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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
The Queen's Medical Center
% CLINTON YEE
Doing business as

Number and street (or P O box if mail is not delivered to street address) 1301 PUNCHBOWL STREET
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
HONOLULU, HI 96813

D Employer identification number
99-0073524

E Telephone number
(808) 538-9011

G Gross receipts $ 1,531,115,970

F Name and address of principal officer
ARTHUR A USHIJIMA
1301 PUNCHBOWL STREET
HONOLULU, HI 96813

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW QUEENSMEDICALCENTER NET

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

L Year of formation 1859

M State of legal domicile HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO FULFILL THE INTENT OF QUEEN EMMA AND KING KAMEHAMEHA IV TO PROVIDE QUALITY HEALTHCARE TO IMPROVE THE WELL-BEING OF NATIVE HAWAIIANS AND ALL THE PEOPLE OF HAWAII

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	5,443
6	Total number of volunteers (estimate if necessary)	**6**	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,733,616
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-688,094

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	37,158,601	35,998,498
9	Program service revenue (Part VIII, line 2g)	766,065,179	915,734,107
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,569,135	19,655,180
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,350,608	32,074,379
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	851,143,523	1,003,462,164
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,390,007	2,722,215
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	431,416,609	478,425,498
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶117,213		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	387,151,077	472,252,931
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	819,957,693	953,400,644
19	Revenue less expenses Subtract line 18 from line 12	31,185,830	50,061,520
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,384,439,823	1,478,889,020
21	Total liabilities (Part X, line 26)	794,604,677	846,770,690
22	Net assets or fund balances Subtract line 21 from line 20	589,835,146	632,118,330

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

****** 2016-05-04
Signature of officer Date

ROBERT NOBRIGA TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KELLEY SIMON	KELLEY SIMON			P00791436

Firm's name ▶ ERNST & YOUNG US LLP
Firm's EIN ▶
Firm's address ▶ 370 17TH STREET 3300 DENVER, CO 80202
Phone no (720) 931-4690

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF QMC IS TO FULFILL THE INTENT OF QUEEN EMMA AND KING KAMEHAMEHA IV TO PROVIDE IN PERPETUITY QUALITY HEALTHCARE SERVICES TO IMPROVE THE WELL-BEING OF NATIVE HAWAIIANS AND ALL THE PEOPLE OF HAWAII

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 $ 907,476,665 including grants of $ 2,722,215) (Revenue $ 937,533,078)

THE QUEEN'S MEDICAL CENTER IS THE LARGEST PRIVATE, NONPROFIT ACUTE CARE MEDICAL FACILITY IN HAWAII ITS STAFF IS DEDICATED TO PROVIDING QUALITY HEALTH CARE TO THE PEOPLE OF HAWAII AND THE PACIFIC 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** ▶ 907,476,665

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	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	Yes	
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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	837		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,443		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**		
13	Did the organization have a written whistleblower policy?	**13**		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?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	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**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		No

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

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶CLINTON YEE
1301 PUNCHBOWL STREET
HONOLULU, HI 96813 (808) 538-9011

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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	4,125,534	5,928,382	1,151,977

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,188

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DCK PACIFIC CONSTRUCTION LLC, 707 RICHARDS STREET 400 HONOLULU, HI 96813	CONSTRUCTION SVCS	9,059,165
PACIFIC ANASTHESIA INC, 321 N KUKUI STREET 306 HONOLULU, HI 96817	MEDICAL SERVICES	4,280,709
IRON BOW TECHNOLOGIES LLC, 500 ALA MOANA BLVD 7425 HONOLULU, HI 96813	IT SERVICES	1,924,503
CIPE CONSULTING GROUP LLC, 22500 SE 64TH PLACE 230 ISSAQUAH, WA 98027	CONSULTING SERVICES	1,509,280
ONCARE HAWAII INC, 1329 LUSITANA STREET 307 HONOLULU, HI 96813	MEDICAL SERVICES	1,436,242

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 ▶ 105

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	582,682			
	d	Related organizations	1d	32,712,087			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,703,729			
	g	Noncash contributions included in lines 1a-1f $		5,098			
	h	**Total.** Add lines 1a-1f			35,998,498		
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	622110		898,248,787	898,248,787	0	0
	b	Interco Purchased	561000		12,135,378	12,135,378	0	0
	c	PATHOLOGY LABS	621500		4,561,244	4,561,244	0	0
	d	MOLECULAR DIAGNOSTIC BIOREPOSITORY	621500		788,698	788,698	0	0
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f			915,734,107			
	3	Investment income (including dividends, interest, and other similar amounts)			7,074,935		9,724	7,065,211
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
			(i) Real	(ii) Personal				
	6a	Gross rents	1,565,998					
	b	Less rental expenses						
	c	Rental income or (loss)	1,565,998	0				
	d	Net rental income or (loss)			1,565,998			1,565,998
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	540,130,666	30				
	b	Less cost or other basis and sales expenses	527,550,451					
	c	Gain or (loss)	12,580,215	30				
	d	Net gain or (loss)			12,580,245			12,580,245
Other Revenue	8a	Gross income from fundraising events (not including $ 582,682 of contributions reported on line 1c) See Part IV, line 18	a	88,873				
	b	Less direct expenses	b	103,355				
	c	Net income or (loss) from fundraising events			-14,482			-14,482
	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	Other Service	621500		3,284,959	3,284,959	0	0
	b	Research	621500		1,687,487	1,687,487	0	0
	c	CIPN Income	621500		9,693,213	969,321	8,723,892	0
	d	All other revenue			15,857,204	15,857,204		0
	e	**Total.** Add lines 11a–11d			30,522,863			
	12	**Total revenue.** See Instructions			1,003,462,164	937,533,078	8,733,616	21,196,972

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 domestic organizations and domestic governments See Part IV, line 21	2,722,215	2,722,215		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	960,220	533,960	426,260	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	377,036,469	363,954,508	13,081,961	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,513,852	31,302,604	1,211,248	0
9 Other employee benefits	42,534,469	40,426,997	2,107,472	0
10 Payroll taxes	25,380,488	24,485,823	894,665	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	2,293,906	1,606,293	687,613	0
c Accounting	760,781	0	760,781	0
d Lobbying	50,436	0	50,436	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)	100,863,449	93,274,806	7,588,643	
12 Advertising and promotion	863,642	739,236	124,406	0
13 Office expenses	3,407,783	2,869,763	538,020	0
14 Information technology	581,490	350,740	230,750	0
15 Royalties	0	0	0	0
16 Occupancy	20,340,553	20,117,506	223,047	0
17 Travel	1,151,319	982,408	168,911	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	0	0	0	0
20 Interest	10,781,843	8,829,064	1,952,779	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	36,862,180	31,147,167	5,715,013	0
23 Insurance	8,283,807	309,322	7,974,485	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 MEDICAL SUPPLIES	150,750,648	150,750,648	0	0
b INTERCOMPANY EXPENSES	104,478,287	104,478,287	0	0
c TAXES	17,723,060	17,694,291	11,580	17,189
d EDUCATION	2,787,303	2,470,846	316,457	0
e All other expenses	10,272,444	8,430,181	1,742,239	100,024
25 **Total functional expenses.** Add lines 1 through 24e	953,400,644	907,476,665	45,806,766	117,213
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		45,973	1	46,107
	2	Savings and temporary cash investments		19,166,100	2	29,815,496
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		124,771,400	4	163,882,685
	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		11,577,268	8	12,829,308
	9	Prepaid expenses and deferred charges		11,957,611	9	9,393,659
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 796,585,984			
	b	Less accumulated depreciation	10b 454,989,743	356,284,743	10c	341,596,241
	11	Investments—publicly traded securities		298,896,639	11	291,348,485
	12	Investments—other securities See Part IV, line 11		416,417,407	12	460,497,667
	13	Investments—program-related See Part IV, line 11		4,329,628	13	5,107,139
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		140,993,054	15	164,372,233
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,384,439,823	16	1,478,889,020
Liabilities	17	Accounts payable and accrued expenses		308,730,859	17	309,321,505
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		235,520,000	20	348,073,644
	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		67,500,000	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		182,853,818	25	189,375,541
	26	**Total liabilities.** Add lines 17 through 25		794,604,677	26	846,770,690
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		569,202,793	27	611,485,977
	28	Temporarily restricted net assets		14,681,539	28	14,681,539
	29	Permanently restricted net assets		5,950,814	29	5,950,814
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		589,835,146	33	632,118,330
	34	Total liabilities and net assets/fund balances		1,384,439,823	34	1,478,889,020

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,003,462,164
2	Total expenses (must equal Part IX, column (A), line 25)	2	953,400,644
3	Revenue less expenses Subtract line 2 from line 1	3	50,061,520
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	589,835,146
5	Net unrealized gains (losses) on investments	5	-15,508,756
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	7,730,420
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	632,118,330

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: The Queen's Medical Center

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Maenette Benham EDD Trustee	10 20	X						0	0	0
(1) Gary Caulfield Trustee	10 10	X						0	0	0
(2) Diane Cecchettini RN Trustee	10 10	X						0	0	0
(3) Ernest Fukeda Jr Trustee	10 30	X						0	0	0
(4) Christine Gayagas Trustee	10 20	X						0	0	0
(5) Peter Hanashiro Trustee	10 20	X						0	0	0
(6) Lyle Harada Trustee	10 20	X						0	0	0
(7) Keawe Kaholokula PHD Trustee	10 10	X						0	0	0
(8) Stanley Kuriyama Trustee	10 10	X						0	0	0
(9) Sherry Menor-McNamara Trustee	10 10	X						0	0	0
(10) Robert Momsen Trustee	10 20	X						0	0	0
(11) Steven Nishida MD Trustee	10 10	X						0	0	0
(12) Caroline Ward Oda Trustee - Part Year	10 00	X						0	0	0
(13) Robb Ohtani MD Trustee	210 00	X						76,799	0	0
(14) James Steinwascher Trustee	10 20	X						0	0	0
(15) Allen Uyeda Trustee	10 10	X						0	0	0
(16) Jenai Wall Trustee	10 20	X						0	0	0
(17) Barry Weinman Trustee	10 30	X						0	0	0
(18) Leslie Wilcox Trustee	10 10	X						0	0	0
(19) C Scott Wo PHD Trustee	10 20	X						0	0	0
(20) Eric Yeaman Chair/Trustee	10 60	X		X				0	0	0
(21) Arthur Ushijima President/Trustee	250 400	X		X				0	1,608,484	186,028
(22) Robert Hong MD Trustee	510 00	X						528,710	0	22,959
(23) Mark Yamakawa EXECUTIVE VP - Part Year	410 140			X				0	761,843	182,296
(24) Paula Yoshioka SENIOR VP - Part Year	10 490			X				0	487,256	74,797

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Whitney Limm MD SENIOR Vice President	12.0 48.0			X				0	633,972	124,152
(1) John Nitao Vice President	2.0 53.0			X				0	439,196	71,114
(2) Susan Murray SENIOR Vice President	54.0 1.0			X				0	442,190	87,861
(3) Sharlene Tsuda Secretary	2.0 53.0			X				0	281,766	67,474
(4) Noelani Harris Assistant Secretary	8.0 32.0			X				0	58,356	5,683
(5) Robert Nobriga Treasurer	10.0 50.0			X				0	462,437	78,779
(6) Hong Min Assistant Treasurer - Part YR	55.0 0.0			X				161,852	0	12,336
(7) Clinton Yee Assistant Treasurer	37.0 18.0			X				192,016	0	39,782
(8) Sung Bae Lee MD Neurointerventional Surgeon	50.0 0.0					X		871,847	0	39,619
(9) Nicholas Dang MD Cardiothoracic Surgeon	50.0 0.0					X		638,040	0	21,343
(10) Scott DM Moon MD Radiation Oncologist	50.0 0.0					X		566,085	0	37,808
(11) Christian Spies MD Cardiologist	50.0 0.0					X		564,228	0	40,023
(12) Cory Tamiko Miyamoto MD Gastroenterologist	50.0 0.0					X		525,957	0	37,394
(13) RICHARD KEENE EXEC VP/TREASURER - FORMER	0.0 0.0						X	0	752,882	22,529

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Queen's Medical Center

Employer identification number
99-0073524

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
The Queen's Medical Center	99-0073524

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☑ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	50,436	52,172
c Total lobbying expenditures (add lines 1a and 1b)	50,436	52,172
d Other exempt purpose expenditures	907,476,665	1,043,999,273
e Total exempt purpose expenditures (add lines 1c and 1d)	907,527,101	1,044,051,445
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	55,188	113,796	116,026	52,172	337,182
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

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) Yes	(a) No	(b) 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).

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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TY 2014 AffiliatedGroupAttachment

Name: The Queen's Medical Center

EIN: 99-0073524

Explanation: Name: Queen Emma Land Company Address: 1301 Punchbowl Street Honolulu, HI 96813 EIN: 99-0183769 Expenses: $39,712,087 501(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: $93,948,987 501(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: $907,476,665 501(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: $9,861,534 501(H) ELECTION: YES Share of excess Lobbying Expenditures: $0 NAME: NORTH HAWAII COMMUNITY HOSPITAL ADDRESS: 67-1125 MAMALAHOA HIGHWAY EIN: 99-0260423 EXPENSES: $39,869,046 501(H) ELECTION: NO SHARE OF EXCESS LOBBYING EXPENDITURES: $0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Queen's Medical Center

Employer identification number
99-0073524

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	8,061,260	7,084,272	7,221,401	7,237,856	7,195,561
b	Contributions	1,000	1,000	500	1,125	40,500
c	Net investment earnings, gains, and losses	128,985	1,127,457	697,700	119,980	662,352
d	Grants or scholarships	19,000	13,000	19,000	5,543	48,405
e	Other expenditures for facilities and programs	685,826	138,469	816,329	132,017	612,152
f	Administrative expenses					
g	End of year balance	7,486,419	8,061,260	7,084,272	7,221,401	7,237,856

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 ▶ 79 000 %
- c Temporarily restricted endowment ▶ 21 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		38,107,957		38,107,957
b Buildings		505,899,181	301,244,590	204,654,591
c Leasehold improvements		14,830,939	9,677,709	5,153,230
d Equipment		213,752,679	144,067,444	69,685,235
e Other		23,995,228		23,995,228
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				341,596,241

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	460,497,667	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	460,497,667	

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	163,427,758
(2) OTHER ASSETS RESTRICTED FOR LT	944,475
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	164,372,233

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFILIATES	157,090,981
DUE TO GOVERNMENT REIMBURSEMENT	20,260,009
DUE TO GOVERNMENT	12,024,551
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	189,375,541

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS THE QUEEN'S MEDICAL CENTER USES THE EARNINGS ON PERMANENTLY ENDOWED INVESTMENTS FOR THE PURPOSES INTENDED BY THE DONORS OF THESE FUNDS
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE QMC EVALUATES ITS UNCERTAIN TAX POSITIONS AND HAS NO MATERIAL UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2015

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Queen's Medical Center

Employer identification number
99-0073524

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

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

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

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

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

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

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

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

		(a) Event #1 BENEFIT DINNER (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	582,682			582,682
	2 Less Contributions	493,809			493,809
	3 Gross income (line 1 minus line 2)	88,873			88,873
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,289			1,289
	7 Food and beverages	83,941			83,941
	8 Entertainment	11,756			11,756
	9 Other direct expenses	6,369			6,369
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(103,355)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-14,482

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Queen's Medical Center

Employer identification number
99-0073524

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 ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

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)			2,395,000		2,395,000	0 250 %
b Medicaid (from Worksheet 3, column a)			78,167,000	28,020,000	50,147,000	5 260 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			80,562,000	28,020,000	52,542,000	5 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13,038,000		13,038,000	1 370 %
f Health professions education (from Worksheet 5)			14,439,000		14,439,000	1 510 %
g Subsidized health services (from Worksheet 6)			30,099,000	17,250,000	12,849,000	1 350 %
h Research (from Worksheet 7)			799,000		799,000	0 080 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,523,000		2,523,000	0 260 %
j **Total.** Other Benefits			60,898,000	17,250,000	43,648,000	4 570 %
k **Total.** Add lines 7d and 7j			141,460,000	45,270,000	96,190,000	10 080 %

Part II Community 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
1	Physical improvements and housing						
2	Economic development						
3	Community support			85,000		85,000	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			85,000		85,000	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	31,717,000		
3	Enter 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	3			
4	Provide 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

5	Enter total revenue received from Medicare (including DSH and IME)	5	240,460,000		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	265,129,000		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-24,669,000		
8	Describe 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

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "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		9b	Yes	

Part IV Management 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? **2**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	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)

Name of hospital facility or letter of facility reporting group The Queen's Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, 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)*

The Queen's Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 % and FPG family income limit for eligibility for discounted care of 250 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group The Queen's Medical Center

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group THE QUEEN'S MEDICAL CENTER-WEST OAHU

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	Yes	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3		No
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ___			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5		
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		
7	Did the hospital facility make its CHNA report widely available to the public?	7		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) _____			
b	☐ Other website (list url) _____			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8		
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ___			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		
a	If "Yes" (list url) _____			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, 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)*

THE QUEEN'S MEDICAL CENTER-WEST OAHU

Name of hospital facility or letter of facility reporting group _____

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 % and FPG family income limit for eligibility for discounted care of 250 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) _____			
b	☐ The FAP application form was widely available on a website (list url) _____			
c	☐ A plain language summary of the FAP was widely available on a website (list url) _____			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group THE QUEEN'S MEDICAL CENTER-WEST OAHU

			Yes	No
19	Did the hospital facility or other 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?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	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?	23		No
	If "Yes," explain in Section C			
24	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?	24		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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? **16**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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 6	COMMUNITY BENEFIT REPORT - RELATED ORGANIZATION Community benefits are reported annually as part of the 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 the Queen's Medical Center This report is published periodically and is separately available to the public

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	The Queen Emma Clinics provide comprehensive patient care to indigent patients and serve a large homeless population The net costs associated with these clinics were $5,858,000

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	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 II, LINE 10	COMMUNITY BUILDING ACTIVITIES In order to maintain necessary life support, diagnostic and operating systems, in the event of an emergency, QUEEN'S MEDICAL CENTER (QMC) significantly upgraded its power plant by adding two new generators that are capable of providing electrical power for the Medical Center QMC is the only Level II Trauma Center in the State of Hawaii In order to provide access to its emergency department and hospital, QMC, in conjunction with the State Department of Transportation and City Department of Transportation Services, supported the construction of the Kinau Off-Ramp

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	QMC provides 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 QMC estimates the allowance based on the aging of the accounts receivable, historical collection experience by payor and other relevant factors QMC 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 QMC's financial assistance policy is calculated based on the cost-to-charge ratio

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	BAD DEBT EXPENSE FOOTNOTE QMC 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 audited financial statements do not describe bad debt expense The audited financial statements do describe the allowance for uncollectible accounts "QMC 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 QMC estimates the allowance based on the aging of the accounts receivable, historical collection experience by payor, and other relevant factors "

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	MEDICARE COSTING METHODOLOGY The Medicare amounts above are calculated with data from the June 30, 2015 cost report, using the step down method Consistent with reporting requirements, there are amounts excluded from the costs listed in Line 6 When using the fully allocated cost calculation, the Medicare shortfall was approximately $37,241,000 TREATMENT OF MEDICARE SHORTFALL 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 these 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 of QMC's mission and is a benefit to the community

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	APPLICATION OF THE COLLECTION PRACTICES TO THOSE QUALIFYING FOR FINANCIAL ASSISTANCE Every attempt is made before discharge to screen patients who have no documentation of medical insurance for possible eligibility for discounted care Non-ER outpatients with no medical insurance are referred to the patient's physician for a determination of urgent or emergency care status Charity care discounts are based on financial need which is determined by income and asset thresholds based on federal poverty levels and in compliance with federal rules and regulations Patients are requested to complete a discounted care application and must submit income and asset verification documents Patients may also be deemed eligible for QMC discounted care based on prior or subsequent Medicaid eligibility Once eligibility for QMC discounted care is confirmed, a payment plan is discussed with the patient Billing statements for patients are mailed monthly to all patients with self pay balances, including patients with balances after QMC discounted care is applied Billing statements for patients with no insurance include a statement advising them to call the number on the statement to discuss options for financial assistance

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT QMC's mission 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 Using publicly available reports and data, and through discussion with stakeholders, QMC assesses the health care needs of the community we serve by focusing on five strategic dimensions including superior quality and performance, being the provider of choice, employer of choice, displaying responsible citizenship and focusing on financial performance Core strategies involving responsible citizenship to the community include hardwiring our Native Hawaiian Health strategic plan throughout Queen's entities, creating a sustainable infrastructure that allows Queen's to quantify and articulate community benefit, and strengthening government and community partnerships to support access and availability of programs and services that help address unmet community health needs

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE Medicaid and Medicare eligibility requirements are discussed with inpatients and/or inpatient's family members QMC has a contracted vendor who performs Medicaid eligibility assessments and works with patients to submit an application and the required documents Patients who may qualify for Medicare are provided contact information for the social security office Signs are posted in registration areas throughout the hospital advising that QMC has a discounted care policy

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION QMC is the leading medical referral center in the Pacific Basin Located in downtown Honolulu, it's the largest private hospital in Hawaii According to recent demographic census data, the State of Hawaii is very diverse and includes a population that is approximately 10% native Hawaiian, other Pacific Islander, Native Alaskan and American Indian Other demographic information regarding Hawaii is as follows - Median age 38 5 years old (1) - 38% Asian, 25% white, 9% Native Hawaiian/Other Pacific Islander, 24% Two or more races (1) - Median household income $66,420 (2006 - 2010) (1) - 9 6% of Hawaii's population lives in poverty (1) - Other than Oahu, the entirety of each island is considered underserved (1) - Number of Hospitals (by County) Hawaii County 6 Maui County 4 C&C Honolulu 9 Kauai County 3 - 35% of hospital inpatient discharges covered by Medicare, 25% by Medicaid/Quest (Data from January - November 2012) (2) (1) Healthcare Association of Hawaii Hawaii State Community Health Needs Assessment Hawaii Health Information Corporation

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 the Queen's mission and to fulfill the tax-exempt purpose as a charitable hospital, Queen's provides a number of community benefits This includes uncompensated care, where QMC 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 debt) Queen's is also home to the Queen Emma Clinics, where QMC provides outpatient services to indigent patients Other examples include emergency preparedness costs and amounts expended to expand and test back-up power that can service patients in times of emergency In addition, QMC provides many free informational seminars and educational opportunities to the public to promote the health of the community These programs are specifically directed to address health issues within the community including diabetes, cancer and women's health issues A majority of QMC's governing body is comprised of persons who reside in QMC's primary service area (Oahu) who are neither employees nor independent contractors of QMC QMC extends medical staff privileges to all qualified physicians in its community for some or all of its departments

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM QMC Is a member of The Queen's Health Systems (QHS) Affiliated Group The group also includes Queen Emma Land Company (QEL), Queen's Insurance Exchange (QIE), Queen's Development Corporation (QDC), Molokai General Hospital (MGH) And North Hawaii Community Hospital (NHCH) QHS provided legal, accounting and administrative support services to QMC and QIE provided medical malpractice insurance to QMC Affiliate organizations of the Queen's Health Systems operate the only hospital on the island of Moloka'i, operate the North Hawaii Community Hospital on the Big Island, provide diagnostic laboratory services, operate pharmacies and provide the hospitals with general and professional liability insurance

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: 99-0073524
Name: The Queen's Medical Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 5	FACILITY 1 - QUEEN'S MEDICAL CENTER INPUT FROM COMMUNITY REPRESENTATIVES TWENTY-TWO KEY INFORMANTS WERE INTERVIEWED FOR THEIR STATEWIDE KNOWLEDGE OF THE HEALTH NEEDS, WHEN CERTAIN TOPIC AREAS WERE LACKING AN INTERVIEW WITH A STATE WIDE PERSPECTIVE, RELEVANT FINDINGS FROM HONOLULU COUNTY INTERVIEWS WERE INCLUDED THE INTERVIEWS WERE WITH INDIVIDUALS FROM THE FOLLOWING ORGANIZATIONS DEPARTMENT OF EDUCATION, HAWAII DEPARTMENT OF HEALTH, DEPARTMENT OF HUMAN SERVICES, HAWAII STATE DEPARTMENT OF HEALTH, OFFICE OF THE GOVERNOR, STATE SENATOR & HAWAII INDEPENDENT PHYSICIANS ASSOCIATION, HAWAII PRIMARY CARE ASSOCIATION, HAWAII DEPARTMENT OF HEALTH, UNIVERSITY OF HAWAII, AMERICAN DIABETES ASSOCIATION HAWAII, KAMEHAMEHA SCHOOLS, HAWAII STATE DEPARTMENT OF EDUCATION, MOUNTAIN-PACIFIC QUALITY HEALTH, UNIVERSITY OF HAWAII, HAWAII MEDICAL SERVICE ASSOCIATION, UNIVERSITY OF HAWAII, DEPARTMENT OF HEALTH, HAWAII STATE DEPARTMENT OF HEALTH, HAWAII STATE DEPARTMENT OF HEALTH, CARERESOURCE HAWAII, PAPA OLA LOKAHI, AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY HAWAII SITE, AND HOSPICE HAWAII THE INFORMATION OBTAINED FROM THESE INTERVIEWS WAS INCORPORATED INTO THE REPORT IN THREE WAYS A SUMMARY QUALITATIVE ANALYSIS TOOL CALLED A "WORD CLOUD" WAS PRODUCED USING TAGCROWD COM TO IDENTIFY THE MOST COMMON THEMES AND TOPICS WORDS OR PHRASES THAT WERE MENTIONED MOST OFTEN DISPLAY IN THE WORD CLOUD IN THE LARGEST AND DARKEST FONT NEXT, INPUT FROM THE KEY INFORMANTS WAS INCLUDED IN EACH RELEVANT TOPIC AREA IN SECTION 3 2 OF THE CHNA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 6A	FACILITY 1 - QUEEN'S MEDICAL CENTER CHNA HOSPITAL FACILITIES TWENTY-SIX OF THE TWENTY-EIGHT HAWAII HOSPITALS, LOCATED ON ALL ISLANDS, PARTICIPATED IN THE CHNA PROJECT CASTLE MEDICAL CENTER HALE HO'OLA HAMAKUA HILO MEDICAL CENTER KAHI MOHALA BEHAVIORAL HEALTH KAHUKU MEDICAL CENTER KAISER PERMANENTE MEDICAL CENTER KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN KA'U HOSPITAL KAUAI VETERANS MEMORIAL HOSPITAL KOHALA HOSPITAL KONA COMMUNITY HOSPITAL KUAKINI MEDICAL CENTER KULA HOSPITAL LANA'I COMMUNITY HOSPITAL LEAHI HOSPITAL MAUI MEMORIAL MEDICAL CENTER MOLOKAI GENERAL HOSPITAL NORTH HAWAII COMMUNITY HOSPITAL PALI MOMI MEDICAL CENTER REHABILITATION HOSPITAL OF THE PACIFIC SAMUEL MAHELONA MEMORIAL HOSPITAL SHRINERS HOSPITAL FOR CHILDREN - HONOLULU STRAUB CLINIC & HOSPITAL THE QUEEN'S MEDICAL CENTER WAHIAWA GENERAL HOSPITAL WILCOX MEMORIAL HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 6B	FACILITY 1 - QUEEN'S MEDICAL CENTER CHNA OTHER THAN HOSPITAL FACILITIES THE HEALTHCARE ASSOCIATION OF HAWAII PARTNERED WITH HEALTHY COMMUNITIES INSTITUTE TO CONDUCT A CHNA FOR HAWAII COUNTY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 7A	FACILITY 1 - QUEEN'S MEDICAL CENTER WEBSITE WHERE THE QUEENS MEDICAL CENTER FACILITY'S CHNA CAN BE ACCESSED HTTP //QUEENSMEDICALCENTER ORG/COMMUNITY-BENEFITS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 11	FACILITY 1 - QUEEN'S MEDICAL CENTER NEEDS ASSESSED THE CHNA IDENTIFIED 20 AREAS OF COMMUNITY HEALTH NEEDS THE QUEEN'S MEDICAL CENTER 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 QMC WILL NOT DIRECTLY BE ADDRESSING FOR VARIOUS REASONS AS PART OF THE PROCESS TO SELECT QMC'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 QMC TO FOCUS ON ADDRESSING THE NEEDS WITHIN THE SCOPE OF ITS CORE COMPETENCIES AS AN ACUTE CARE TERTIARY/QUATERNARY HOSPITAL, QMC'S CORE COMPETENCIES ARE IN THE PRIMARY HEALTH NEEDS CATEGORY PRIMARY HEALTHCARE NEEDS INCLUDE THE FOLLOWING ACCESS TO HEALTH SERVICES RESPIRATORY DISEASE MANAGEMENT CANCER SCREENING & PREVENTION HEART DISEASE & STROKE PREVENTION IMMUNIZATIONS & INFECTIOUS DISEASE MENTAL HEALTH & MENTAL DISORDERS MATERNAL, FETAL, & INFANT HEALTH DIABETES PREVENTION & MANAGEMENT OLDER ADULTS & AGING OF THE AREAS MAPPED TO THE PRIMARY HEALTH CARE NEEDS CATEGORY, QMC SELECTED DIABETES AS ITS PRIORITY AREA ACCORDING TO THE AMERICAN DIABETES ASSOCIATION, THERE ARE 29 1 MILLION PEOPLE OF 9 3% OF THE POPULATION IN THE UNITED STATES WHO HAVE DIABETES OVER 107,000 PEOPLE IN HAWAII HAVE DIABETES AND 390,800 ARE LIVING WITH PREDIABETES QMC PROVIDES OUTPATIENT DIABETES EDUCATION IN A COMPREHENSIVE, INTERACTIVE APPROACH WHICH TEACHES A MEMBER OF THE COMMUNITY HOW TO SUCCESSFULLY SELF MANAGE THEIR DIABETES AND DEVELOP HEALTH PRACTICES THAT FIT INTO THEIR LIVES THE DIABETES MANAGEMENT CENTER AT QUEEN'S MEDICAL CENTER AND QUEEN'S MEDICAL CENTER - WEST OAHU HAVE BEEN RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION (ADA) EDUCATION RECOGNITION CERTIFICATION FOR A QUALITY DIABETES SELF-MANAGEMENT EDUCATION PROGRAMS IN ADDITION, QMC HAS STARTED A PILOT PROGRAM FOR ITS EMPLOYEES WITH THE INTENTION OF PARTNERING WITH OTHER ORGANIZATIONS TO EXTEND THE PROGRAM INTO THE COMMUNITY, IF FEASIBLE THE PROGRAM INCLUDES COMPONENTS SUCH AS CLINICAL MANAGEMENT, DIABETES SELF-MANAGEMENT EDUCATION, LONG-TERM SUPPORT THROUGH POST-PROGRAM EDUCATION, SUPPORT GROUPS AND PATIENT AND FAMILY EDUCATION QMC DOES NOT DIRECTLY ADDRESS SECONDARY AND SOCIETAL HEALTH NEEDS INCLUDING THE FOLLOWING DISABILITIES ECONOMY EDUCATION SOCIAL ENVIRONMENT EXERCISE, NUTRITION AND WEIGHT FAMILY PLANNING INJURY PREVENTION AND SAFETY ORAL HEALTH SOCIAL ENVIRONMENT SUBSTANCE ABUSE AND LIFESTYLE TRANSPORTATION ALTHOUGH QMC WILL NOT DIRECTLY BE ADDRESSING ALL OF THE AREAS OF NEED IDENTIFIED, 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 AS AN EXAMPLE, FOR EDUCATION, QMC AND STEVENSON MIDDLE SCHOOL, WHICH HAS A HIGH PERCENTAGE OF NATIVE HAWAIIAN AND PACIFIC ISLAND STUDENTS, HAVE PARTNERED ON A PROJECT TO INCREASE THE NUMBER OF NATIVE HAWAIIAN AND PACIFIC ISLAND STUDENTS INTERESTED IN BIOMEDICAL SCIENCES FOR OTHER AREAS NOT DIRECTLY ADDRESSED, QMC 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 SOME EXAMPLES OF QMC'S EXISTING SERVICES/PROGRAMS/OUTREACH INCLUDE - HEART DISEASE AND STROKE PREVENTION - SCREENING PREVENTION AND PREVENTION EDUCATION THROUGH COMMUNITY ACTIVITIES AND COMMUNITY HEALTH AND WELLNESS EVENTS THROUGHOUT THE STATE, OFFERS AND PROMOTES EDUCATION TO PHYSICIANS, NURSES AND THE PUBLIC ACROSS THE STATE, PROVIDES FREE VAN TRANSPORTATION TO AND FROM QMC APPOINTMENTS FOR THOSE WHO REQUIRE ASSISTANCE - RESPIRATORY DISEASE MANAGEMENT - PULMONARY REHABILITATION EDUCATION PROGRAMS - CANCER SCREENING AND PREVENTION - PATIENT NAVIGATION PROGRAM (INCLUDES ONCOLOGY CARE COORDINATION, TRANSPORTATION COORDINATION, ACCESS TO COMMUNITY RESOURCES, EDUCATION MATERIALS, SUPPORT GROUPS AND CLASSES, INFORMATION ABOUT CLINICAL TRIALS), PARTICIPATION IN NATIONAL CANCER INSTITUTE COMMUNITY CANCER CENTERS PROGRAM WITH A MAJOR FOCUS ON REDUCING CANCER HEALTH CARE DISPARITIES, CANCER SCREENING AND EDUCATION THROUGH COMMUNITY ACTIVITIES AND HEALTH AND WELLNESS EVENTS - MENTAL HEALTH AND MENTAL DISORDERS - QMC, TRIPLER ARMY MEDICAL CENTER AND THE HAWAII DEPARTMENT OF EDUCATION PARTNER ON A SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM AT WAHIAWA ELEMENTARY SCHOOL TO FOCUS ON PREVENTATIVE AND EARLY INTERVENTION BEHAVIORAL HEALTH CARE, AS WELL AS STAFF WELLNESS PROGRAMS - OLDER ADULTS AND AGING - COMMUNITY AND PROFESSIONAL EDUCATION, RAISES AWARENESS OF GERIATRIC ISSUES BY ENGAGING IN COMMUNITY WELLNESS AND HEALTH EVENTS THROUGHOUT THE STATE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 13B	FACILITY 1 - QUEEN'S MEDICAL CENTER INCOME LEVEL OTHER THAN FPG FOR CITIZENS OF FOREIGN COUNTRIES, THE INCOME QUALIFYING LEVEL IS BASED ON THE RESIDENT'S COUNTRY'S MINIMUM WAGE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 13H	FACILITY 1 - QUEEN'S MEDICAL CENTER OTHER ELIGIBILITY CRITERIA Medicare/Medicaid eligibility

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 16I	FACILITY 1 - QUEEN'S MEDICAL CENTER OTHER METHOD FOR PUBLICIZING POLICIES NOTICES THAT FINANCIAL ASSISTANCE IS AVAILABLE ARE POSTED IN ALL PATIENT REGISTRATION, BILLING OFFICE AND EMERGENCY DEPARTMENT AREAS THESE NOTICES DO NOT CONTAIN THE FULL DETAILED TEXT OF THE POLICY REGISTRATION PERSONNEL ARE KNOWLEDGEABLE TO ASSIST PATIENTS WITH QUESTIONS AND ARE ABLE TO GIVE THEM THE FINANCIAL ASSISTANCE APPLICATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 22D	FACILITY 1 - QUEEN'S MEDICAL CENTER OTHER METHOD FOR DETERMINING MAXIMUM CHARGED AMOUNT CHARGES BILLED TO UNINSURED PATIENTS ARE THE SAME AMOUNTS AS CHARGES TO INSURED PATIENTS PER QMC'S DISCOUNTED CARE POLICY, UNINSURED PATIENTS ARE ELIGIBLE FOR A 30% DISCOUNT PROVIDED "PATIENT AGREES TO A PROMPT PAYMENT SCHEDULE ACCEPTABLE TO QMC "

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 1	FACILITY 2 - THE QUEEN'S MEDICAL CENTER-WEST OAHU In May 2012, The Queen's Health Systems (QHS) and St Francis Healthcare Systems of Hawaii announced a signed letter-of-intent to enable QHS to explore the feasibility of acquiring and reopening the former Hawaii Medical Center (HMC) West Campus, which was in the process of being returned to St Francis Healthcare System following a lengthy bankruptcy process In December 2012, QHS announced that it officially acquired HMC from St Francis Healthcare System of Hawaii The Queen's Medical Center - West Oahu was opened in May 2014

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	FACILITY 2 - THE QUEEN'S MEDICAL CENTER-WEST OAHU COMMUNITY HEALTH NEEDS ASSESSMENT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) HAS NOT YET BEEN CONDUCTED FOR THE QUEEN'S MEDICAL CENTER-WEST OAHU BECAUSE THE HOSPITAL FACILITY OPENED IN MAY 2014

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 13B	FACILITY 2 - THE QUEEN'S MEDICAL CENTER-WEST OAHU INCOME LEVEL OTHER THAN FPG FOR CITIZENS OF FOREIGN COUNTRIES, THE INCOME QUALIFYING LEVEL IS BASED ON THE RESIDENT'S COUNTRY'S MINIMUM WAGE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 13H	FACILITY 2 - THE QUEEN'S MEDICAL CENTER-WEST OAHU OTHER ELIGIBILITY CRITERIA Medicare/Medicaid eligibility

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 16I	FACILITY 2 - THE QUEEN'S MEDICAL CENTER-WEST OAHU OTHER METHOD FOR PUBLICIZING POLICIES NOTICES THAT FINANCIAL ASSISTANCE IS AVAILABLE ARE POSTED IN ALL PATIENT REGISTRATION, BILLING OFFICE AND EMERGENCY DEPARTMENT AREAS THESE NOTICES DO NOT CONTAIN THE FULL DETAILED TEXT OF THE POLICY REGISTRATION PERSONNEL ARE KNOWLEDGEABLE TO ASSIST PATIENTS WITH QUESTIONS AND ARE ABLE TO GIVE THEM THE FINANCIAL ASSISTANCE APPLICATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 22D	FACILITY 2 - THE QUEEN'S MEDICAL CENTER-WEST OAHU OTHER METHOD FOR DETERMINING MAXIMUM CHARGED AMOUNT CHARGES BILLED TO UNINSURED PATIENTS ARE THE SAME AMOUNTS AS CHARGES TO INSURED PATIENTS PER QMC'S DISCOUNTED CARE POLICY, UNINSURED PATIENTS ARE ELIGIBLE FOR A 30% DISCOUNT PROVIDED "PATIENT AGREES TO A PROMPT PAYMENT SCHEDULE ACCEPTABLE TO QMC "

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
Queen's HeartGeriatrics 550 S Beretania Street Ste 601 HONOLULU,HI 96813	CARDIAC CARE CENTER
QMC - Endoscopy 550 S Beretania Street Ste 701 HONOLULU,HI 96813	CARDIAC CARE CENTER
QMC - Pain & Spine 550 S BERETANIA STREET STE 703/704 HONOLULU,HI 96813	CARDIAC CARE CENTER
QMC - Radiology 550 S Beretania Street Ste B-1 HONOLULU,HI 96813	CARDIAC CARE CENTER
QMC - Radiology 1329 LUSITANA STREET STE B-1 Honolulu,HI 96813	CARDIAC CARE CENTER
QMC - Transplant Center 550 S Beretania Street Ste 404/406 Honolulu,HI 96813	CARDIAC CARE CENTER
Queen's Imaging 91-2139 Fort Weaver Road Ste 108 Ewa Beach,HI 96706	CARDIAC CARE CENTER
QMC - Liver Center 550 S Beretania Street Ste 509 Honolulu,HI 96813	CARDIAC CARE CENTER
QUEEN'S REHABILITATION CENTER 550 S Beretania Street Ste 300 Honolulu,HI 96813	CARDIAC CARE CENTER
Physician Center 91-2135 Fort Weaver Road Ste 150 EWA BEACH,HI 96706	CARDIAC CARE CENTER
Queen's Heart Physician Practice 98-1247 Kaahumanu Street Ste 206 Aiea,HI 96701	CARDIAC CARE CENTER
QMC - Gastroenterology 550 S Beretania Street Ste 510 HONOLULU,HI 96813	CARDIAC CARE CENTER
QMC - Acute Care Surgical Center 550 S Beretania Street Ste 509 HONOLULU,HI 96813	CARDIAC CARE CENTER
Diabetes Community Education 91-2135 Fort Weaver Road Ste 180 Ewa Beach,HI 96706	CARDIAC CARE CENTER
QMC - Genetics Counseling 1329 Lusitana Street Ste B-8 HONOLULU,HI 96813	CARDIAC CARE CENTER

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
QMC - Hepatology 550 S Beretania Street Ste 400 HONOLULU,HI 96813	CARDIAC CARE CENTER

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493126001016

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Queen's Medical Center

Employer identification number
99-0073524

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 49

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

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

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE QUEEN'S MEDICAL CENTER MAKES DONATIONS TO VARIOUS TAX-EXEMPT ORGANIZATIONS WITH THE PURPOSE OF PROVIDING OPPORTUNITIES FOR BETTER HEALTH AND WELLNESS TO ALL THE PEOPLE OF HAWAII THERE ARE GENERALLY NO RESTRICTIONS PLACED ON THE USE OF THOSE DONATIONS AND THE RECEIVING ORGANIZATIONS MAY USE THE DONATIONS AT THEIR DISCRETION IN ORDER TO FURTHER THEIR EXEMPT PURPOSE WHERE RESTRICTIONS ARE PLACED ON THE USE OF THOSE DONATIONS, QMC REQUESTS FINANCIAL REPORTS IN ORDER TO MONITOR SUCH USE

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: The Queen's Medical Center

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Philippine Medical Association of HawaiiPO BOX 1294 PEARL CITY,HI 96782	99-0206653	501(C)(6)	10,000				Spomsorship Distinguished Citizen Dinner
After-School All-Stars Hawaii4747 Kilauea Ave 210 Honolulu,HI 96816	27-4604870	501(c)(3)	6,000				Sponsor "30th Anniversaryn Event" and Donation
Aloha United Way Inc200 North Vineyard Boulevard Honolulu,HI 96817	99-0073494	501(c)(3)	5,564				Contribution "10th Annual Charity Golf Tournament" and Donation

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society 2370 Nuuanu Avenue Honolulu,HI 96817	13-1788491	501(c)(3)	14,500				Sponsor "Step Out Walk to Fight Diabetes" "Tour de Cure"
American Diabetes Association875 Waimanu Street Honolulu,HI 96813	13-1623888	501(c)(3)	57,500				Sponsor "Heart Ball 2013" and "2013 Oahu Heart Walk"
American Heart Association 677 Ala Moana Boulevard Honolulu,HI 968135485	13-5613797	501(c)(3)	25,000				2013 Red Cross Corporate Partner and Donation

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Lung Association 822 John Street Seattle, WA 98109	93-0386887	501(c)(3)	7,500				Sponsor "2013 State of Hawaii Arthritis Walk"
American Red Cross4155 Diamond Head Road Honolulu, HI 96816	53-0196605	501(c)(3)	25,000				Sponsor "15th Annual Bernice Pauahi Bishop Awards Dinner"
Arthritis Foundation615 Piikoi Street Honolulu, HI 96814	95-1885447	501(c)(3)	10,000				Contribution for purchase of a Bloodmobile

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Assistance Dogs of Hawaii 675 Kealaloa Avenue Makawao,HI 96768	99-0353694	501(c)(3)	10,000				Sponsorship "2012 Medal of Honor Convention"
Bishop Museum1525 Bernice Street Honolulu,HI 968172704	99-0161980	501(c)(3)	10,000				Sponsor "Boogie Wonderland" and WHC gift certificates donation
Girl Scouts of Hawaii410 Atkinson Drive Honolulu,HI 96814	99-0073488	501(c)(3)	10,000				Contribution "Huaka'i A Musical Journey" and Donation

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hawaii Academy of Science 1776 University Avenue Honolulu,HI 96822	99-6006863	501(c)(3)	35,000				Sponsor "2012 Kama'aina of the Year"
Hawaii Children's Cancer Foundation1814 Liliha Street Honolulu,HI 96817	99-0299937	501(c)(3)	7,500				Sponsor "Na Hoa Malama"
Hawaii Foodbank Inc2611 Kilihau Street Honolulu,HI 968192021	99-0220699	501(c)(3)	8,500				Sponsor "An Evening of Hope"

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hawaii Hotel Industry Foundation2270 Kalakaua Avenue Suite 1506 Honolulu,HI 96816	99-0194293	501(c)(3)	10,000				Contibution for purchase of medical transport van
Hawaii Island United Way 142 Kinoole St A Hilo,HI 96720	99-6012257	501(c)(3)	10,000				Sponsor "32nd Annual Lunalilo Home Golf Tournament"
Hawaii Women's Legal FoundationPO Box 2576 Honolulu,HI 96803	99-0217537	501(c)(3)	6,000				Sponsor "2012 March of Dimes Govenor's Ball" and "March for Babies"

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hawaiian Civic Club of HonoluluPO Box 1513 Honolulu,HI 96806	99-6014851	501(c)(3)	10,000				Sponsor "Peace on Earth Concert"
HINA Mauka45-845 Pookela Street Kaneohe,HI 96744	99-0173356	501(c)(3)	10,000				Sponsor "Pacific Links Hawaii Championship"
Historic Hawaii Foundation PO Box 1658 Honolulu,HI 96806	23-7441972	501(c)(3)	10,000				Support "HOSW"

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hospice Hawaii Inc860 Iwilei Road Honolulu, HI 96817	99-0203930	501(c)(3)	7,500				Sponsor "Kulia I Ka Nu'u Awards Banquet"
Lunalilo Home501 Kekauluohi Street Honolulu, HI 96825	99-0075244	501(c)(3)	13,500				Contibution "A Night of Magic and Miracles"
March of Dimes1451 South King Street Honolulu, HI 96814	13-1846366	501(c)(3)	35,000				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Polynesian Voyaging Society 10 Sand Island Parkway Honolulu,HI 96819	23-7302232	501(c)(3)	50,000				Funding of Naleen N Andrade Scholarship Fund
Public Schools of Hawaii FoundationPO Box 4148 Honolulu,HI 96812	88-0243449	501(c)(3)	10,000				Donation
Spike and Serve Club1669 St Louis Drive Honolulu,HI 96816	46-1014354	501(c)(3)	10,000				Sponsor 2013 Awards & Scholarship Dinner

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Andrew's Priory School 224 Queen Emma Square Honolulu, HI 96813	99-0073525	501(c)(3)	7,500				Sponsor "Ola Pono Ike Medical Gala" 2012 and 2013
Susan G Komen Hawaii3555 Harding Ave Ste 2D Honolulu, HI 96816	75-2844635	501(c)(3)	6,000				Donations
UCERA - University of Hawaii Foundation95-390 Kuahelani Ave Mililani, HI 96789	99-0085260	501(c)(3)	250,000				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Hawaii Foundation2444 Dole Street Honolulu,HI 96822	99-0085260	501(c)(3)	170,989				
Waianae Coast Comprehensive Health Center86-260 Farrington Highway Waianae,HI 96792	99-0148164	501(c)(3)	40,000				
The Queen's Health Systems 1301 Punchbowl Street Honolulu,HI 96813	99-0238120	501(c)(3)	537,204				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Chamber of Commerce of Hawaii1132 BISHOP STREET 402 HONOLULU,HI 96813	99-0035510	501(C)(6)	15,000				
Healthcare Association of Hawaii707 RICHARDS STREET 2 HONOLULU,HI 96813	99-0035510	501(C)(6)	15,000				

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Queen's Medical Center

Employer identification number
99-0073524

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	COMPENSATION COMMITTEE 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 AND STUDY, FORM 990 OF OTHER ORGANIZATIONS AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SCHEDULE J, PART I, LINE 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT FROM QHS DURING THE YEAR RICHARD KEENE - $775,411
SCHEDULE J, PART I, LINE 4B	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 AGE 65 AND THE BENEFIT VESTS AND IS PAID OUT AS A LUMP SUM AT THAT POINT REGARDLESS IF EMPLOYMENT IS CONTINUED PAST AGE 65 THERE WERE NO PAYOUTS MADE IN 2014
SCHEDULE J, PART I, LINE 7	OTHER NON-FIXED PAYMENTS RECOGNITION AWARDS WERE PAID TO ALL EMPLOYEES BASED ON ACCOMPLISHMENTS OF PREDETERMINED GOALS 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 ALSO, CERTAIN PHYSICIANS RECEIVE INCENTIVE COMPENSATION BASED ON PROFESSIONAL SERVICES COLLECTIONS BY THE QUEEN'S MEDICAL CENTER (QMC) A MAXIMUM OF SUCH INCENTIVE COMPENSATION IS CAPPED ACCORDING TO QMC POLICY
SCHEDULE J, PART II & FORM 990, PART VII	COMPENSATION PAID FOR SERVICES ARTHUR A USHIJIMA MR USHIJIMA SERVES AS A TRUSTEE FOR THE QUEEN'S HEALTH SYSTEMS AND SEVERAL OTHER QUEEN'S RELATED AFFILIATES MR USHIJIMA ALSO SERVES AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE QUEEN'S HEALTH SYSTEMS (QHS, PARENT COMPANY) AND AS PRESIDENT OF THE QUEEN'S MEDICAL CENTER (QMC) HIS HOURS SERVED AS A TRUSTEE OF QMC IS 1 HOUR PER WEEK HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR HIS VARIOUS SERVICES MARK YAMAKAWA MR YAMAKAWA SERVES AS EVP AND COO OF THE QHS, EVP AND COO OF QMC AND PRESIDENT OF QUEEN'S DEVELOPMENT CORPORATION (QDC) HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES SHARLENE TSUDA MS TSUDA SERVES AS SECRETARY FOR QHS, QMC AND NHCH AND VP OF COMMUNITY DEVELOPMENT OF QHS SHE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES ROBERT NOBRIGA MR NOBRIGA SERVES AS TREASURER OF QEL, QMC AND THE TREASURER/CHIEF FINANCIAL OFFICER OF QHS HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES WHITNEY LIMM, MD DR LIMM SERVES AS SENIOR VP OF CLINICAL INTEGRATION AND CHIEF PHYSICIAN EXECUTIVE OF QHS AND QMC HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES JOHN NITAO MR NITAO SERVES AS VP/GENERAL COUNSEL FOR THE QUEEN'S HEALTH SYSTEMS AND SECRETARY OF QEL HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES SUSAN MURRAY MS MURRAY SERVES AS SENIOR VP OF QHS-WEST OAHU REGION AND COO OF QMC-WEST OAHU SHE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES CLINTON YEE MR YEE SERVES AS CORPORATE CONTROLLER OF QUEEN'S HEALTH SYSTEMS, ASSISTANT TREASURER OF QMC, QHS QEL AND TREASURER OF MGH HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES ROBERT HONG, MD DR HONG SERVES AS A TRUSTEE AND CHIEF OF STAFF OF QMC HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR HIS ON-CALL SPECIALTY SERVICES

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: The Queen's Medical Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Arthur Ushijima, President/Trustee	(I)	0	0	0	0	0	0	0
	(II)	811,198	303,171	494,115	172,690	13,338	1,794,512	0
Robert Hong MD, Trustee	(I)	519,811	0	8,899	22,018	941	551,669	0
	(II)	0	0	0	0	0	0	0
Mark Yamakawa, EXECUTIVE VP - Part Year	(I)	0	0	0	0	0	0	0
	(II)	431,351	137,306	193,186	169,881	12,415	944,139	0
Paula Yoshioka, SENIOR VP - Part Year	(I)	0	0	0	0	0	0	0
	(II)	364,781	93,403	29,072	65,098	9,699	562,053	0
Whitney Limm MD, SENIOR Vice President	(I)	0	0	0	0	0	0	0
	(II)	470,976	121,015	41,981	96,473	27,679	758,124	0
John Nitao, Vice President	(I)	0	0	0	0	0	0	0
	(II)	330,236	90,500	18,460	52,212	18,902	510,310	0
Susan Murray, SENIOR Vice President	(I)	0	0	0	0	0	0	0
	(II)	306,013	91,699	44,478	69,400	18,461	530,051	0
Sharlene Tsuda, Secretary	(I)	0	0	0	0	0	0	0
	(II)	210,401	50,138	21,227	54,359	13,115	349,240	0
Robert Nobriga, Treasurer	(I)	0	0	0	0	0	0	0
	(II)	391,677	54,031	16,729	57,000	21,779	541,216	0
Hong Min, Assistant Treasurer - Part YR	(I)	149,108	12,200	544	6,078	6,258	174,188	0
	(II)	0	0	0	0	0	0	0
Clinton Yee, Assistant Treasurer	(I)	170,191	14,200	7,625	17,380	22,402	231,798	0
	(II)	0	0	0	0	0	0	0
Sung Bae Lee MD, Neurointerventional Surgeon	(I)	598,209	249,606	24,032	19,014	20,605	911,466	0
	(II)	0	0	0	0	0	0	0
Nicholas Dang MD, Cardiothoracic Surgeon	(I)	506,819	109,500	21,721	18,522	2,821	659,383	0
	(II)	0	0	0	0	0	0	0
Scott DM Moon MD, Radiation Oncologist	(I)	470,829	93,636	1,620	18,828	18,980	603,893	0
	(II)	0	0	0	0	0	0	0
Christian Spies MD, Cardiologist	(I)	488,110	75,000	1,118	20,711	19,312	604,251	0
	(II)	0	0	0	0	0	0	0
Cory Tamiko Miyamoto MD, Gastroenterologist	(I)	409,507	99,613	16,837	22,295	15,099	563,351	0
	(II)	0	0	0	0	0	0	0
RICHARD KEENE, EXEC VP/TREASURER - FORMER	(I)	0	0	0	0	0	0	0
	(II)	84,703	0	668,179	19,385	3,144	775,411	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Queen's Medical Center

Employer identification number
99-0073524

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DEPT OF BUDGET & FINANCE STATE OF HI SERIES ABC	99-0266961	419800LM7	01-29-2015	350,356,476	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	350,362,507			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	4,726,000			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	114,000,000			
11	Other spent proceeds	8,116,086			
12	Other unspent proceeds	89,541,979			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	ML CAPITAL SERVICES							
c	Term of hedge		6 5						
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K	THE QUEEN'S MEDICAL CENTER'S (QMC) SOLE CORPORATE MEMBER, THE QUEEN'S HEALTH SYSTEMS (QHS) BORROWED ON BEHALF OF ITSELF AND ITS AFFILIATES, QMC AND NORTH HAWAII COMMUNITY HOSPITAL (NHCH) INFORMATION REPORTED ON SCHEDULE K, IS FOR THE ENTIRE BOND ISSUE THE OUTSTANDING BOND LIABILITY IS ALLOCATED BETWEEN THE ENTITIES AND REPORTED SEPARATELY ON FORM 990, PART X QMC'S SHARE OF THE OUTSTANDING LIABILITY IS $348,073,644

Return Reference	Explanation
PART I, LINE A, COLUMN (F)	DESCRIPTION OF PURPOSE THE BONDS ARE ISSUED FOR THE BENEFIT OF THE BORROWER (THE QUEEN'S HEALTH SYSTEMS) AND THE FOLLOWING ORGANIZATIONS, EACH OF WHICH IS CONTROLLED BY THE BORROWER AND WHICH IS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE THE QUEEN'S MEDICAL CENTER, MOLOKA'I GENERAL HOSPITAL AND NORTH HAWAII COMMUNITY HOSPITAL (TOGETHER WITH THE BORROWER, THE "OBLIGATED GROUP MEMBERS") ON JANUARY 23, 2015, QHS ISSUED SPECIAL PURPOSE REVENUE BONDS 2015 SERIES A, 2015 SERIES B AND 2015 SERIES C THE PURPOSE OF THIS ISSUE WAS TO REFUND ALL DEBT OBLIGATIONS PREVIOUSLY ISSUED UNDER THE MASTER TRUST INDENTURE DATED JULY 1, 1996, AS AMENDED AMONG THE BORROWER, THE QUEEN'S MEDICAL CENTER, AND OTHER AFFILIATED CORPORATIONS, AND THE MASTER TRUSTEE NAMED THEREIN, FINANCE, REFINANCE OR REIMBURSE THE COSTS OF ACQUIRING, CONSTRUCTING, RENOVATING AND EQUIPPING FACILITIES BENEFITING THE OBLIGATED GROUP MEMBERS AND PAY COSTS OF ISSUANCE OF THE BONDS OBLIGATED GROUP MEMBERS AND PAY COSTS OF ISSUANCE OF THE BONDS THE ISSUE DATES FOR THE REFUNDED BONDS WERE 12/11/2003 5/6/2009 3/16/2006

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Queen's Medical Center

Employer identification number
99-0073524

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ $			

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	TRANSACTIONS WITH INTERESTED PERSON C SCOTT WO IS THE OWNER OF C S WO & SONS LTD, WHICH PROVIDES RENTAL SPACE TO THE ORGANIZATION DURING THE YEAR, THE ORGANIZATION PAID RENT IN THE AMOUNT OF $479,199

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: The Queen's Medical Center

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SCHEDULE B DONOR 4	SUBSTANTIAL CONTRIBUTOR	688,554	LEGAL SERVICES		No
(2) SCHEDULE B DONOR 5	SUBSTANTIAL CONTRIBUTOR	472,780	ARCHITECTURAL SERVICES		No
(3) CS WO SONS LTD	C SCOTT WO, TRUSTEE-QMC	479,199	RENTAL OF PROPERTY		No
(4) SCHEDULE B DONOR 19	SUBSTANTIAL CONTRIBUTOR	146,913	LEGAL SERVICES		No
(5) SCHEDULE B DONOR 28	SUBSTANTIAL CONTRIBUTOR	135,084	PARKING SERVICES		No
(6) SCHEDULE B DONOR 29	SUBSTANTIAL CONTRIBUTOR	2,762,098	CONSULTING SERVICES		No
(7) SCHEDULE B DONOR 30	SUBSTANTIAL CONTRIBUTOR	345,240	ACCOUNTING SERVICES		No
(8) SCHEDULE B DONOR 40	SUBSTANTIAL CONTRIBUTOR	1,415,793	UTILITIES		No
(9) SCHEDULE B DONOR 42	SUBSTANTIAL CONTRIBUTOR	538,218	MEDICAL SERVICES		No
(10) SCHEDULE B DONOR 64	SUBSTANTIAL CONTRIBUTOR	167,577	ELECTRICAL SERVICES		No
(11) SCHEDULE B DONOR 75	SUBSTANTIAL CONTRIBUTOR	257,600	MEDICAL SERVICES		No
(12) SCHEDULE B DONOR 77	SUBSTANTIAL CONTRIBUTOR	607,607	MEDICAL SERVICES		No
(13) SCHEDULE B DONOR 84	SUBSTANTIAL CONTRIBUTOR	3,148,444	LAUNDRY SERVICES		No
(14) JEANETTE HANASHIRO	RELATIVE OF TRUSTEE	61,619	EMPLOYEE OF QMC		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
The Queen's Medical Center	99-0073524

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1859 BY KING KAMEHAMEHA IV AND QUEEN EMMA, THE QUEEN'S MEDICAL CENTER (QMC) IS THE FIRST HOSPITAL IN THE UNITED STATES FOUNDED BY ROY ALTY TODAY, IT IS THE LARGEST PRIVATE HOSPITAL IN HAWAII AND THE PACIFIC BASIN QMC HAS 5 05 ACUTE CARE BEDS AND 28 SUB-ACUTE CARE BEDS WITH OVER 3,000 EMPLOYEES AND OVER 1,200 PH YSICIANS ON STAFF, IT IS ALSO ONE OF THE STATE OF HAWAII'S LARGEST EMPLOYERS AS THE LEADI NG MEDICAL REFERRAL CENTER IN HAWAII AND THE PACIFIC BASIN, QMC IS WIDELY KNOWN FOR ITS PR OGRAMS IN CANCER, CARDIOVASCULAR DISEASE, NEUROSCIENCE, ORTHOPEDICS, SURGERY, TRAUMA, BEHA VIORAL MEDICINE AND WOMEN'S HEALTH QMC OFFERS A COMPREHENSIVE RANGE OF SPECIALTIES, INCLU DING CARDIAC DIAGNOSTICS, GASTROENTEROLOGY, GENETICS, GERIATRICS, GYNECOLOGY, NEONATOLOGY, OBSTETRICS AND PULMONOLOGY QMC SERVES AS THE MAIN TRAUMA CENTER IN THE PACIFIC BASIN, (" TRAUMA" IS DEFINED AS A LIFE-THREATENING INJURY OR SHOCK) AND HAS BEEN VERIFIED AS A LEVEL II TRAUMA CENTER BY THE VERIFICATION REVIEW COMMITTEE (VRC), AN AD HOC COMMITTEE ON TRAUM A (COT) OF THE AMERICAN COLLEGE OF SURGEONS QMC IS HOME TO A NUMBER OF RESIDENCY PROGRAMS OFFERED IN CONJUNCTION WITH THE JOHN A BURNS SCHOOL OF MEDICINE QMC IS ACCREDITED BY THE JOINT COMMISION (TJC) QMC IS ALSO APPROVED TO PARTICIPATE IN RESIDENCY TRAINING BY THE A CCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (QCGME), AND IS A MEMBER OF VHA, A NAT IONAL COOPERATIVE OF OVER 1,400 HOSPITALS QMC SUPPORTS NATIVE HAWAIIAN HEALTH INITIATIVES THROUGH MANY OF ITS PROGRAMS AND SERVICES, PARTICULARLY ITS NATIVE HAWAIIAN HEALTH PROGRA M (NHHP) THE FOCUS AREAS OF NHHP INCLUDE IMPROVEMENTS IN CLINICAL OUTCOMES, HEALTHCARE TR AINING, RESEARCH, AND ACCESS AND OUTREACH NHHP CONDUCTS ONGOING ASSESSMENT AND DEVELOPMEN T OF QMC PROGRAMS AND SERVICES FOCUSED ON NATIVE HAWAIIANS, INCLUDING SPECIFIC CLINICAL PR OGRAMS IN AREAS SUCH AS CARDIOLOGY, ONCOLOGY, COMPREHENSIVE WEIGHT MANAGEMENT, MEDICINE, N EUROSCIENCE, AND DIABETES QMC COLLABORATES AND PARTNERS TO PROVIDE HEALTHCARE TRAINING AN D EDUCATION OPPORTUNITIES TO NATIVE HAWAIIAN STUDENTS AND THOSE COMMITTED TO SERVING NATIV E HAWAIIAN COMMUNITIES FROM ADOLESCENCE TO GRADUATE STUDIES, SUCH AS, THE ULU KUKUI PROJEC T, WHICH IS A PRE-COLLEGE SCIENCE EDUCATION PROGRAM AT STEVENSON MIDDLE SCHOOL TO PROMOTE EXCELLENCE IN SCIENCE EDUCATION AND THE PURSUIT OF BIOMEDICAL CAREERS BY NATIVE HAWAIIANS AND PACIFIC ISLANDERS IN ADDITION, NHHP PROGRAMS FOCUS ON QUALITY IMPROVEMENT AND INCREAS ED ACCESS FOR NATIVE HAWAIIANS TO QMC AND COLLABORATE WITH THE NATIVE HAWAIIAN COMMUNITY I N EDUCATION, RESEARCH, AND COMMUNITY OUTREACH THROUGH EACH OF THESE AREAS OF FOCUS, NHHP WORKS TO PROVIDE A FRAMEWORK FOR THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF CLINIC AL INITIATIVES THAT AIM TO ENHANCE THE OLA PONO (WELL BEING) OF NATIVE HAWAIIANS IN ADDIT ION TO NHHP, MANY OF QMC'S PROGRAM SERVICES DESCRIBED BELOW PROVIDE BENEFITS TO NATIVE HAW AIIANS, INCLUDING COMPONENTS OF CHARITY CARE AND UNCOMPENSATED CARE PROVIDED TO OUR PATIEN TS TO SUPPORT THE QUEEN'S MISSION AND TO FULFILL THE TAX EXEMPT PURPOSE AS A CHARITABLE H OSPITAL, QUEEN'S PROVIDED THE FOLLOWING COMMUNITY BENEFITS, TOTALING APPROXIMATELY $153M O N A SYSTEM-WIDE BASIS, FOR THE YEAR ENDED JUNE 30, 2015 1 UNCOMPENSATED CARE - QMC PROVI DES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (CHARITY CARE) AND PAT IENTS WHO REFUSE TO PAY (BAD DEBTS) FOR THE YEAR ENDED JUNE 30, 2015, THE ESTIMATED COST OF PROVIDING CHARITY CARE AND FOR SERVICES THAT WERE BAD DEBTS WAS $2,395,000 AND $31,717, 000, RESPECTIVELY 2 QUEEN'S TRANSPLANT CENTER - IN JANUARY 2012, QMC OPENED THE ONLY ORG AN TRANSPLANT CENTER IN HAWAII AND THE PACIFIC BASIN THIS NEW CENTER IS HOME TO PHYSICIAN S AND STAFF WITH OVER 20 YEARS OF EXPERIENCE IN TRANSPLANTATION FOR THE YEAR ENDED JUNE 3 0, 2015, THE ESTIMATED COST OF OPERATIONS OF THE QUEEN'S TRANSPLANT CENTER WAS $5,181,000 3 BEHAVIORAL HEALTH - QMC PROVIDES INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES T HAT ARE NECESSARY AND IN CERTAIN INSTANCES, NOT GENERALLY AVAILABLE IN THE STATE OF HAWAII THE ESTIMATED COST OF OPERATIONS RESULTING FROM BEHAVIORAL HEALTH SERVICES WAS $1,256,00 0 FOR THE YEAR ENDED JUNE 30, 2015 4 QUEEN EMMA CLINICS - QMC PROVIDES OUTPATIENT SERVIC ES TO INDIGENT PATIENTS AND OTHERS THROUGH THE QUEEN EMMA CLINICS THE ESTIMATED COST OF O PERATION OF THE QUEEN EMMA CLINICS WAS APPROXIMATELY $5,858,000 FOR THE YEAR ENDED JUNE 30 , 2015 5 ON CALL PHYSICIAN COMPENSATION - QMC MAINTAINS THE ONLY LEVEL II TRAUMA CENTER IN THE STATE OF HAWAII IN ORDER TO PROVIDE LEVEL II TRAUMA COVERAGE, THE MEDICAL CENTER I NCURRED APPROXIMATELY $9,629,000 IN ON CALL PHYSICIAN COVERAGE DURING THE YEAR ENDED JUNE 30, 2015 6 FELLOWSHIP, RESIDENT AND INTERN COSTS - QMC INCURRED COSTS IN EXCESS OF REIMB URSEMENT OF APPROXIMATELY $13,542,000 DURING THE YEAR ENDED JUNE 30, 2015 RELATED TO ITS C ARDIAC FELLOWSHIP, RESIDENT, AND INTERN PROGRAMS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	AS A TEACHING FACILITY, THE MEDICAL CENTER PARTICIPATES IN AND SHARES THE COSTS OF THE HAW AII RESIDENCY PROGRAM 7 HAWAII MEDICAL LIBRARY - QMC MAINTAINS A MEDICAL LIBRARY THAT BE NEFITS HEALTHCARE PROFESSIONALS IN THE STATE OF HAWAII THE ESTIMATED COST OF OPERATING TH E HAWAII MEDICAL LIBRARY FOR THE YEAR ENDED JUNE 30, 2015 WAS $887,000 8 TRANSFER HOTLIN E - QMC MAINTAINS A CARDIAC TRANSFER HOTLINE AND A REFERRAL HOTLINE TO ASSIST PATIENTS AND OTHER HEALTHCARE PROVIDERS WITH THE TRANSFER AND/OR REFERRAL OF PATIENTS TO APPROPRIATE H EALTHCARE SERVICES THE ESTIMATED COST OF PROVIDING THESE SERVICES FOR THE YEAR ENDED JUNE 30, 2015 WAS $1,839,000 9 TRANSPORTATION SERVICES - QMC PROVIDES TRANSPORTATION TO AND FROM THE MEDICAL CENTER TO PATIENTS WHO REQUIRE ASSISTANCE THE COST OF PROVIDING THESE SE RVICES WAS $95,000 FOR THE YEAR ENDED JUNE 30, 2015 10 HEALTH AND WELLNESS EDUCATION - Q MC PROVIDES HEALTH AND WELLNESS EDUCATION TO THE COMMUNITY IN AN EFFORT TO PROMOTE HEALTHY LIFESTYLES FOR THE YEAR ENDED JUNE 30, 2015, THE COST OF PROVIDING HEALTH AND WELLNESS E DUCATION WAS $424,000 11 RESEARCH LOSSES - QMC EMPLOYS STAFF AND INCURS UNFUNDED COSTS F OR MEDICAL RESEARCH FOR THE YEAR ENDED JUNE 30, 2015, RESEARCH COSTS WERE $799,000 12 C HARITABLE CONTRIBUTIONS - QMC MAKES CONTRIBUTIONS TO OUTSIDE CHARITABLE ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2015, CONTRIBUTIONS TO OUTSIDE CHARITABLE ORGANIZATIONS WERE $2,1 98,000 OF THIS AMOUNT, $437,000 WAS FOR FUNDING TO THE DEPARTMENT OF NATIVE HAWAIIAN HEAL TH UNDER THE JOHN A BURNS SCHOOL OF MEDICINE OF THE UNIVERSITY OF HAWAII AND $1,000,000 W AS DONATED TO THE UNIVERSITY OF HAWAII CANCER CONSORTIUM 13 ELECTRICAL GENERATOR PROJECT - IN ORDER TO MAINTAIN NECESSARY LIFE SUPPORT, DIAGNOSTIC AND OPERATING SYSTEMS, IN THE E VENT OF AN EMERGENCY, QMC SIGNIFICANTLY UPGRADED ITS POWER PLANT BY ADDING TWO NEW GENERAT ORS THAT ARE CAPABLE OF PROVIDING ELECTRICAL POWER FOR THE MEDICAL CENTER FOR THE YEAR EN DED JUNE 30, 2015, COSTS INCURRED FOR THE ELECTRICAL GENERATOR PROJECT WERE $43,000 TOTAL PROJECT COSTS INCURRED AS OF JUNE 30, 2015 WERE APPROXIMATELY $34,260,000 14 MEDICAID S HORTFALL IN PAYMENTS - QMC PROVIDES INPATIENT AND OUTPATIENT SERVICES TO MEDICAID PATIENTS IN THE STATE OF HAWAII QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT OF APPROXIMATELY $5 0,147,000 DURING THE YEAR ENDED JUNE 30, 2015 15 MEDICARE SHORTFALL IN PAYMENTS - QMC PR OVIDES INPATIENT AND OUTPATIENT SERVICES TO MEDICARE PATIENTS IN THE STATE OF HAWAII QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT BASED ON MEDICARE COST REPORTS OF APPROXIMATELY $24,669,000 DURING THE YEAR ENDED JUNE 30, 2015 CONSISTENT WITH COST REPORT REQUIREMENTS, THERE ARE AMOUNTS THAT ARE EXCLUDED FROM THE COSTS ABOVE 16 LEASE PRICING BELOW FAIR MA RKET VALUE - QMC EXTENDED LEASE RATES TO THE UNIVERSITY OF HAWAII THAT ARE BELOW FAIR MARK ET VALUE FOR THE YEAR ENDED JUNE 30, 2015, REVENUES FOREGONE FROM LEASE RATES THAT WERE B ELOW FAIR MARKET VALUE WERE $75,000 17 PROGRAMS THAT IMPROVE ACCESS TO HEALTHCARE - QMC IMPROVES THE COMMUNITY'S ACCESS TO HEALTHCARE BY HELPING PATIENTS QUALIFY FOR MEDICAID AND OTHER TYPES OF INSURANCE FOR THE YEAR ENDED JUNE 30, 2015, THESE PROGRAM COSTS TOTALED $ 1,051,000 18 KINAU STREET OFF-RAMP IMPROVEMENT PROJECT - IN ORDER TO IMPROVE ACCESS TO I TS EMERGENCY DEPARTMENT AND HOSPITAL, QMC, IN CONJUNCTION WITH THE STATE DEPARTMENT OF TRA NSPORTATION AND CITY DEPARTMENT OF TRANSPORTATION SERVICES, SUPPORTED CONSTRUCTION OF THE KINAU STREET OFF-RAMP FOR THE YEAR ENDED JUNE 30, 2015, COSTS INCURRED FOR THE IMPROVEMEN T PROJECT WERE $42,000 19 DENTAL CLINIC - QMC PROVIDES DENTAL SERVICES TO INDIGENT PATIE NTS AND OTHERS THROUGH ITS DENTAL CLINIC THE COST OF OPERATIONS FROM THE DENTAL CLINIC WA S APPROXIMATELY $554,000 FOR THE YEAR ENDED JUNE 30, 2015 20 DONATED USE OF CONFERENCE R OOMS - QMC ALLOWS PHYSICIANS AND TEACHERS FROM THE JOHN A BURNS SCHOOL OF MEDICINE OF THE UNIVERSITY OF HAWAII, VARIOUS GOVERNMEN

Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS QMC 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 MEMBERS QHS ELECTS ALL OF THE BOARD MEMBERS OF THE QMC BOARD OF TRUSTEES

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	Description of Classes of Persons, Decisions Requiring Approval & Type of Voting Rights Certain major decisions approved by the QMC 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 $500,000, 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 OF 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 $2,000,000 FOR QMC

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	The Form 990 for the Queen's Health Systems (QHS) and the separate forms for each of the not-for-profit subsidiaries of QHS were reviewed by the governing body prior to the filing of the tax return The QHS Audit 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 Compensation Committee prior to filing the returns Also, a copy of the QMC return was made available to each of the members of the QMC Board of Trustees prior to the returns being filed with the Internal Revenue Service

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

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	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 AND 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 CONTRACTS MANAGEMENT DEPARTMENT AND LEGAL DEPARTMENT HAVE THE CONFLICT SUMMARIES AND CHECK FOR CONFLICTS OF INTEREST AT THE BEGINNING OF THE CONTRACT PROCESS ANY CONFLICT 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

Return Reference	Explanation
FORM 990, PART VI, LINE 15a & 15b	ALTHOUGH NOT COMPENSATED BY THE QUEEN'S MEDICAL CENTER, A RELATED ORGANIZATION, THE QUEEN'S HEALTH SYSTEMS, GOES THROUGH THE FOLLOWING PROCEDURES FOR DETERMINING THE CEO'S COMPENSATION A COMMITTEE OF THE BOARD OF TRUSTEES CALLED THE COMPENSATION COMMITTEE MEETS REGULARLY TO REVIEW COMPENSATION OF ALL EXECUTIVES OF ALL COMPANIES WITHIN QHS QMC'S EXECUTIVE COMPENSATION IS REVIEWED ANNUALLY FOR ITS EXECUTIVE VP/COO, VP MEDICAL AFFAIRS, VP CLINICAL INTEGRATION, VP NURSING AND VP PATIENT CARE 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	QMC'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AND THE AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THIS RETURN, AS REQUIRED QMC 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 SERVICE EXPENSE MANAGEMENT & GENERAL PURCHASED SERVICES $47,581,185 $2,758,864 MEDICAL SERVICES 33,419,428 CIPN PAYMENTS 7,601,711 CONSULTING SERVICES 2,031,912 4,829,779 OTHER SERVICES 2,640,570 TOTAL 93,274,806 7,588,643

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES TO NET ASSETS PENSION FAS 87 ADJUSTMENTS $ (2,120,497) GAIN ON INTEREST RATE SWAP $ (5,046,200) CHANGE IN INTEREST IN SUBSIDIARY $ (912,604) LOSS ON ADVANCED REFUNDING $ (3,708,488) UNREALIZED GAIN ON HEDGING TRANSACTION $ (277,281) SHARED SERVICES TRANSFER FROM AFFILIATE $ 19,795,490 ---------- TOTAL $ 7,730,420

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Queen's Medical Center

Employer identification number
99-0073524

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? 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) QUEEN EMMA LAND COMPANY 1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0183769	SUPPORT SVCS	HI	501(c)(3)	11c	QHS	Yes	
(3) MOLOKAI GENERAL HOSPITAL PO BOX 408 KAUNAKAKAI, HI 96748 99-0251372	HEALTH CARE	HI	501(c)(3)	3	QHS	Yes	
(4) NORTH HAWAII COMMUNITY HOSPITAL 67-1125 MAMALAHOA HIGHWAY KAMUELA, HI 967438496 99-0260423	HEALTH CARE	HI	501(c)(3)	3	QHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HAMAMATSUQUEEN'S PET IMAGING 94-3266916	PET IMAGING	HI	QMC	Related				No			No	70 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) THE QUEEN'S DEVELOPMENT CORPORATION 1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0240109	DEVELOPMENT	HI	QHS	C Corp				Yes	
(2) QUEEN'S INSURANCE EXCHANGE INC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 91-1913839	INSURANCE	HI	QHS	C Corp				Yes	
(3) DIAGNOSTIC LABORATORY SERVICES INC 99-859 IWAIWA STREET AIEA, HI 96701 99-0240499	MEDICAL LAB SVCS	HI	QDC	C Corp				Yes	

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
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

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: The Queen's Medical Center

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
QUEEN EMMA LAND COMPANY	c	32,712,087	FMV
DIAGNOSTIC LABORATORY SERVICES INC	p	19,369,575	FMV
THE QUEEN'S DEVELOPMENT CORPORATION	k	3,630,459	FMV
THE QUEEN'S DEVELOPMENT CORPORATION	q	2,063,050	FMV
THE QUEEN'S DEVELOPMENT CORPORATION	j	2,232,969	FMV
DIAGNOSTIC LABORATORY SERVICES	j	735,575	FMV
QUEEN EMMA LAND COMPANY	k	478,843	FMV
MOLOKAI GENERAL HOSPITAL	l	504,675	FMV