,826	866
Net assets released from restrictions used for capital expenditures	(9,534)	(1,529)
Net assets released from restrictions used for operating expenses	(4,380)	(5,666)
Other changes, net	117	88
Increase (decrease) in temporarily restricted net assets	11,175	(1,270)
Permanently restricted net assets		
Contribution from North Hawaii Community Hospital affiliation	112,536	—
Net assets released from restrictions	(1,155)	—
Other changes, net	(805)	—
Increase in permanently restricted net assets	110,576	—
Increase in net assets	315,284	164,421
Net assets – beginning of year	1,045,751	881,330
Net assets – end of year	\$ 1,361,035	1,045,751

See accompanying notes to consolidated financial statements

# THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

## Consolidated Statements of Cash Flows

Years ended June 30, 2014 and 2013

(In thousands)

	<b>2014</b>	<b>2013</b>
Operating activities		
Increase in net assets	\$ 315,284	164,421
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Net realized and unrealized gains on investments	(142,709)	(55,525)
Gain on interest rate swap	(1,870)	(12,152)
Depreciation and amortization	49,431	49,301
Provision for bad debts	29,723	23,050
Contribution from NHCH affiliation	(162,324)	—
Loss on disposition of land, buildings, and equipment	7,982	269
(Gain) loss on investment in subsidiary	3	(7)
Pension related changes other than net periodic pension cost	26,954	(41,170)
Deferred income taxes	(421)	1,729
Changes in operating assets and liabilities		
Receivables	(39,929)	(48,925)
Due to government reimbursement programs	45	3,182
Accounts payable and accrued salaries, benefits, and other liabilities	3,335	13,199
Other assets and liabilities	(1,690)	3,215
Net cash provided by operating activities	<u>83,814</u>	<u>100,587</u>
Investing activities		
Purchases of investments and assets whose use is limited or restricted	(327,027)	(844,483)
Proceeds from sales of investments and assets whose use is limited or restricted	277,949	821,942
Purchases of land, buildings, and equipment	(91,481)	(65,248)
Cash from NHCH affiliation	1,340	—
Proceeds from sales of land, buildings, and equipment	24,523	1,298
Other	(151)	2,850
Net cash used in investing activities	<u>(114,847)</u>	<u>(83,641)</u>
Financing activities		
Proceeds from issuance of debt	66,000	—
Repayment of debt	(31,283)	(21,054)
Dividend distribution to minority interest holder	(1,350)	(600)
Net cash provided by (used in) financing activities	<u>33,367</u>	<u>(21,654)</u>
Increase (decrease) in cash and cash equivalents	2,334	(4,708)
Cash and cash equivalents – beginning of year	<u>69,576</u>	<u>74,284</u>
Cash and cash equivalents – end of year	<u>\$ 71,910</u>	<u>69,576</u>
Supplemental cash flow information		
Interest paid – net of amounts capitalized	\$ 7,511	8,971
Income taxes paid	481	162
Supplemental disclosures of noncash investing and financing activities		
Purchase of buildings and equipment included in accounts payable and other accrued liabilities at year-end	\$ 26,336	9,989
Debt assumed in exchange for buildings and land	—	22,500

See accompanying notes to consolidated financial statements

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

### (1) Organization and Summary of Significant Accounting Policies

#### *Organization and Mission*

The mission of The Queen's Health Systems (the Parent Company) is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all the people of Hawaii. The Parent Company is a tax-exempt support organization as described in Sections 501(c)(3) and 509(a)(3) of the Internal Revenue Code. The Parent Company is the sole member of The Queen's Medical Center (QMC), Queen Emma Land Company (QEL), Molokai General Hospital (MGH), and North Hawaii Community Hospital (NHCH). The Parent Company is also the parent of Queen's Development Corporation (QDC) and Queen's Insurance Exchange, Inc. (QIE).

QMC operates a 505-bed acute care and 28-bed subacute care hospital located on the island of Oahu. MGH operates a 15-bed hospital on the island of Molokai. QMC and MGH provide services to patients, substantially all of whom are Hawaii residents, under unsecured credit terms. QDC owns and manages income-producing, health care-related real estate and is engaged in other health-related business activities. QEL owns land and buildings, most of which produce rental income. QIE is a Hawaii-domiciled, pure captive insurance company.

In December 2012, QMC purchased land and buildings associated with a nonoperating hospital located in Ewa Beach, Hawaii. A facility renovation included an expansion and modernization of emergency, surgical, and imaging services. The facility opened in May 2014 as an 80-bed community hospital with 24 hour emergency services.

*Organizational Change* – QHS entered into an affiliation agreement with NHCH in January 2014 to enhance their mutual ability to serve the North Hawaii community. NHCH is an acute-care hospital with 33 licensed beds and 24 hour emergency services operating out of Kamuela, on Hawaii Island. In conjunction with the affiliation, QHS became NHCH's sole corporate member.

This transaction was accounted for as an acquisition under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-805, *Not-for-Profit Entities – Business Combinations*. No consideration was paid by QHS to acquire the assets of NHCH. The affiliation resulted in an excess of assets over liabilities assumed, reported as a contribution from NHCH to QHS of approximately \$162,324. The unrestricted portion of the contribution of \$39,074 is included in excess of revenues over expenses in the accompanying consolidated statements of operations and changes of net assets. The remaining \$123,250 of the contribution is temporarily or permanently restricted and is recorded in these respective sections in the consolidated statements of operations and changes of net assets.

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

The following are financial results of NHCH for the six months ended June 30, 2014 and are included in QHS's consolidated statement of operations and changes of net assets

Total operating revenues and other support	\$	29,850
Operating income		3,359
Excess of revenues over expenses (excluding the \$39,074 unrestricted contribution)		3,384

The following table summarized the fair value estimates of NHCH assets acquired and liabilities assumed in fiscal 2014

Cash and cash equivalents	\$	1,340
Receivables, net		7,036
Other current assets		1,534
Land, buildings, and equipment, net		44,587
Beneficial interests		114,435
Other assets		8,960
Accounts payable and accrued expenses		(5,350)
Short-term debt and long-term debt		(9,581)
Other liabilities		(637)
Total identifiable net assets assumed/contribution	\$	<u>162,324</u>

QMC, the Parent Company, and QDC are members of The Queen's Health Systems Obligated Group (the Obligated Group). Diagnostic Laboratory Services, Inc. (DLS), a 90% owned QDC subsidiary, is also a member of the Obligated Group. Each member of the Obligated Group is jointly and severally liable for long-term debt issued by the Obligated Group.

#### ***Significant Accounting Policies***

##### ***(a) Principles of Consolidation***

These consolidated financial statements include the accounts of all entities for which the Parent Company is the sole member or controlling stockholder (collectively, QHS). Intercompany balances and transactions have been eliminated in the consolidated financial statements.

##### ***(b) Use of Estimates***

The preparation of consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions based on available information that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

**(c) *Cash and Cash Equivalents***

Cash equivalents include money market funds and short-term, highly liquid investments with maturities of three months or less at date of purchase, and are stated at cost, which approximates fair value. Excluded are amounts whose use is limited or restricted by board designations or other arrangements under trust agreements.

**(d) *Allowance for Uncollectible Accounts***

QHS provides for accounts receivable that could become uncollectible by establishing an allowance to reduce the carrying value of such receivables to their estimated net realizable value. QHS estimates the allowance based on the aging of the accounts receivable, historical collection experience by payor, and other relevant factors.

**(e) *Inventories***

Inventories, consisting principally of medical drugs and supplies, are valued at the lower of cost (average cost method) or market.

**(f) *Investments***

Investments, including assets limited or restricted as to use, include money market funds, debt and equity securities, mutual funds, common trust funds, and interests in limited partnerships including private equities. Investments in money market funds, debt and equity securities, and mutual funds with readily determinable market values are measured at fair value based on quoted market prices or observed transactions. Investments also include alternative investments, such as common trust funds and interests in limited liability entities (hedge funds, equity funds, real estate investments, and private equities), accounted for under the equity method of accounting. Management determines the appropriate classification of all investments at the date of purchase and evaluates such designations at each balance sheet date. QHS classifies its investments in debt and equity securities that are managed in "separate accounts" by fund managers as trading securities. Investments classified as other-than-trading securities are recorded at fair value, with changes in value recorded as other changes in unrestricted net assets. Investments that are available for current operations are classified as current assets. Investments that cannot be sold within a year due to restrictions contained in the agreements are classified as noncurrent assets.

Investment income, which is presented within the performance indicator, includes all dividends and interest, unrestricted realized gains and losses, other-than-temporary impairment (OTTI), unrealized gains and losses on trading securities, and equity in earnings and losses of limited liability entities. Investment management fees are netted against investment income.

QHS assesses whether OTTI has occurred based upon a case-by-case evaluation of the underlying reasons for the decline in estimated fair value of its investments. All securities with a gross unrealized loss at each reporting period are subjected to a process for identifying OTTI. QHS considers a wide range of factors, as described below, about the security issuer and uses its best judgment in evaluating the cause of the decline in the estimated fair value of the security and in



## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

assessing the prospects for near-term recovery. Inherent in the evaluation of each security are assumptions and estimates about the operations of the issuer and its future earnings potential.

Considerations used by QHS in the impairment evaluation process include, but are not limited to, the following:

- Duration and extent that the estimated fair value has been below net carrying amount
- Ability and intent to hold the investment for a period of time to allow for a recovery of value
- Fundamental analysis of the liquidity and financial condition of the specific issuers
- Industry factors or conditions related to a geographic area that are negatively affecting the security
- Underlying valuation of assets specifically pledged to support the credit
- Past due interest or principal payments or other violations of covenants
- Deterioration of the overall financial condition of the specific issuer
- Downgrades by a rating agency

The cost basis of securities that are deemed to be other-than-temporarily impaired is written down to estimated fair value in the period the other-than-temporary impairment is recognized.

**(g) *Assets Whose Use is Limited or Restricted***

Assets whose use is limited or restricted include assets restricted by the donors and assets held by trustees for the repayment of bonds and purchase of capital assets. Amounts required to meet current liabilities of QHS have been reflected as current assets in the consolidated balance sheets as of June 30, 2014 and 2013.

**(h) *Land, Buildings, and Equipment***

Land, buildings, and equipment are recorded on the basis of cost or fair market value at the date of acquisition or donation, respectively. Buildings and equipment, including amounts recorded under capital lease obligations, are depreciated by the straight-line method over their estimated useful lives ranging from 3 to 40 years. Leasehold improvements are amortized using the straight-line method over the lesser of their estimated useful lives or the remaining term of the related leases. Development and interest costs are capitalized during the construction period of major capital projects.

**(i) *Assets Held for Sale***

Assets held for sale includes the net carrying value of certain buildings and equipment identified for redevelopment or repositioning whose transactions met criteria for held for sale classification as of June 30, 2013. Transactions for these assets were completed in fiscal 2014. As a result, QHS

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

recorded a net loss on disposal of assets of \$7.811 (included in other operating expenses in the consolidated statements of operations and changes in net assets)

**(j) Goodwill**

Goodwill is not amortized. It is tested for impairment on an annual basis and when a triggering event occurs between annual impairment tests.

**(k) Long-Lived Assets**

Long-lived assets held and used by QHS are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. When such events or changes occur, an estimate of the future cash flows expected to result from the use of the assets and their eventual disposition is made. If the sum of such expected future cash flows (undiscounted and without interest charges) is less than the carrying amount of the assets, an impairment loss is recognized in an amount by which the assets' net book values exceed fair values.

**(l) Beneficial Interests**

NHCH holds beneficial interests in certain trusts. QHS measures these interests using Level 3 inputs (see note 2 for further discussion of the fair value hierarchy).

**(m) Insurance Claims and Related Insurance Recoveries**

QHS estimates its insurance reserves without consideration of insurance recoveries and therefore records estimated recoveries separately from its reserves.

**(n) Derivative Financial Instruments**

QHS periodically uses derivative financial instruments, such as interest rate hedging products to mitigate risk. The use of derivative instruments is limited to reducing its risk exposure by utilizing interest rate swap agreements. The swaps are not designated as hedges for accounting purposes. Accordingly, QHS records the value of its swaps as other assets or long-term liabilities in its consolidated balance sheets and records the change in the fair value of the swaps as nonoperating income or expense.

**(o) Income Taxes**

QDC and its subsidiary, DLS, file consolidated income tax returns. QIE files separate income tax returns. Deferred tax assets and liabilities are recorded for differences between the financial statement and income tax bases for assets and liabilities. Deferred tax assets are reduced by a valuation allowance, if it is more likely than not that some portion or all of the net deferred tax assets will not be realized. A valuation allowance has been recorded to reduce certain future net deferred tax assets to the amount that will more likely than not be realized.

All other consolidated affiliates are not-for-profit organizations that are exempt from federal and state income taxes pursuant to Section 501(a) of the Internal Revenue Code and related Hawaii Revised Statutes. QHS, QEL, QMC, NHCH, and MGH are subject to federal and state income taxes.

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

solely on their unrelated business taxable income. Unrelated business taxable income is not material to the consolidated financial statements. QHS evaluates its uncertain tax positions and has no material unrecognized tax benefits as of June 30, 2014. QHS does not believe it is subject to audit by taxing jurisdictions for periods prior to 2011.

**(p) Temporarily and Permanently Restricted Net Assets**

Restricted net assets consist of donations and other funds where restrictions have been imposed by donors as to the use of the funds. Temporarily restricted net assets consist of those net assets whose use by QHS has been limited by donors to a specific purpose or time period. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported as net assets released from restrictions. Permanently restricted net assets consist of the principal of net assets whose use by QHS has been restricted in perpetuity by the donors. Earnings on restricted net assets are considered unrestricted, unless otherwise restricted by the donor.

**(q) Net Patient Service Revenue**

Net patient service revenue is recognized and patient accounts receivable is recorded as services are provided and are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

Significant concentrations of patient accounts receivable at June 30, 2014 and 2013 included the following:

	<u>2014</u>	<u>2013</u>
Medicare	33%	32%
Medicaid	16	16
Hawaii Medical Service Association	13	14

Accounts receivable are reduced by allowances for contractually obligated deductions and for doubtful accounts. Allowances are calculated based on recent negotiated reimbursement amounts, actual payments received, and historical trends for every payor-source category. Management reviews and updates these calculations monthly. The difference between the standard rates and the amounts actually collected on patient accounts is charged off against these contractual allowances and allowances for doubtful accounts.

The QHS allowance for doubtful accounts was \$63,286 and \$55,222 as of June 30, 2014 and 2013, respectively. The provision for bad debts included in net patient service revenues was \$29,723 and \$23,050 for the years ended June 30, 2014 and 2013, respectively.

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

#### **(r) Government Reimbursement Programs**

QHS renders services to patients under contractual agreements with the Medicare and Medicaid programs. The percentage of patient service revenue attributable to the Medicare and Medicaid programs, respectively, approximated 40% and 21% in 2014 and 41% and 18% in 2013. Medicare acute inpatient services are reimbursed based on clinical, diagnostic, and other factors, and for Medicaid, a per diem rate for routine services and a per discharge rate for ancillary services. Outpatient services related to Medicare and Medicaid beneficiaries are paid based upon a prospective payment system, fee schedules, percentage of charges, or a cost reimbursement method. Prospectively determined reimbursements are paid to QHS based on claims submitted, however, certain items, such as medical education costs, capital costs, bad debts, and disproportionate share hospital (DSH) payment adjustments are reimbursed based upon estimated interim rates with final settlement determined after annual cost reports submitted by QHS are audited by the fiscal intermediary. Estimation differences between final settlements and amounts accrued in previous years due to audit adjustments recorded by the fiscal intermediary are reported as current year increases to revenues and excess of revenues over expenses and amounted to \$1,236 and \$7,749 for the years ended June 30, 2014 and 2013, respectively.

QHS participates in the State of Hawaii Hospital Sustainability Program. Under this program, private hospitals receive supplemental payments from the State of Hawaii Department of Health. These payments are funded by sustainability fees paid by participating hospitals and matching federal funds. Sustainability payments recognized by QHS were \$28,525 and \$30,766 and are reported in net patient service revenues for the years ended June 30, 2014 and 2013, respectively. Sustainability fees paid by QHS were \$16,320 and \$17,237 and are reported in sustainability fees and taxes – other than income taxes for the years ended June 30, 2014 and 2013, respectively. Amounts under this program are subject to annual determination by the State of Hawaii. A similar program has been established for fiscal 2015.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is a reasonable probability that recorded estimates will change by a material amount in the near term. QHS believes that it is in compliance with applicable laws and regulations and actively resolves issues as identified. Compliance with such laws and regulations can be subject to future government review and interpretation, and noncompliance could result in significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

#### **(s) Charity Care and Community Benefits**

As part of its mission, QHS provides health care services to improve the well-being of the community. QHS provides care to patients who meet certain criteria under its financial assistance policy without charge or at amounts less than its established rates. Because collection of amounts determined to qualify as charity care is not pursued, they are not reported as net patient service revenues.

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

The estimated cost of these charity care services is determined using a ratio of cost to gross charges and applying that ratio to the gross charges forgone associated with providing care to charity patients for the period. Gross charges associated with providing care to charity patients includes only the related charges for those patients who are financially unable to pay and qualify under the QHS charity care policy and that do not otherwise qualify for reimbursement from a governmental program. The estimated costs and expenses incurred to provide charity care were \$3,523 and \$3,242 for the years ended June 30, 2014 and 2013, respectively.

Community Benefits programs serve the broader community by providing health screenings, training health care professionals, educating the community with various seminars and classes, performing medical research, providing clinic and community services as well as providing for costs in excess of third-party reimbursement. QHS participates in several residency programs and provides a clinical setting in nursing, pharmacy, cardiac fellowship training, and educating. Community education classes of health-related topics include women's health, diabetes, child safety, dealing with cancer, cardiac, support groups, glaucoma, weight loss, wellness, and pregnancy topics. QHS operates the Queen Emma Clinic, Dental Clinic, and Behavioral Health programs at a loss for the benefit of the community. The Queen's Transplant Center was established to provide access to life saving organ transplantation to the community of Hawaii. The efforts to improve health care in the community are also demonstrated through Native Hawaiian Health program clinical outcomes, health care training, research, access, and outreach. QHS continually assesses and develops programs and services focused on the Native Hawaiian community through collaborations with the community. The affiliation with NHCH and opening of the newly renovated Ewa Beach facility both improve access to quality health services and enhance population health.

#### **(t) Contributions**

Unconditional promises by donors of cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

#### **(u) Rental Revenues**

QHS recognizes revenues when delivery has occurred, persuasive evidence of an agreement exists, the fee is fixed or determinable, and collectibility is reasonably assured. QHS (as lessor) has lease agreements that provide for scheduled rent increases over the terms of certain leases. For such leases, rental income is recognized on a straight-line basis over the terms of the leases. The difference between the straight-line amount and the rent received each period is recorded as straight-line rents receivable. Also included in rental revenues are certain percentage rents determined in accordance with the terms of the leases. Rental revenues arising from tenant rents that are contingent upon the tenant sales exceeding a defined threshold are recognized only after the contingency has been resolved (e.g., sales thresholds have been achieved).

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

**(v) Expenses by Functional Classification**

Expenses incurred during the years ended June 30, 2014 and 2013 were for the following programs and support services

	<b>2014</b>	<b>2013</b>
Patient services	\$ 714,474	633,696
Administrative and general	146,854	125,545
Other healthcare-related activities	77,188	73,752
Real property investment and management	55,169	60,350
Total	<u>\$ 993,685</u>	<u>893,343</u>

**(w) Performance Indicator**

The QHS performance indicator is the excess of revenues over expenses. The indicator excludes net unrealized gains (losses) on other-than-trading securities, net assets released from restrictions used for capital expenditures, and pension related changes other than net periodic pension cost.

**(x) Recent Accounting Pronouncements**

In May 2014, the FASB issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers*. This guidance will enhance the comparability of revenue recognition practices and will be applied to all contracts with customers. Expanded disclosures related to the nature, amount, timing, and uncertainty of revenue that is recognized are requirements under the amended guidance. This guidance will be effective for the QHS's fiscal year ending June 30, 2018 and may be applied retrospectively. QHS is currently evaluating the potential impact of adopting this guidance on the consolidated financial statements.

In May 2011, the FASB issued ASU No. 2011-04, *Fair Value Measurement (Topic 820) Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRS)* (ASU 2011-04). The new standards do not extend the use of fair value but, rather, provide guidance about how fair value should be applied where it already is required or permitted under IFRS or GAAP. For GAAP, most of the changes are clarifications of existing guidance or wording changes to align with IFRS. QHS adopted ASU 2011-04 in the year ended June 30, 2013, which did not have a significant impact on the consolidated financial statements.

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#### (2) Investments and Assets Whose Use is Limited or Restricted and Fair Value Measurements

Investments including assets whose use is limited or restricted at June 30, 2014 and 2013 were as follows

	<u>2014</u>	<u>2013</u>
Investments at fair value		
Mutual funds	\$ 347,386	249,419
Equity securities	62,293	47,839
Money market funds	23,484	25,504
Debt securities	6,521	6,205
Total investments at fair value	<u>439,684</u>	<u>328,967</u>
Investments using equity method		
Common trust funds	508,297	420,464
Private equities and other limited partnerships	148,160	135,519
Total investments using equity method	<u>656,457</u>	<u>555,983</u>
Receivable from sale of investment	<u>—</u>	<u>17,416</u>
Total investments and assets whose use is limited or restricted	<u>\$ 1,096,141</u>	<u>902,366</u>

Common trust funds and private equities and other limited partnerships include, but are not limited to, investments in undervalued debt, real estate-related equity securities, hedge funds, and investments in energy, technology, financial, retail, and health care industries. Ownership percentages range from less than 1% to 11%.

At June 30, 2014, QHS was committed to invest approximately \$713 of additional capital in various private equity investments.

The classification of investments in the consolidated balance sheets as of June 30, 2014 and 2013 was as follows:

	<u>2014</u>	<u>2013</u>
Total investments	\$ 1,096,141	902,366
Less assets whose use is limited or restricted	<u>(35,498)</u>	<u>(32,599)</u>
Total unrestricted investments	1,060,643	869,767
Less current portion	<u>(995,263)</u>	<u>(797,558)</u>
Noncurrent portion	<u>\$ 65,380</u>	<u>72,209</u>

QHS maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. The hierarchy places the highest priority on unadjusted quoted market prices in

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active markets for identical assets or liabilities (Level 1 measurements) and assigns the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the hierarchy are defined as follows:

Level 1 – Quoted (unadjusted) prices for identical assets or liabilities in active markets

Level 2 – Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other-than-quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by other observable market data

Level 3 – Unobservable inputs that cannot be corroborated by observable market data

Fair values of other-than-trading and trading securities are based on quoted market prices, where available. The Bank of New York Mellon, as custodian for QHS, obtains one price for each security primarily from a third-party pricing service (pricing service), which generally uses Level 1 or Level 2 inputs for the determination of fair value. The pricing service normally derives the security prices from recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. In the absence of a vendor, system trade/cost, or broker price for debt instruments, the pricing staff will price the security using the investment manager's price or last known price. As QHS is responsible for the determination of fair value, it performs periodic analyses on the prices received from the pricing service to determine whether the prices are reasonable estimates of fair value. As a result of the reviews, QHS has not historically adjusted the prices obtained from the pricing service.

In the instances in which the inputs used to measure the fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset.

QHS targets investments in cash and cash equivalents, fixed income securities, equity securities, real assets, tactical assets, hedge funds, and private equities. The QHS investment strategy is to generate a return that is sufficient to meet its current and expected future financial requirements, with an acceptable level of risk. QHS has engaged a number of investment managers to implement various investment strategies to achieve the desired asset class mix, liquidity, and risk diversification objectives.



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There were no reclassifications between Level 1 and Level 2 investments in 2014 and 2013. The following tables present information about the fair value of the QHS financial instruments as of June 30, 2014 and 2013, according to the valuation techniques QHS used to determine their fair values.

Fair value measurements at June 30, 2014				
	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and cash equivalents – money market funds	\$ —	16,646	—	16,646
Investments and assets whose use is limited or restricted				
Trading securities				
Money market funds	\$ —	7,293	—	7,293
Foreign currency	—	179	—	179
Debt obligations	888	5,633	—	6,521
Equity securities				
Domestic mid-cap	62,293	—	—	62,293
Total trading securities	63,181	13,105	—	76,286
Other-than-trading securities				
Money market funds	75	15,937	—	16,012
Mutual funds				
Fixed income	195,008	—	—	195,008
Mid-cap equities	67,904	—	—	67,904
Real assets	66,073	—	—	66,073
International equities	18,401	—	—	18,401
Total other-than-trading securities	347,461	15,937	—	363,398
Total investments and assets whose use is limited or restricted	\$ 410,642	29,042	—	439,684
<b>Liabilities</b>				
Other long-term liabilities – interest rate swap liabilities	\$ —	24,136	—	24,136

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Fair value measurements at June 30, 2013				
	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and cash equivalents – money market funds	\$ —	7,910	—	7,910
Investments and assets whose use is limited or restricted				
Trading securities				
Money market funds	\$ —	10,386	—	10,386
Foreign currency	—	615	—	615
U S government obligations	283	3,036	—	3,319
Corporate debt securities	—	2,886	—	2,886
Equity securities				
Domestic mid-cap	47,839	—	—	47,839
Total trading securities	48,122	16,923	—	65,045
Other-than-trading securities				
Money market funds	75	14,428	—	14,503
Mutual funds				
Fixed income	152,044	—	—	152,044
Mid-cap equities	53,483	—	—	53,483
Real assets	28,744	—	—	28,744
International equities	15,148	—	—	15,148
Total other-than-trading securities	249,494	14,428	—	263,922
Total investments and assets whose use is limited or restricted	\$ 297,616	31,351	—	328,967
<b>Liabilities</b>				
Other long-term liabilities – interest rate swap liabilities	\$ —	26,006	—	26,006

The following methods and assumptions were used to estimate the fair value of each class of financial instrument

*Money Market Funds* – Fair value estimates for money market funds are based on observed transactions

*Debt Securities* – This category includes investments in U S government, corporate, and other bond securities, U S dollar-and non-U S dollar-denominated securities, and money market instruments. The

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estimated fair values of U S government obligations, corporate and other debt securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing prices. Due to the nature of pricing fixed income securities, management has classified the debt securities as Level 2.

*Equity Securities* – This category includes investments in both domestic equity securities of large-cap and mid-cap companies as well as domestic and foreign equities in developed and developing countries. Fair value estimates for publicly traded securities are based on quoted market prices.

*Mutual Funds* – This category includes investments in domestic, international equities and bonds, and commodities. The estimated fair value of mutual funds is based on quoted market prices.

*Interest Rate Swap Liabilities* – The fair values of interest rate swaps are estimated using the terms of the swaps and publicly available market yield curves. Because the swaps are unique and are not actively traded, the fair values are classified as Level 2 estimates.

Investments and assets whose use is limited or restricted classified as other-than-trading securities at June 30, 2014 and 2013 consisted of the following:

	<u>Cost</u>	<u>Gross unrealized gains</u>	<u>Gross unrealized losses</u>	<u>Fair value</u>
2014				
Money market funds	\$ 16,012	—	—	16,012
Mutual funds	317,491	29,895	—	347,386
Total investments	<u>\$ 333,503</u>	<u>29,895</u>	<u>—</u>	<u>363,398</u>
2013				
Money market funds	\$ 14,503	—	—	14,503
Mutual funds	237,386	14,500	(2,467)	249,419
Total investments	<u>\$ 251,889</u>	<u>14,500</u>	<u>(2,467)</u>	<u>263,922</u>

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The total return on the investment portfolios for the years ended June 30, 2014 and 2013 was comprised of the following

	<u>2014</u>	<u>2013</u>
Total investment income, net		
Interest and dividend income	\$ 8,561	14,222
Realized gain – net of expenses	6,965	72,746
Unrealized gain (loss) on trading securities	11,815	(4,863)
Equity in earnings of limited liability entities	104,936	12,600
Total unrestricted investment income, net	<u>\$ 132,277</u>	<u>94,705</u>
Other changes in unrestricted net assets – net unrealized loss on unrestricted investments	\$ (24,211)	(12,208)
Other changes in temporarily restricted net assets		
Investment gain	\$ 1,613	257
Net unrealized loss on investments	(747)	(75)
Total temporarily restricted investment gain, net	<u>\$ 866</u>	<u>182</u>

For the year ended June 30, 2014, gross proceeds from sales of other-than-trading investments were \$15,000 resulting in gross realized gains of \$182. For the year ended June 30, 2013, gross proceeds from the sales of other-than-trading investments were \$402,586, resulting in gross gains of \$50,535. QHS uses the average cost method to determine the cost basis for securities sold.

Assets whose use is limited or restricted at June 30, 2014 and 2013 consisted of the following

	<u>2014</u>	<u>2013</u>
Cash and cash equivalents	\$ 15,937	14,428
Investments	19,561	18,171
Total assets whose use is limited or restricted	35,498	32,599
Less current portion	(13,863)	(13,393)
Noncurrent portion	<u>\$ 21,635</u>	<u>19,206</u>

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### (3) Land, Buildings, and Equipment

Land, buildings, and equipment at June 30, 2014 and 2013 consisted of the following

	<b>2014</b>	<b>2013</b>
Land and land improvements	\$ 112,806	97,871
Buildings and leasehold improvements	533,800	462,256
Equipment and furnishings	562,784	481,118
Equipment under capital leases	1,442	6,362
Construction in progress	15,433	31,331
Total	1,226,265	1,078,938
Less accumulated depreciation and amortization	(616,783)	(575,032)
Land, buildings, and equipment, net	\$ 609,482	503,906

Depreciation expense was \$48,965 and \$48,800 for the years ended June 30, 2014 and 2013, respectively

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### (4) Debt

Debt at June 30, 2014 and 2013 consisted of the following

	<u>2014</u>	<u>2013</u>
Special Purpose Revenue Refunding Bonds 2009 Series A, variable interest rates (average interest rate of 0.2%), with final maturity in July 2029	\$ 32,910	34,535
Special Purpose Revenue Refunding Bonds 2009 Series B, variable interest rates (average interest rate of 0.2%), with final maturity in July 2029	32,910	34,535
Special Purpose Revenue Refunding Bonds 2006 Series A, variable interest rates (average interest rate of 0.3%), with final maturity in July 2025	43,175	45,600
Special Purpose Revenue Refunding Bonds 2006 Series B, variable interest rates (average interest rate of 0.3%), with final maturity in July 2024	61,850	66,425
Special Purpose Revenue Refunding Bonds 2003 Series A, variable interest rates (average interest rate of 0.4%), with final maturity in July 2029	32,700	34,275
Special Purpose Revenue Refunding Bonds 2003 Series B, variable interest rates (average interest rate of 0.4%), with final maturity in July 2029	31,975	33,525
Commercial paper	75,130	75,130
Loan agreement with bank, variable interest rate (average interest rate of 0.7%), with final maturity in March 2015	66,000	—
Noninterest bearing secured promissory note with final maturity in December 2014	7,500	17,500
Capital lease and other obligations	1,630	201
Total	<u>385,780</u>	<u>341,726</u>
Less current portion	<u>(87,903)</u>	<u>(23,576)</u>
Total noncurrent portion	<u>\$ 297,877</u>	<u>318,150</u>

The Series 2009A and 2009B Bonds are variable rate demand obligations issued by the Obligated Group. Principal is due in annual installments ranging from \$1.840 to \$5.130. The Series 2009A and 2009B Bonds are supported by a letter of credit agreement that provides financing in the event that remarketing efforts fail for bonds tendered. The letter of credit agreement expires in 2016, thus, the Series 2009A and 2009B Bonds are classified as noncurrent as of June 30, 2014.

The Series 2006A and 2006B Bonds are auction rate securities which bear a variable rate of interest. Principal on the Series 2006A and 2006B Bonds is due in annual installments ranging from \$7.250 to \$10.425. The Obligated Group entered into interest rate swap agreements to pay a fixed interest rate of 3.453% on the Series 2006B Bonds and a fixed interest rate of 3.58% on the previously extinguished

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**Series 2006C Bonds** The interest rate differential paid or received is recognized during the term of the agreements. The interest rate swap agreements for the Series 2006B Bonds expire in 2024 and for the previously extinguished Series 2006C Bonds expire in 2028 or earlier if the Obligated Group exercises early termination provisions. The notional swap amount of \$97.975 at June 30, 2014 decreases annually based on the originally scheduled principal payments of the Series 2006B and previously extinguished 2006C Bonds.

The Series 2003A and 2003B Bonds are auction rate securities, which bear a variable rate of interest. Principal on the Series 2003A and 2003B Bonds is due in annual installments ranging from \$3.225 to \$5.050. The Obligated Group entered into an interest rate swap agreement to pay a fixed interest rate of 3.521% on all of its Series 2003A, 2003B, and previously extinguished 2003C Bonds. The interest rate differential paid or received is recognized during the term of the agreements. The interest rate swap agreement expires in 2029 or earlier if the Obligated Group exercises early termination provisions. The notional swap amount of \$93.175 at June 30, 2014 decreases annually based on the originally scheduled principal payments of the Series 2003A, 2003B, and previously extinguished 2003C Bonds.

The 2003 and 2006 swaps are separate contracts between QHS and the swap counterparties. They were not terminated as part of the Series 2003C and 2006C bond refunding that occurred in prior years due to unfavorable market conditions. As such, QHS is still required to fulfill its contractual obligations under these agreements by paying the pre-established fixed interest rates to the respective swap counterparties.

During the years ended June 30, 2014 and 2013, the change in the fair value of the liabilities associated with the swap agreements discussed above, resulted in gains of \$1.870 and \$12.152, respectively, which were recognized in total nonoperating income. The fair value of liabilities associated with the swaps as of June 30, 2014 and 2013 was \$24.136 and \$26.006, respectively, and was included in other long-term liabilities.

During fiscal years 2014 and 2013, QHS experienced failed auctions related to its auction rate securities. In the event of failed auctions, QHS is required to pay interest at a preestablished rate that is a multiple of London InterBank Offered Rate (LIBOR). At June 30, 2014, the rate being paid on these securities was 175% of LIBOR, which was 0.155% at June 30, 2014.

The Obligated Group has commercial paper outstanding of \$75.130 at June 30, 2014, under its \$90,000 loan agreement. The loan agreement expires on January 22, 2015, however, it allows for the refinancing of the commercial paper outstanding to a term loan with a maturity period of up to one year after 2015 at the option of the Obligated Group. Accordingly, amounts outstanding have been classified as noncurrent liabilities as of June 30, 2014.

A short-term credit agreement, with a maximum borrowing capacity of \$150,000, between the Obligated Group members and a bank, was obtained in 2014. The agreement expires in March 2015, or earlier if alternate financing is secured, and may be extended at the discretion of the bank. At June 30, 2014, \$66,000 was outstanding.

The noninterest bearing secured promissory note was used to finance the purchase of the nonoperating hospital located in Ewa Beach, Hawaii by QMC in December 2012. The note is secured by a mortgage and

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lien on the acquired hospital's real property and medical facilities. The hospital facility was renovated and opened in May 2014.

The terms of the Series 2003A, 2003B, 2006A, 2006B, 2009A, and 2009B Bonds Master Trust Indenture (MTI) require the Obligated Group to make payments solely from amounts held in funds and accounts established pursuant to the indenture, which are pledged to secure payment of the principal and interest on the Series 2003A, 2003B, 2006A, 2006B, 2009A and 2009B Bonds. The commercial paper and short-term bank loan are also secured under the MTI. The MTI limits the ability of the Obligated Group to incur additional indebtedness, make certain other commitments, or dispose of certain assets. The Obligated Group is subject to various financial ratio covenants.

QHS has equipment leases that are accounted for as capital leases. The cost of such equipment was \$2,736 and \$6,362 and accumulated depreciation was \$1,463 and \$3,286, at June 30, 2014 and 2013, respectively.

QHS incurred total interest costs of \$8,465 and \$8,947 during 2014 and 2013, respectively, of which \$1,200 and \$285 was capitalized in construction in progress in 2014 and 2013, respectively.

At June 30, 2014, debt matures as follows:

	<b>Revenue bonds, commercial paper, bank loan, and promissory note</b>	<b>Capital leases and other obligations</b>	<b>Less capital lease interest</b>	<b>Total</b>
Year ending June 30				
2015	\$ 87,325	632	(54)	87,903
2016	148,450	645	(26)	149,069
2017	11,225	428	(6)	11,647
2018	11,625	12	(1)	11,636
2019	12,025	—	—	12,025
Thereafter	113,500	—	—	113,500
Total	<u>\$ 384,150</u>	<u>1,717</u>	<u>(87)</u>	<u>385,780</u>

QHS calculated the above maturities of debt as if the Series 2009A and 2009B variable rate demand obligations were put by the holders and not successfully remarketed or refinanced and were required to be repaid under an accelerated schedule in accordance with the terms of the related bank letter of credit agreement. If the bonds are put by the investors, the bonds are immediately redeemed by the bank for the benefit of the investors, and if the remarketing agent is unable to remarket the bonds, or if the Obligated Group is unable to refinance the bonds, then the Obligated Group is required to repay the bank under the terms of the letter of credit agreement.



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The carrying values of the bonds, commercial paper, bank loan, promissory note, and capital leases approximated their fair values at June 30, 2014 and 2013. The fair value of these debt instruments is deemed a Level 2 measurement.

At June 30, 2014, QHS had a line of credit of \$7,500, of which \$1,000 supports a standby letter of credit related to QHS's self-insured workers' compensation program. The line of credit expires on January 22, 2015 and there were no outstanding borrowings under this agreement as of June 30, 2014.

#### **(5) Self-Insurance Programs**

##### ***(a) General and Professional Liability Reserve***

QHS maintains a funded self-insurance program for its general and professional liability exposure. This self-insured program is funded through QIE. Premiums are determined based on the QHS loss experience, as well as insurance industry data.

QHS recorded a reserve for losses and loss adjustment expenses for the estimated reported and unreported losses incurred through June 30, 2014 and 2013. The reserve for unpaid losses and loss adjustment expenses was determined by QHS using estimates from independent consulting actuaries, based on industry and hospital-specific data. The general and professional liability reserve was \$16,844 and \$17,834 at June 30, 2014 and 2013, respectively, and was recorded in other long-term liabilities at June 30, 2014 and 2013.

QHS has excess general and professional insurance coverage through reinsurance agreements with unrelated insurers for amounts exceeding \$2,000 per occurrence. The reinsurance agreements do not relieve QHS from its obligations should the third-party reinsurers not be able to meet the obligations assumed under the reinsurance agreements.

##### ***(b) Workers' Compensation Reserve***

QHS is self-insured for workers' compensation losses up to \$400 per occurrence. Losses above this amount are insured with an independent excess carrier. QHS had workers' compensation reserves of \$4,739 and \$4,200 at June 30, 2014 and 2013, respectively. The workers' compensation reserves were recorded in other current liabilities at June 30, 2014 and 2013.

##### ***(c) Medical Reserve***

QHS has a self-funded medical benefits plan covering substantially all of its employees. The medical reserve was \$5,447 and \$1,613 at June 30, 2014 and 2013, respectively, and was included in other current liabilities at June 30, 2014 and 2013.

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#### (6) Restricted Net Assets

Temporarily restricted net assets at June 30, 2014 and 2013 were available only for the following purposes

	<u>2014</u>	<u>2013</u>
Education and research	\$ 4,018	3,404
Indigent care and other	11,702	2,396
Facility replacement and expansion	1,445	190
Total	<u>\$ 17,165</u>	<u>5,990</u>

Permanently restricted net assets at June 30, 2014 and 2013 were restricted to investment in perpetuity, the income from which is expendable to support the following purposes

	<u>2014</u>	<u>2013</u>
Indigent care	\$ 3,787	3,787
Education and research	1,334	1,334
Restricted for NHCH hospital operations	110,576	—
Other	830	830
Total	<u>\$ 116,527</u>	<u>5,951</u>

The net assets restricted for NHCH hospital operations relate to a beneficial interest in a trust. QHS expects to receive periodic distributions from the trust to support NHCH's operations. According to the terms of the trust agreement, annual distributions shall not exceed 5% of the principal balance allocable to each beneficiary.

In accordance with the Uniform Prudent Management Institutional Funds Act (UPMIFA), QHS considers only permanently restricted net assets as donor-restricted endowment funds. In accordance with UPMIFA and when applicable, QHS considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: a) the duration and preservation of the fund, b) the purposes of QHS and the endowment fund, c) general economic conditions, d) the possible effect of inflation and deflation, e) the expected total return from income and the appreciation of investments, f) other resources of QHS, and g) the investment policies of QHS. Amounts relating to investment income, net appreciation/depreciation and amounts appropriated for expenditure were not material during 2014 and 2013.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires QHS to retain as a fund of perpetual duration. Deficiencies of this nature are reported as adjustments in unrestricted net assets. Unfavorable market fluctuations were not material as of June 30, 2014.

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### (7) Employee Benefit Plans

Eligible employees of QHS are covered by The Queen's Health Systems Pension Plan (the Plan), which is a noncontributory defined benefit pension plan. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service, age, and compensation. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option. The funding policy is to contribute amounts as deemed necessary on an actuarial basis to provide assets sufficient to meet the benefits to be paid to Plan members.

QHS has three unfunded, postretirement welfare plans, covering substantially all of its employees, that provide medical benefits (until age 65), drug and vision benefits, and life insurance benefits. The postretirement medical and drug and vision plans are contributory and also contain other cost-sharing features, such as deductibles and coinsurance.

The changes in benefit obligations, changes in plan assets, and funded status of the pension and postretirement plans with the amounts recognized in the consolidated balance sheets as of June 30, 2014 and 2013 were as follows:

	<b>Pension benefits</b>		<b>Other postretirement benefits</b>	
	<b>2014</b>	<b>2013</b>	<b>2014</b>	<b>2013</b>
Change in benefit obligations				
Benefit obligations – beginning of year	\$ 341,497	344,609	29,112	32,774
Service cost	14,988	15,728	1,095	930
Interest cost	17,545	15,809	1,513	1,538
Actuarial (gain) loss	46,247	(23,341)	4,491	(5,186)
Benefits paid	(11,124)	(11,391)	(1,085)	(944)
Plan amendments	—	83	—	—
Benefit obligation – end of year	409,153	341,497	35,126	29,112
Change in plan assets				
Fair value of plan assets – beginning of year	244,374	216,741	—	—
Actual return on plan assets	35,337	21,595	—	—
Employer contributions	16,455	17,429	1,085	943
Benefits paid	(11,124)	(11,391)	(1,085)	(943)
Fair value of plan assets – end of year	285,042	244,374	—	—
Funded status	\$ (124,111)	(97,123)	(35,126)	(29,112)

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	<b>Pension benefits</b>		<b>Other postretirement benefits</b>	
	<b>2014</b>	<b>2013</b>	<b>2014</b>	<b>2013</b>
Amounts recognized in the consolidated balance sheets consisted of				
Other current liabilities	\$ —	—	(1,048)	(963)
Pension and other postretirement benefits	(124,111)	(97,123)	(34,078)	(28,149)
Net amounts recognized	<u>\$ (124,111)</u>	<u>(97,123)</u>	<u>(35,126)</u>	<u>(29,112)</u>

Amounts recognized in unrestricted net assets at June 30, 2014 and 2013 were as follows

	<b>Pension benefits</b>		<b>Other postretirement benefits</b>	
	<b>2014</b>	<b>2013</b>	<b>2014</b>	<b>2013</b>
Net transition asset	\$ —	—	—	11
Prior service cost	161	192	1,020	1,407
Net loss	120,103	96,669	5,178	687
Total	<u>\$ 120,264</u>	<u>96,861</u>	<u>6,198</u>	<u>2,105</u>

Amounts recognized in unrestricted net assets at June 30, 2014, that are expected to be recognized as components of benefit cost in the year ending June 30, 2015, were as follows

	<b>Pension benefits</b>	<b>Other postretirement benefits</b>
Prior service cost	\$ 31	387
Net loss	7,607	130
Total	<u>\$ 7,638</u>	<u>517</u>

# THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

Components of net periodic pension cost and amounts recognized in other changes in unrestricted net assets, but not yet included in net periodic benefit costs were as follows

	<b>Pension benefits</b>		<b>Other postretirement benefits</b>	
	<b>2014</b>	<b>2013</b>	<b>2014</b>	<b>2013</b>
Net periodic pension costs				
Service cost	\$ 14,988	15,728	1,095	930
Interest cost	17,545	15,809	1,513	1,538
Expected return on plan assets	(18,501)	(18,314)	—	—
Amortization of obligation	—	—	11	22
Amortization of prior service cost	31	(64)	387	484
Recognized net actuarial loss	5,977	9,341	—	243
Net periodic pension costs	<u>\$ 20,040</u>	<u>22,500</u>	<u>3,006</u>	<u>3,217</u>
Other changes in plan assets and benefit obligations recognized in other changes in unrestricted net assets				
Net actuarial (gain) loss	\$ 29,411	(26,622)	4,491	(5,186)
Prior service cost (credit)	(31)	146	(387)	(484)
Recognized gain	(5,977)	(9,341)	—	(243)
Recognized obligation	—	—	(11)	(22)
Total recognized in other changes in unrestricted net assets	<u>\$ 23,403</u>	<u>(35,817)</u>	<u>4,093</u>	<u>(5,935)</u>

# THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

Weighted average assumptions used to determine benefit obligations and net periodic benefit cost at June 30, 2014 and 2013 were as follows

	<b>Pension benefits</b>		<b>Other postretirement benefits</b>	
	<b>2014</b>	<b>2013</b>	<b>2014</b>	<b>2013</b>
Benefit obligation				
Discount rate	4.66%	5.25%	4.60%	5.25%
Rate of compensation increase	4.00	4.00	—	—
Net periodic benefit cost				
Discount rate	5.25	4.68	5.25	4.68
Expected return on plan assets	7.50	8.25	—	—
Rate of compensation increase	4.00	4.00	—	—

The accumulated benefit obligation for the Plan was \$349,024 and \$294,055 at June 30, 2014 and 2013, respectively.

The long-term rate of return of the Plan is management's estimate of the return on the plan assets over a long-time horizon. Based upon the current policy allocations and historical returns, the expected long-term rate of return for fiscal year 2014 was 7.5%.

The annual rate of increase in the per capita cost of medical benefits (i.e., health care cost trend rate) was assumed to be 8.0% in 2014, declining by 0.25% to 0.5% per year through 2022, and then remaining at 5% thereafter. A one-percentage point increase or decrease in this rate would increase or decrease the Plan's accumulated postretirement benefit obligation by \$447 and \$397, respectively, as of June 30, 2014, and the Plan's service cost and interest cost component of net periodic postretirement benefit cost for the year ended June 30, 2014, by \$49 and \$42, respectively. QHS anticipates making contributions of \$28,000 to the pension plan and \$1,072 to the postretirement benefit plan during fiscal year 2015. The future estimated benefit payments for each plan are as follows:

	<b>Pension benefits</b>	<b>Other postretirement benefits</b>
Year ending June 30		
2015	\$ 15,990	1,072
2016	16,501	1,344
2017	17,691	1,484
2018	19,928	1,624
2019	20,724	1,733
2020 – 2024	122,155	10,296

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

The primary objective of the Plan investments is to prudently fund the liabilities for benefits under the Plan. The Plan's investment strategy is to structure an investment program that most efficiently matches investment risks and return characteristics with the Plan's objectives. Volatility and uncertainty of investment results are managed through asset allocation and diversification. The Plan expects its investment fund managers to outperform their assigned benchmark indices and rank in the top one-third of all investment managers using a similar style over a three-year period. The Plan's investment policy permits investments in cash and cash equivalents, fixed income securities, equity securities, real return assets, tactical assets, hedge funds, and private equities. The Plan's asset allocation at June 30, 2014 and 2013, and the target allocations were as follows:

	<u>Target range</u>	<u>2014 actual</u>	<u>2013 actual</u>
Cash and cash equivalents	—%	3.4%	0.2%
Fixed income securities (a)	26 – 36	30.0	24.0
Domestic equities (b)	15 – 33	27.1	21.1
Global equities (c)	—	—	20.0
Real return investments (d)	3 – 12	9.5	15.1
Hedge fund investments (e)	6 – 14	8.8	9.8
Private equity investments (f)	3 – 11	1.2	2.0
Tactical investments (g)	—	—	7.8
International equities (h)	16 – 24	20.0	—
Total		<u>100.0%</u>	<u>100.0%</u>

- (a) This category includes investments in U.S. government and corporate bond securities, mortgage and other asset-backed securities, U.S. dollar- and non-U.S. dollar-denominated securities, and money market instruments.
- (b) This category includes investments primarily in domestic equity securities of large-cap and mid-cap companies.
- (c) This category includes investments in domestic and foreign equities in developed and developing countries.
- (d) This category includes investments in real estate, inflation protected bonds, global equities, and commodities.
- (e) This category includes investments in direct hedge funds or hedge funds of funds that employ various strategies, consisting of, but not limited to, long/short equity, opportunistic/macro, distressed securities, merger arbitrage/event driven, short selling, credit investing, real estate, restructuring, and value strategies.
- (f) This category includes, but is not limited to, equity securities and equity-related investments, purchase or provision of subordinated debt securities/loans, and mezzanine investments.

# THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

(g) This category includes investments in cash, fixed income, and global equity securities

(h) This category includes investments in non-U S companies

The following tables present information about the fair value of the QHS pension plan assets as of June 30, 2014 and 2013, according to the valuation techniques QHS used to determine their fair values

Asset category	Fair value measurements at June 30, 2014			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents, primarily money market funds \$	—	9,884	—	9,884
Mutual funds				
Fixed income	61,680	—	—	61,680
Domestic equities	10,222	—	—	10,222
Real return	11,453	—	—	11,453
Domestic equity securities	10,196	—	—	10,196
Real return, hedge funds, and private equity investments	—	—	181,607	181,607
Total	\$ 93,551	9,884	181,607	285,042

Asset category	Fair value measurements at June 30, 2013			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents, primarily money market funds \$	—	1,789	—	1,789
Mutual funds				
Fixed income	58,750	—	—	58,750
Domestic equities	12,805	—	—	12,805
Global equities	48,939	—	—	48,939
Real return	17,185	—	—	17,185
Tactical	19,109	—	—	19,109
Domestic equity securities	37,435	—	—	37,435
Real return, hedge funds, and private equity investments	—	6,066	42,296	48,362
Total	\$ 194,223	7,855	42,296	244,374

There were no reclassifications between Level 1 and Level 2 investments in 2014 and 2013

See note 2 for the definition of the three levels within the fair value hierarchy and the methods and assumptions used to estimate the fair value of cash and cash equivalents, money market funds, mutual funds, and equity securities. Real return, hedge funds, and private equity investments are valued at estimated fair values using certain factors, including their proportionate share of the respective entities' fair value as recorded in the respective entities' financial statements



## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

The table below presents a reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the years ended June 30, 2014 and 2013, respectively

Ending balance – June 30, 2012	\$ 40.098
Realized gains	686
Unrealized gains	2.939
Purchases	207
Sales	(1,634)
	<hr/>
Ending balance – June 30, 2013	42.296
Realized gains	559
Unrealized gains	3,518
Purchases	138,120
Sales	(2,886)
	<hr/>
Ending balance – June 30, 2014	<u><u>\$ 181.607</u></u>

Certain executives participate in a nonqualified, unfunded pension plan. At June 30, 2014 and 2013, the benefit liability related to this plan was \$871 and \$733, respectively. Benefit expense related to this plan was \$196 and \$303 for the years ended June 30, 2014 and 2013, respectively.

Certain key executives are covered by a nonqualified, unfunded supplemental executive retirement plan. At June 30, 2014 and 2013, the benefit liability related to this plan was \$3,848 and \$3,777, respectively. Benefit expense related to this plan was \$221 and \$1,081 for the years ended June 30, 2014 and 2013, respectively.

QHS has defined contribution retirement plans (the Retirement Plans) that cover substantially all employees and provide participants the ability to make pretax deduction contributions for deposit into retirement savings accounts. The participants' contributions are matched at a percentage of their total contributions and up to annual dollar limits per participant as defined by the Retirement Plans. The QHS expense relating to the above Retirement Plans was approximately \$11,164 and \$10,223 for the years ended June 30, 2014 and 2013, respectively.

#### (8) Income Taxes

QIE, QDC, and DLS are subject to federal and state income taxes. At June 30, 2014, these companies had operating loss carry forwards for income tax purposes of approximately \$14,453 that expire through 2027. At June 30, 2014, QHS had net operating loss carry forwards of \$1,692 related to its unrelated business income. The net operating loss carry forwards expire through 2034.

# THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

The components of income tax expense for the years ended June 30, 2014 and 2013 were as follows

	<b>2014</b>	<b>2013</b>
Current income tax expense	\$ 4,730	2,590
Deferred income tax (benefit) expense	(421)	1,729
Total	<u>\$ 4,309</u>	<u>4,319</u>

For the years ended June 30, 2014 and 2013, the effective tax rate differed from the statutory rate primarily due to tax credits and changes in the valuation allowance in deferred tax assets for QIE and a valuation allowance established for net operating losses and foreign tax credits of QDC

At June 30, 2014 and 2013, deferred income tax assets and liabilities resulted principally from operating loss carryforwards and from temporary differences for fixed assets, intangible assets, allowance for uncollectible accounts, pension costs, and accrued vacation. Deferred income tax assets and liabilities as of June 30, 2014 and 2013 were as follows

	<b>2014</b>	<b>2013</b>
Deferred income tax assets	\$ 17,103	16,246
Deferred income tax liabilities	(626)	(635)
	<u>16,477</u>	<u>15,611</u>
Less valuation allowance	(7,375)	(7,719)
	<u>9,102</u>	<u>7,892</u>
Less current	(2,157)	(2,292)
Noncurrent	<u>\$ 6,945</u>	<u>5,600</u>

In assessing the deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers the scheduled reversal of deferred tax liabilities, projected future taxable income, and tax-planning strategies in making this assessment. Based upon the level of historical taxable income and projections for future taxable income over the periods in which the deferred tax assets are deductible, management believes it is more likely than not that the benefits of these deductible differences will be realized, net of the existing valuation allowances at June 30, 2014. The amount of the deferred tax asset considered realizable, however, could be reduced in the near term if estimates of future taxable income during the carry forward period are reduced.

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

#### (9) Operating Leases

##### (a) *As Lessor*

Rental revenues are received from operating leases. The lease terms range from monthly tenancy to 75 remaining years and provide for periodic rent escalation and renegotiation, reimbursement of certain operating costs, and contingent rents based on the lessee's sales or production. Contingent rental revenues of \$8,282 and \$5,340 were recognized in 2014 and 2013, respectively.

Office space in buildings owned by QHS is leased to physicians and other tenants under operating leases. Lease rent under most of these leases includes the basic rent with periodic rent escalation and reimbursement of certain building operating costs. Approximately 8% of the leases in physicians' office buildings are nontransferable and generally have terms for the duration of the physicians' practice. The lease terms provide for a fixed rent, plus reimbursement of certain operating costs. The remaining leases in the physicians' office buildings are for a four-year period renewable at the physicians' option for two additional periods of four years each. QHS also maintains operating leases for land and leasehold interests. At June 30, 2014 and 2013, the basis for land, leasehold interests, and buildings under operating leases was approximately \$210,289 and \$234,059, respectively, and the related accumulated depreciation was approximately \$70,711 and \$75,751, respectively.

In August 2013, QHS leased approximately six acres of Waikiki real estate to a developer. The 75-year lease covers the site of the former International Market Place, Waikiki Town Center, and Miramar at Waikiki Hotel, which the developer plans to redevelop into a multi-level retail center. The retail center and parking structure are scheduled to open in 2016.

Future minimum rental income under noncancelable operating leases at June 30, 2014 is as follows:

Year ending June 30	
2015	\$ 37,672
2016	34,959
2017	35,856
2018	36,643
2019	38,201
Thereafter	<u>1,177,202</u>
Total	<u>\$ 1,360,533</u>

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

June 30, 2014 and 2013

(Dollars in thousands)

**(b) As Lessee**

QHS leases office space, land, and equipment under operating leases expiring through 2042. Future minimum lease payments under noncancelable operating leases at June 30, 2014 are as follows:

Year ending June 30	
2015	\$ 2,525
2016	2,303
2017	1,722
2018	1,516
2019	981
Thereafter	<u>6,470</u>
Total	<u>\$ 15,517</u>

QHS also pays additional amounts for common area maintenance charges, real property taxes, and certain building operating costs. Rent expense during 2014 and 2013 under these leases was approximately \$2,669 and \$3,083, respectively.

**(10) Computer Operations Outsourcing**

QHS has a contract with Xerox Business Services (Xerox) to outsource a substantial portion of its computer operations, which includes providing services to certain affiliates, as well as providing QHS with implementation services, hardware, software, and application support. Under this agreement, Xerox provides services as specified in the contract and the payments to Xerox are expensed in purchased services. The agreement between QHS and Xerox is set to expire on December 31, 2015. Total expenses under the contract in 2014 and 2013 were \$10,422 and \$10,269, respectively. The contract provides for termination of the entire contract or portions of the contract under certain circumstances. Should QHS terminate the agreement, QHS may be liable for early termination charges as calculated in the contract.

Future minimum payments at June 30, 2014 under the contract are as follows:

Year ending June 30	
2015	\$ 8,995
2016	<u>4,498</u>
Total	<u>\$ 13,493</u>

**(11) Commitments and Contingencies**

At June 30, 2014, there were several legal actions pending against QHS that arose in the normal course of business. The ultimate resolution of such actions cannot presently be determined. In the opinion of management, based upon current facts and circumstances, the resolution of these matters is not expected to have a material adverse effect on the consolidated financial statements. There were also certain actions alleging malpractice. These actions are covered under the QHS self-insurance program for general and professional liability exposure (note 5).

## **THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES**

### **Notes to Consolidated Financial Statements**

June 30, 2014 and 2013

(Dollars in thousands)

In April 2009, QMC entered into a settlement agreement with various governmental agencies. As part of the settlement agreement, QMC and the Office of the Inspector General (OIG) of the U.S. Department of Health and Human Services entered into a Corporate Integrity Agreement (CIA) to promote compliance with the statutes, regulations, and written directives of Medicare, Medicaid, and all other federal health care programs. The CIA imposes a number of obligations on QMC, including additional compliance training, auditing, and periodic reporting to the OIG. The term of the CIA is five years. As of June 30, 2014, QMC has not received notification of release from the CIA.

QHS is currently performing an internal review of a co-management compensation arrangement which may impact government reimbursements received related to such services and compliance with the CIA. QHS is presently unable to determine the likelihood of an unfavorable outcome or the range of potential loss for this matter.

At June 30, 2014, QHS had commitments for facilities construction and equipment purchases for approximately \$26,725.

QMC has collective bargaining agreements with the Hawaii Nurses Association and the Teamsters Union. The Hawaii Nurses Association agreement expires in November 2014 and the Teamsters Union agreement expires in June 2016.

#### **(12) Subsequent Events**

QHS has evaluated subsequent events from the balance sheet date through October 8, 2014, the date at which the consolidated financial statements were issued, and determined that there are no items to disclose.

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

Consolidating Balance Sheet Information

June 30, 2014

(In thousands)

Assets	Parent Company	The Queen's Medical Center and Subsidiary	Queen's Development Corporation and Subsidiaries	Queen Emma Land Company	Molokai General Hospital	North Hawaii Community Hospital	Queen's Insurance Exchange	Eliminations	Consolidated
Current assets									
Cash and cash equivalents	\$ 9,908	23,093	18,351	6,988	4,450	1,608	7,512	—	71,910
Receivables, net	339	124,938	7,067	2,369	1,717	7,333	923	1,037	145,723
Due from affiliates	31,069	310	2,904	177	—	—	13,046	(47,506)	—
Inventories	—	11,577	2,218	—	103	1,350	—	—	15,248
Investments – current	60,306	652,864	—	278,396	3,697	—	—	—	995,263
Assets whose use is limited or restricted – current	—	13,863	—	—	—	—	—	—	13,863
Deferred income tax asset – current	—	—	2,078	—	—	—	79	—	2,157
Prepaid expenses and other assets	143	8,062	1,057	846	68	1,840	1,353	(3,794)	9,575
Total current assets	101,765	834,707	33,675	288,776	10,035	12,131	22,913	(50,263)	1,253,739
Investments – less current portion	3,962	42,889	—	18,291	238	—	—	—	65,380
Assets whose use is limited or restricted – less current portion	—	20,505	—	—	—	1,130	—	—	21,635
Land, buildings and equipment, net	3,228	357,326	57,294	135,915	11,503	44,215	1	—	609,482
Goodwill	—	—	7,619	—	—	—	—	—	7,619
Deferred financing fees, net	—	3,910	—	—	—	46	—	—	3,956
Deferred income tax asset – less current portion	—	—	6,945	—	—	—	—	—	6,945
Straight-line rents receivable	—	—	—	36,914	—	—	—	—	36,914
Due from affiliates – noncurrent	7,210	19,679	—	—	—	—	—	(26,889)	—
Beneficial interests	—	—	—	—	—	112,379	—	—	112,379
Other assets	2,025	1,438	782	17,818	—	7,505	—	—	29,568
Total	\$ 118,190	1,280,454	106,315	497,714	21,776	177,406	22,914	(77,152)	2,147,617

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

Consolidating Balance Sheet Information

June 30, 2014

(In thousands)

	Parent Company	The Queen's Medical Center and Subsidiary	Queen's Development Corporation and Subsidiaries	Queen Emma Land Company	Molokai General Hospital	North Hawaii Community Hospital	Queen's Insurance Exchange	Eliminations	Consolidated
<b>Liabilities and Net Assets</b>									
Current liabilities									
Accounts payable and other accrued liabilities	\$ 265	76 231	3 888	453	793	2 094	19	(42)	83 701
Accrued salaries and benefits	3 978	41 191	4 519	561	522	2 033	—	—	52 804
Other current liabilities	10 372	—	—	3 714	—	368	3 794	(2 148)	16 100
Due to government reimbursement programs – current	—	11 497	—	—	568	—	—	—	12 065
Short-term and long-term debt – current	6 000	81 325	—	—	—	578	—	—	87 903
Due to affiliates	9 977	30 172	2 013	2 053	319	7 684	—	(52 218)	—
Total current liabilities	30 592	240 416	10 420	6 781	2 202	12 757	3 813	(54 408)	252 573
Long-term debt – less current portion (1)	2 941	240 074	53 810	—	—	1 052	—	—	297 877
Pension and postretirement liabilities	7 057	142 510	12 459	646	980	—	—	(1 646)	162 006
Due to government reimbursement programs – less current portion	—	17 431	—	—	—	—	—	—	17 431
Due to affiliates – noncurrent	—	—	—	1 428	—	—	—	(1 428)	—
Other long-term liabilities	2 030	50 189	5 437	1 873	—	—	16 844	(19 678)	56 695
Total liabilities	42 620	690 620	82 126	10 728	3 182	13 809	20 657	(77 160)	786 582
Net assets									
Unrestricted (2)	75 570	569 202	24 189	486 986	18 594	43 676	2 257	6 869	1 227 343
Temporarily restricted	—	14 681	—	—	—	9 345	—	(6 861)	17 165
Permanently restricted	—	5 951	—	—	—	110 576	—	—	116 527
Total net assets	75 570	589 834	24 189	486 986	18 594	163 597	2 257	8	1 361 035
Total	\$ 118 190	\$ 1 280 454	\$ 106 315	\$ 497 714	\$ 21 776	\$ 177 406	\$ 22 914	\$ (77 152)	\$ 2 147 617

(1) The Obligated Group debt and commercial paper obligations (classified as long-term debt – less current portion) are joint and several obligations for each of the Obligated Group members, however the balance sheets of the individual entities only include their allocated portions

(2) Investments in subsidiaries are carried at cost

See accompanying independent auditors' report

## THE QUEEN'S HEALTH SYSTEMS AND SUBSIDIARIES

Consolidating Statement of Operations Information

Year ended June 30, 2014

(In thousands)

	Parent Company	The Queen's Medical Center and Subsidiary	Queen's Development Corporation and Subsidiaries	Queen Emma Land Company	Molokai General Hospital	North Hawaii Community Hospital	Queen's Insurance Exchange	Eliminations	Consolidated
Unrestricted operating revenues									
Net patient service revenues	\$ —	756,948	82,208	—	11,075	26,899	—	—	877,130
Rental revenues	—	—	12,793	81,837	171	—	—	—	94,801
Other	32,863	33,286	32,248	1,285	2,352	1,581	4,590	(64,678)	43,527
Total unrestricted operating revenues	32,863	790,234	127,249	83,122	13,598	28,480	4,590	(64,678)	1,015,458
Net assets released from restrictions	—	11,634	—	83	—	1,370	—	(7,552)	5,535
Total operating revenues and other support	32,863	801,868	127,249	83,205	13,598	29,850	4,590	(72,230)	1,020,993
Unrestricted operating expenses									
Salaries, wages and employee benefits	21,100	431,583	47,851	1,797	6,061	14,666	—	—	523,058
Supplies	208	138,401	23,128	63	928	3,590	—	—	166,318
Purchased services	2,489	109,353	19,052	13,570	2,017	3,377	334	(60,358)	89,834
Depreciation and amortization	804	33,740	6,624	5,584	1,306	1,372	1	—	49,431
Professional fees	5,683	34,176	2,202	1,751	1,545	993	376	—	46,726
Sustainability fees and taxes – other than income taxes	68	16,883	6,373	11,087	76	185	18	—	34,690
Rent and utilities	21	20,475	5,885	3,206	460	1,211	—	—	31,258
Interest	10	6,861	161	—	—	233	—	—	7,265
Other	3,145	25,755	5,368	8,450	615	864	5,349	(4,441)	45,105
Total unrestricted operating expenses	33,528	817,227	116,644	45,508	13,008	26,491	6,078	(64,799)	993,685
Operating income (loss)	(665)	(15,359)	10,605	37,697	590	3,359	(1,488)	(7,431)	27,308
Nonoperating income (expense)									
Investment income, net	8,163	87,952	—	34,623	490	9	8	1,032	132,277
Contribution from NHCH affiliation	—	—	—	—	—	39,074	—	—	39,074
Income tax (expense) benefit	—	—	(4,339)	—	—	—	30	—	(4,309)
Gain on interest rate swap	—	1,870	—	—	—	—	—	—	1,870
Other (expense) income (1)	(4)	(1,855)	76	(942)	4	16	—	(82)	(2,787)
Total nonoperating income (expense)	8,159	87,967	(4,263)	33,681	494	39,099	38	950	166,125
Excess (deficiency) of revenues over expenses	\$ 7,494	72,608	6,342	71,378	1,084	42,458	(1,450)	(6,481)	193,433

(1) Investments in subsidiaries are carried at cost

See accompanying independent auditors' report