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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)

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Information about Form 990 and its instructions is at [www.irs.gov/form990](http://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>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization WAIANAE DISTR COMPREHENSIVE HEALTH & HOSPITAL BOARD INCORPORATED		<b>D</b> Employer identification number 99-0148164
	Doing business as WAIANAE COAST COMPREHENSIVE HEALTH CENTER		<b>E</b> Telephone number (808) 697-3457
	Number and street (or P O box if mail is not delivered to street address) 86-260 FARRINGTON HIGHWAY	Room/suite	<b>G</b> Gross receipts \$ 54,559,637

<b>F</b> Name and address of principal officer RICHARD P BETTINI 86260 FARRINGTON HWY WAIANAE, HI 96792	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
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**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: WWW WCCHC COM

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1972 **M** State of legal domicile: HI

## Part I Summary

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	722
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	145
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	17,735
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

		Prior Year	Current Year
<b>8</b>	Contributions and grants (Part VIII, line 1h)	6,918,806	7,453,289
<b>9</b>	Program service revenue (Part VIII, line 2g)	45,626,237	45,446,837
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,640	3,842
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,468,227	1,655,669
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,022,910	54,559,637

<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	177,616	216,320
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,804,076	38,512,096
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>99,312</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,551,353	16,741,785
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	54,533,045	55,470,201
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	489,865	-910,564

		Beginning of Current Year	End of Year
<b>20</b>	Total assets (Part X, line 16)	56,200,725	59,488,037
<b>21</b>	Total liabilities (Part X, line 26)	7,249,599	8,212,756
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	48,951,126	51,275,281

## 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

<b>Sign Here</b>	***** Signature of officer	2016-03-10 Date
	JAMES Z CHEN CFO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ACCUITY LLP	Preparer's signature ACCUITY LLP	Date	Check <input type="checkbox"/> if self-employed	PTIN P00037058
	Firm's name <b>ACCUITY LLP</b>	Firm's EIN <b>20-5325889</b>		Phone no (808) 531-3400	
	Firm's address <b>999 BISHOP STREET STE 1900 HONOLULU, HI 96813</b>				

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 20,158,515 including grants of \$ ) (Revenue \$ 30,229,091 )  
 MEDICAL CARE PRIMARY CARE MEDICAL SERVICES (PEDIATRICS, WOMEN'S, ADULT MEDICINE AND INTERNAL MEDICINE) ARE PROVIDED THROUGH A MAIN CLINIC SITE AND FOUR SATELLITE CLINICS SERVING THE LEEWARD AREA ON THE ISLAND OF OAHU FOR ADDITIONAL INFORMATION SEE SCHEDULE O

**4b** (Code ) (Expenses \$ 6,699,180 including grants of \$ ) (Revenue \$ 7,320,950 )  
 EMERGENCY MEDICAL SERVICES TWENTY-FOUR HOUR EMERGENCY MEDICAL SERVICES ARE PROVIDED TO THE COMMUNITY THROUGH THE HEALTH CENTER'S MAIN CLINIC SITE ON THE WAIANAE COAST FOR ADDITIONAL INFORMATION SEE SCHEDULE O

**4c** (Code ) (Expenses \$ 3,088,378 including grants of \$ ) (Revenue \$ 5,683,211 )  
 PHARMACY THE HEALTH CENTER OPERATES TWO 340B PHARMACIES ON SITE WHICH REDUCES THE BARRIERS FOR PATIENTS WITHOUT DRUG COVERAGE BENEFITS OR HAVING TO MAKE AN ADDITIONAL STOP AT AN OFF-SITE PHARMACY TO PICK UP A PRESCRIPTION THE PHARMACIES ARE LOCATED AT THE MAIN HEALTH CENTER IN WAIANAE AND THE KAPOLEI HEALTH CARE CENTER IN KAPOLEI

See Additional Data

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 16,361,996 including grants of \$ 216,320 ) (Revenue \$ 3,855,361 )

**4e Total program service expenses** 46,308,069

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No).


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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed HI
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records DAVID MORIN

**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			

<b>1b</b> Sub-Total			
<b>c</b> Total from continuation sheets to Part VII, Section A			
<b>d</b> Total (add lines 1b and 1c)	1,975,018	0	276,490

**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 **73**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
WEATHERBY MEDICAL STAFFING PO BOX 972633 DALLAS, TX 75397	MEDICAL STAFFING SERVICES	423,316
UNIVERSAL CLEANING SYSTEMS LLC 87-1449 AKOWAI RD WAIANAЕ, HI 96792	JANITORIAL SERVICES	257,104
UCERA PO BOX 31000 HONOLULU, HI 96849	OB/GYN SERVICES	180,072
LEE LAW OFFICE LLLC 1136 UNION MALL ST STE 303 HONOLULU, HI 96813	LEGAL REPRESENTATION	175,117
MARK KA'AHANA'AINA DBA MARK'S SPECIALTIES 85-1192 WAIANAЕ VALLEY RD WAIANAЕ, HI 96792	DINING PAVILION MANAGEMENT	153,988

**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 **7**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>	75,981					
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>	7,227,544					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	149,764					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		7,453,289				
<b>Program Service Revenue</b>			Business Code					
	<b>2a</b>	NET PATIENT SERVICE REVENUE	621400	34,607,906	34,607,906			
	<b>b</b>	SETTLEMENT INCOME	621400	5,996,805	5,996,805			
	<b>c</b>	RISK SHARE EARNINGS	621400	3,142,847	3,142,847			
	<b>d</b>	CAPITATION REVENUE	621400	1,669,320	1,669,320			
	<b>e</b>	MOB-RENTAL MENTAL HEALTH CENTER	621400	29,959	29,959			
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		45,446,837				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,842		3,842		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . .						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses				
			<b>c</b>	Gain or (loss)				
	<b>d</b>	Net gain or (loss) . . . . .						
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
			<b>b</b>	Less direct expenses . . . . . <b>b</b>				
			<b>c</b>	Net income or (loss) from fundraising events . . . . .				
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
			<b>b</b>	Less direct expenses . . . . . <b>b</b>				
<b>c</b>			Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code						
<b>11a</b>	MISC REVENUE NOT INCLUDED ABOVE	621400	527,037	509,302	17,735			
		621400	520,848	520,848				
		621400	480,146	480,146				
			127,638	127,638				
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,655,669					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		54,559,637	47,084,771	17,735	3,842		

**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
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	202,320	202,320		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	14,000	14,000		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,975,018		1,975,018	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	3,200		3,200	
<b>7</b>	Other salaries and wages . . . . .	29,578,339	25,903,407	3,596,290	78,642
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,177,601	1,041,065	132,618	3,918
<b>9</b>	Other employee benefits . . . . .	3,459,421	2,986,658	463,175	9,588
<b>10</b>	Payroll taxes . . . . .	2,318,517	2,051,893	260,983	5,641
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	222,956	27,403	195,553	
<b>c</b>	Accounting . . . . .	120,209		120,209	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,981,035	1,700,830	280,205	
<b>12</b>	Advertising and promotion . . . . .	129,378	5,384	123,994	
<b>13</b>	Office expenses . . . . .	6,137,372	5,737,353	400,019	
<b>14</b>	Information technology . . . . .	941,765	572,108	369,657	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	3,804,891	3,260,922	543,969	
<b>17</b>	Travel . . . . .	184,138	137,809	46,329	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	117,131	58,900	58,231	
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2,335,929	2,022,263	312,378	1,288
<b>23</b>	Insurance . . . . .	367,479	275,902	91,529	48
<b>24</b>	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) . . . . .				
<b>a</b>	EMPLOYEE INCENTIVES	183,760	125,767	57,993	
<b>b</b>	EMPLOYEE RECRUITMENT	63,289	50,439	12,850	
<b>c</b>	DUES AND LICENSES	57,716	55,265	2,451	
<b>d</b>	GENERAL EXCISE TAXES	7,043	9,354	-2,498	187
<b>e</b>	All other expenses	87,694	69,027	18,667	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	55,470,201	46,308,069	9,062,820	99,312
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	6,644	<b>1</b>	9,173
	<b>2</b> Savings and temporary cash investments . . . . .	5,953,211	<b>2</b>	10,071,738
	<b>3</b> Pledges and grants receivable, net . . . . .	1,577,289	<b>3</b>	5,528,601
	<b>4</b> Accounts receivable, net . . . . .	7,851,443	<b>4</b>	5,045,595
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	259,398	<b>8</b>	209,496
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,036,644	<b>9</b>	925,239
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 58,854,235		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 21,903,625	38,773,511	<b>10c</b> 36,950,610
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	742,585	<b>15</b>	747,585
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	56,200,725	<b>16</b>	59,488,037	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,073,202	<b>17</b>	6,800,719
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	954,030	<b>19</b>	1,189,670
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	222,367	<b>25</b>	222,367
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	7,249,599	<b>26</b>	8,212,756
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	48,019,576	<b>27</b>	47,070,819
	<b>28</b> Temporarily restricted net assets . . . . .	531,550	<b>28</b>	3,804,462
	<b>29</b> Permanently restricted net assets . . . . .	400,000	<b>29</b>	400,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	48,951,126	<b>33</b>	51,275,281	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	56,200,725	<b>34</b>	59,488,037	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	54,559,637
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	55,470,201
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-910,564
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	48,951,126
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	38,137
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,196,582
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	51,275,281

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>3b</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	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 99-0148164

**Name:** WAIANAE DISTR COMPREHENSIVE HEALTH & HOSPITAL BOARD INCORPORATED

## Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 16,361,996 including grants of \$ 216,320 ) (Revenue \$ 3,855,361 )

THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER SERVES THE MEDICALLY UNDERSERVED AND ECONOMICALLY DISADVANTAGED COMMUNITY OF WAIANAE AND SURROUNDING COMMUNITIES IN THE LEEWARD AREA ON THE ISLAND OF OAHU IN THE STATE OF HAWAII SERVING THE COMMUNITY SINCE 1972, THE HEALTH CENTER CELEBRATED ITS 40TH ANNIVERSARY IN 2012 FROM ITS START AS A ONE DOCTOR OFFICE, THE HEALTH CENTER IS THE LARGEST, AND OLDEST, OF THE FOURTEEN COMMUNITY HEALTH CENTERS IN THE STATE OF HAWAII THE STRENGTH OF THE HEALTH CENTER LIES IN THE STRONG FOUNDATION SET BY ITS FOUNDERS, THE VISION AND EXPERTISE OF ITS BOARD OF DIRECTORS, THE SENSE OF OWNERSHIP BY ITS STAFF, PATIENTS AND COMMUNITY, THE YEARS OF SERVICE AND COMMITMENT OF ITS MANAGEMENT TEAM, AND THE RELATIONSHIPS FORGED AT THE COMMUNITY, STATE AND NATIONAL LEVEL IN 2014, THE HEALTH CENTER SERVED 34,781 PATIENTS, THE MAJORITY BEING NATIVE HAWAIIAN (49%), FOLLOWED BY ASIAN & OTHER PACIFIC ISLANDERS (27%), AND CAUCASIANS (17%) DATA SHOWS 70% OF PATIENTS ARE AT 100% OF THE FEDERAL POVERTY LEVEL OR BELOW, 11% ARE UNINSURED, AND 58% ARE RECEIVING COVERAGE UNDER QUEST, THE STATE OF HAWAII'S MEDICAID PROGRAM THE WAIANAE COAST IS AN ECONOMICALLY DISTRESSED COMMUNITY WITH A POPULATION OF 48,519 ALMOST 19% OF THE POPULATION HAS ANNUAL INCOME LESS THAN 100% OF THE FEDERAL POVERTY LEVEL, WHICH IS THE HIGHEST LEVEL IN THE CITY AND COUNTY OF HONOLULU AND THE THIRD HIGHEST IN THE STATE OF HAWAII TWENTY-NINE PERCENT OF WAIANAE COAST HOUSEHOLDS ARE RECEIVING SNAP/CASH OR OTHER FORMS OF PUBLIC ASSISTANCE THIS IS THE HIGHEST RATE IN THE CITY AND COUNTY OF HONOLULU AND THE STATE OF HAWAII THE AVERAGE PER CAPITA INCOME IS \$17,300 MAKING IT THE LOWEST IN THE CITY AND COUNTY OF HONOLULU AND THE STATE OF HAWAII ALMOST 9% OF THE POPULATION IS UNEMPLOYED, THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND THIRD HIGHEST IN THE STATE THE HEALTH STATISTICS OF THE WAIANAE COAST PARALLEL THE ECONOMIC SITUATION IN THE COMMUNITY THE INFANT MORTALITY RATE IN WAIANAE IS THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND SECOND HIGHEST IN THE STATE TEEN BIRTHS ARE ALSO THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND THIRD HIGHEST IN THE STATE MORBIDITY AND MORTALITY INDICATORS SHOW THAT THE WAIANAE COAST RANKS HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND IN THE STATE FOR OBESITY (43.5%), ADULTS WHO SMOKE (26%), ADULTS WITH DIABETES (13.7%), DISEASES OF THE HEART (260.4 DEATHS PER 100,000), AND CANCER (197 PER 100,000) THE HEALTH CENTER ACHIEVES ITS MISSION BY NOT ONLY SERVING PATIENTS WHO SEEK SERVICES, BUT ALSO BY INCORPORATING THE GOAL OF IMPROVING THE OVERALL HEALTH STATUS OF THE COMMUNITY IT SERVES THE VISION OF THE FOUNDERS TO OFFER COMPREHENSIVE HEALTH SERVICES HAS GUIDED THE DEVELOPMENT OF SERVICES AND ACTIVITIES OF OUR PATIENT CENTERED HEALTH CARE HOME, WHICH INCLUDES - ADULT DAY CARE - BEHAVIORAL HEALTH- CASE MANAGEMENT- CHRONIC DISEASE MANAGEMENT (DIABETES EDUCATION, ASTHMA EDUCATION, SMOKING CESSATION, ETC )- COMMUNITY WELLNESS- DENTAL - EMERGENCY ROOM SERVICES (24 HOURS, 365 DAYS/YEAR)- EXERCISE CLASSES, FITNESS TRAINING & WALKING TRAILS- FAMILY PLANNING- HEALTH EDUCATION- HEALTH EMERGENCY LIAISON PROGRAM- HOMELESS OUTREACH- INSTITUTIONAL REVIEW BOARD FOR RESEARCH- LABORATORY- NATIVE HAWAIIAN HEALING (LOMILOMI, HO'OPONOPONO, LA'AU LAPA'AU, PALE KEIKI, HA HA)- NUTRITION COUNSELING- PATIENT ELIGIBILITY SERVICES- PHARMACY - PRIMARY CARE CLINICS (ADULT MEDICINE, PEDIATRICS, WOMEN'S HEALTH) - RADIOLOGY/MAMMOGRAPHY/BONE DENSITY SCREENING- RESTAURANT- SPECIALISTS (GENERAL SURGERY, OPTOMETRY, OBSTETRICS/GYNECOLOGY, ORTHOPEDICS, PODIATRY, PSYCHIATRY, PSYCHOLOGY, DERMATOLOGY, AND CHRONIC PAIN MANAGEMENT)- SUBSTANCE ABUSE TREATMENT- TRANSPORTATION- HEALTH CAREER TRAINING/HEALTH CARE PROFESSIONAL TRAINING- WOMEN, INFANT, CHILDREN PROGRAM (WIC) THE HEALTH CENTER IS A MAJOR ECONOMIC PROVIDER IN THE COMMUNITY, EMPLOYING 600 INDIVIDUALS, THE MAJORITY OF WHOM RESIDE ON THE WAIANAE COAST THE HEALTH CENTER IS GOVERNED AND GUIDED BY A BOARD OF DIRECTORS THAT INCLUDES 10 MEMBERS ELECTED FROM THE WAIANAE COMMUNITY, AND 10 MEMBERS APPOINTED FOR EXPERTISE IN BUSINESS, MEDICINE, LAW, OR COMMUNITY AFFAIRS, WITH TWO REPRESENTING THE SERVICE AREAS OF WAIPAHU AND KAPOLEI THE HEALTH CENTER HAS MAINTAINED A POSITIVE FINANCIAL POSITION BY CONTINUOUSLY INCREASING PRODUCTIVITY, DEVELOPING REVENUE GENERATING SERVICES, INITIATING TECHNOLOGICAL INNOVATIONS AND PROMOTING COMMUNITY INVOLVEMENT THE HEALTH CENTER'S FULL ARRAY OF PRIMARY HEALTH CARE SERVICES IS DESIGNED TO MEET THE NEEDS OF THE TARGET POPULATION MUCH ATTENTION HAS BEEN PAID INTO PLACING CLINICS THAT ARE STRATEGICALLY LOCATED ALONG BUS ROUTES THAT ARE VISIBLE TO THE COMMUNITY THE HOURS OF OPERATION AT ALL SITES REPRESENT A COMMITMENT TO MEET THE NEEDS OF PATIENTS AND THEIR PERSONAL SITUATIONS CLINICS ARE OPEN WEEKDAYS AS EARLY AS 7 00 AM AND STAY OPEN, AT THE LATEST, TILL 8 00 PM CLINICS ARE ALSO OPEN ON SATURDAYS AND A WALK-IN CLINIC IS AVAILABLE AT ONE OF THE SATELLITE CLINICS FOR URGENT CARE THE HEALTH CENTER'S EMERGENCY ROOM IS AVAILABLE 24 HOURS, 365 DAYS A YEAR PRIMARY, PREVENTIVE, AND ENABLING SERVICES ARE AVAILABLE AND ACCESSIBLE TO ALL LIFE CYCLES REGARDLESS OF ABILITY TO PAY FOR SERVICES SPECIFIC PREVENTIVE (CHRONIC DISEASE MANAGEMENT, HEALTH EDUCATION - DIABETES, ASTHMA, NUTRITION, EXERCISE/FITNESS, AND SMOKING CESSATION) AND ENABLING SERVICES (CASE MANAGEMENT, ELIGIBILITY ASSISTANCE) ARE INTEGRATED WITH PRIMARY CARE THE HEALTH CENTER HAS STARTED CONSTRUCTION OF A NEW 2-STORY EMERGENCY MEDICAL SERVICES BUILDING IT WILL BE COMPLETED IN NOVEMBER 2016 A KEY INITIATIVE FOR THE HEALTH CENTER CONTINUES TO BE DEVELOPING A "PRIMARY CARE HEALTH CARE HOME" THAT FITS THE MODEL OF CARE THAT MEETS THE BROAD HEALTH CARE NEEDS OF OUR PATIENTS THE HEALTH CENTER CONTINUES TO GROW ITS PARTNERSHIP THROUGH AHARO (ACCOUNTABLE HEALTHCARE ALLIANCE OF RURAL OAHU) WHICH INCLUDES HEALTH CENTERS ON OAHU AND THE BIG ISLAND WHOSE MISSION IS "PROMOTING ACCESS, QUALITY, AND COST EFFECTIVENESS IN HEALTHCARE BY EMPOWERING CONSUMERS TO EVALUATE THE PERFORMANCE OF HEALTHCARE AGENCIES THAT SERVE THEM "

**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) ANTHONY R GUERRERO ..... BOARD CHAIR, BOARD 1ST VICE CHAIR	1 00 .....	X		X				0	0	0
(1) DANE KEOLA LLOYD ..... BOARD 1ST VICE CHAIR, BOARD CHAIR	1 00 .....	X		X				0	0	0
(2) MELVIN KAUILA CLARK ..... BOARD 2ND VICE CHAIR	1 00 .....	X		X				0	0	0
(3) WILLIAM WILSON ..... BOARD 3RD VICE CHAIR	1 00 .....	X		X				0	0	0
(4) BILLIE HAUGE ..... BOARD SECRETARY	1 00 .....	X		X				0	0	0
(5) WAYNE SUEHIRO ..... BOARD TREASURER	1 00 .....	X		X				0	0	0
(6) MERRIE AIPOALANI ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(7) JEANNE DELACRUZ ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(8) VIRGINIA FUATA ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(9) CEDRIC GATES ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(10) DANIEL GOMES ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(11) CHARLES HEW-LEN ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(12) CLIFFORD ISARA ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(13) JERALD KIMO ALAMA KEULANA ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(14) DENICE KELIIKOA ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(15) BARBARA KEOLA ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(16) FLORINE PELL ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(17) RENEE REGO ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(18) LA JUAINÉ SUIISO ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(19) CHARLES WHEATLEY ..... BOARD DIRECTOR	1 00 .....	X						0	0	0
(20) RICHARD P BETTINI ..... CHIEF EXECUTIVE OFFICER	40 00 .....			X				311,917	0	25,687
(21) JAMES Z CHEN ..... CHIEF FINANCIAL OFFICER	40 00 .....			X				172,957	0	31,992
(22) STEPHEN P BRADLEY ..... MEDICAL DIRECTOR	40 00 .....				X			228,884	0	40,070
(23) JOHN MYHRE ..... DIRECTOR-BEH HLTH, CHIEF PSYCHOLOGIST	40 00 .....				X			221,101	0	24,150
(24) ROBERT YOUNG ..... CHIEF-BEH HLTH SCIENCES, PSYCHIATRIST	45 00 .....				X			216,287	0	41,963

**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) ROBERT THOMAS BONHAM ..... ASS'T DIRECTOR - EMERGENCY SVCS	40 00 .....				X			215,149	0	30,971
(1) VIJA M SEHGAL ..... CHIEF QUALITY OFFICER	40 00 .....				X			212,710	0	32,142
(2) SCOTT PADAVAN ..... DIRECTOR-EMERGENT CARE, PH	40 00 .....				X			204,630	0	38,675
(3) JOYCE O'BRIEN ..... EXECUTIVE VICE PRESIDENT	40 00 .....				X			191,383	0	10,840



**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**  
99-0148164

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11 Total support</b> Add lines 7 through 10						

<b>12</b> Gross receipts from related activities, etc (see instructions)	<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .	<input type="checkbox"/>	

**Section C. Computation of Public Support Percentage**

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

- 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> ▶						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

- 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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.		
<b>b</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.		
<b>c</b> 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.		
<b>5a</b> 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).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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.		
<b>b</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).		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 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.*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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?
- 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).*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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)

**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.*
- 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.*

**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.*
- 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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

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

<b>Facts And Circumstances Test</b>

Return Reference	Explanation



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

Employer identification number

99-0148164

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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)
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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 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?
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)?
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
1b 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
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

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	400,000	400,000	200,000	200,000	200,000
<b>b</b> Contributions . . . . .			200,000		
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	400,000	400,000	400,000	200,000	200,000

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

- a** Board designated or quasi-endowment
- b** Permanent endowment  100.000 %
- c** Temporarily restricted endowment   
The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	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
<b>1a</b> Land . . . . .		466,267		466,267
<b>b</b> Buildings . . . . .		43,988,673	12,329,285	31,659,388
<b>c</b> Leasehold improvements . . . . .		1,692,060	1,689,364	2,696
<b>d</b> Equipment . . . . .		12,707,235	7,884,976	4,822,259
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				36,950,610



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

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

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

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

**Part XIII Supplemental Information**

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

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



**Schedule I  
(Form 990)**

OMB No 1545-0047

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

**2014**

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

▶ Attach to Form 990.

Open to Public  
Inspection

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

99-0148164

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to 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
(1) BUILDING INDUSTRY ASSOCIATION OF HI 94-487 AKOKI ST WAIPAHU, HI 96797	99-0085483	501(C)(6)	38,900				TRAINING SERVICES
(2) UNIVERSITY OF HAWAII OFFICE OF RESEARCH SVC 2530 DOLE ST SAK D200 HONOLULU, HI 96822	99-9000354	GOVT	78,508				VOCATIONAL AND CAREER CLASSES
(3) WAIMANALO HEALTH CENTER 41-1347 KALANIANAOLE HWY WAIMANALO, HI 96795	99-0273205	501(C)(3)	75,912				PROJECT PLANNING AND IMPLEMENTATION SERVICES

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

**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
(1) EVALUATION RESEARCH SERVICES	1	9,000			

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

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

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

99-0148164

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>		No
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		



**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				
1 RICHARD P BETTINI, CHIEF EXECUTIVE OFFICER	(i)	258,816	51,710	1,391	13,000	12,687	337,604	0
	(ii)	0	0	0	0	0	0	0
2 JAMES Z CHEN, CHIEF FINANCIAL OFFICER	(i)	156,908	15,651	398	9,099	22,893	204,949	0
	(ii)	0	0	0	0	0	0	0
3 STEPHEN P BRADLEY, MEDICAL DIRECTOR	(i)	203,173	25,000	711	12,023	28,047	268,954	0
	(ii)	0	0	0	0	0	0	0
4 JOHN MYHRE, DIRECTOR-BEH HLTH, CHIEF PSYCHOLOGIS	(i)	220,233	600	268	11,210	12,940	245,251	0
	(ii)	0	0	0	0	0	0	0
5 ROBERT YOUNG, CHIEF-BEH HLTH SCIENCES, PSYCHIATRIS	(i)	215,419	600	268	11,545	30,418	258,250	0
	(ii)	0	0	0	0	0	0	0
6 ROBERT THOMAS BONHAM, ASS'T DIRECTOR - EMERGENCY SVCS	(i)	212,813	1,425	911	11,085	19,886	246,120	0
	(ii)	0	0	0	0	0	0	0
7 VIJA M SEHGAL, CHIEF QUALITY OFFICER	(i)	186,392	26,050	268	11,003	21,139	244,852	0
	(ii)	0	0	0	0	0	0	0
8 SCOTT PADAVAN, DIRECTOR-EMERGENT CARE, PH	(i)	200,980	3,650	0	10,834	27,841	243,305	0
	(ii)	0	0	0	0	0	0	0
9 JOYCE O'BRIEN, EXECUTIVE VICE PRESIDENT	(i)	189,368	1,300	715	9,895	945	202,223	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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

Also complete this part for any additional information

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 99-0148164  
**Name:** WAIANAE DISTR COMPREHENSIVE HEALTH &  
 HOSPITAL BOARD INCORPORATED

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

(A) Name 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				
RICHARD P BETTINI, CHIEF EXECUTIVE OFFICER	(i) 258,816 (ii) 0	51,710 0	1,391 0	13,000 0	12,687 0	337,604 0	0 0
JAMES Z CHEN, CHIEF FINANCIAL OFFICER	(i) 156,908 (ii) 0	15,651 0	398 0	9,099 0	22,893 0	204,949 0	0 0
STEPHEN P BRADLEY, MEDICAL DIRECTOR	(i) 203,173 (ii) 0	25,000 0	711 0	12,023 0	28,047 0	268,954 0	0 0
JOHN MYHRE, DIRECTOR- BEH HLTH, CHIEF PSYCHOLOGIS	(i) 220,233 (ii) 0	600 0	268 0	11,210 0	12,940 0	245,251 0	0 0
ROBERT YOUNG, CHIEF- BEH HLTH SCIENCES, PSYCHIATRIS	(i) 215,419 (ii) 0	600 0	268 0	11,545 0	30,418 0	258,250 0	0 0
ROBERT THOMAS BONHAM, ASS'T DIRECTOR - EMERGENCY SVCS	(i) 212,813 (ii) 0	1,425 0	911 0	11,085 0	19,886 0	246,120 0	0 0
VJIA M SEHGAL, CHIEF QUALITY OFFICER	(i) 186,392 (ii) 0	26,050 0	268 0	11,003 0	21,139 0	244,852 0	0 0
SCOTT PADAVAN, DIRECTOR-EMERGENT CARE, PH	(i) 200,980 (ii) 0	3,650 0	0 0	10,834 0	27,841 0	243,305 0	0 0
JOYCE O'BRIEN, EXECUTIVE VICE PRESIDENT	(i) 189,368 (ii) 0	1,300 0	715 0	9,895 0	945 0	202,223 0	0 0

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

**2014**

**Open to Public Inspection**

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

**Employer identification number**

99-0148164

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

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

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

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

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



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

Return Reference	Explanation	
	FORM 990, PART III, LINE 4D, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER SERVES THE MEDICALLY UNDERSERVED AND ECONOMICALLY DISADVANTAGED COMMUNITY OF WAIANAE AND SURROUNDING COMMUNITIES IN THE LEEWARD AREA ON THE ISLAND OF OAHU IN THE STATE OF HAWAII. SERVING THE COMMUNITY SINCE 1972, THE HEALTH CENTER CELEBRATED ITS 40TH ANNIVERSARY IN 2012. FROM ITS START AS A ONE DOCTOR OFFICE, THE HEALTH CENTER IS THE LARGEST, AND OLDEST, OF THE FOURTEEN COMMUNITY HEALTH CENTERS IN THE STATE OF HAWAII. THE STRENGTH OF THE HEALTH CENTER LIES IN THE STRONG FOUNDATION SET BY ITS FOUNDERS, THE VISION AND EXPERTISE OF ITS BOARD OF DIRECTORS, THE SENSE OF OWNERSHIP BY ITS STAFF, PATIENTS AND COMMUNITY, THE YEARS OF SERVICE AND COMMITMENT OF ITS MANAGEMENT TEAM, AND THE RELATIONSHIPS FORGED AT THE COMMUNITY, STATE AND NATIONAL LEVEL. IN 2014, THE HEALTH CENTER SERVED 34,781 PATIENTS, THE MAJORITY BEING NATIVE HAWAIIAN (49%), FOLLOWED BY ASIAN &amp; OTHER PACIFIC ISLANDERS (27%), AND CAUCASIANS (17%). DATA SHOWS 70% OF PATIENTS ARE AT 100% OF THE FEDERAL POVERTY LEVEL OR BELOW, 11% ARE UNINSURED, AND 58% ARE RECEIVING COVERAGE UNDER QUEST, THE STATE OF HAWAII'S MEDICAID PROGRAM. THE WAIANAE COAST IS AN ECONOMICALLY DISTRESSED COMMUNITY WITH A POPULATION OF 48,519. ALMOST 19% OF THE POPULATION HAS ANNUAL INCOME LESS THAN 100% OF THE FEDERAL POVERTY LEVEL WHICH IS THE HIGHEST LEVEL IN THE CITY AND COUNTY OF HONOLULU AND THE THIRD HIGHEST IN THE STATE OF HAWAII. TWENTY-NINE PERCENT OF WAIANAE COAST HOUSEHOLDS ARE RECEIVING SNAP/CASH OR OTHER FORMS OF PUBLIC ASSISTANCE. THIS IS THE HIGHEST RATE IN THE CITY AND COUNTY OF HONOLULU AND THE STATE OF HAWAII. THE AVERAGE PER CAPITA INCOME IS \$17,300 MAKING IT THE LOWEST IN THE CITY AND COUNTY OF HONOLULU AND THE STATE OF HAWAII. ALMOST 9% OF THE POPULATION IS UNEMPLOYED, THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND THIRD HIGHEST IN THE STATE. THE HEALTH STATISTICS OF THE WAIANAE COAST PARALLEL THE ECONOMIC SITUATION IN THE COMMUNITY. THE INFANT MORTALITY RATE IN WAIANAE IS THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND SECOND HIGHEST IN THE STATE. TEEN BIRTHS ARE ALSO THE HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND THIRD HIGHEST IN THE STATE. MORBIDITY AND MORTALITY INDICATORS SHOW THAT THE WAIANAE COAST RANKS HIGHEST IN THE CITY AND COUNTY OF HONOLULU AND IN THE STATE FOR OBESITY (43.5%), ADULTS WHO SMOKE (26%), ADULTS WITH DIABETES (13.7%), DISEASES OF THE HEART (260.4 DEATHS PER 100,000), AND CANCER (197 PER 100,000). THE HEALTH CENTER'S MISSION JUST BEGINS TO TELL OUR STORY. "THE WAIANAE COAST COMPREHENSIVE HEALTH CENTER IS A HEALING CENTER THAT PROVIDES ACCESSIBLE AND AFFORDABLE MEDICAL AND TRADITIONAL HEALING SERVICES WITH ALOHA. THE HEALTH CENTER IS A LEARNING CENTER THAT OFFERS HEALTH CAREER TRAINING TO ENSURE A BETTER FUTURE FOR OUR COMMUNITY. THE HEALTH CENTER IS ALSO AN INNOVATOR, USING LEADING EDGE TECHNOLOGY TO DELIVER THE HIGHEST QUALITY OF HEALTH CARE SERVICES." THE HEALTH CENTER ACHIEVES ITS MISSION BY NOT ONLY SERVING PATIENTS WHO SEEK SERVICES, BUT ALSO BY INCORPORATING THE GOAL OF IMPROVING THE OVERALL HEALTH STATUS OF THE COMMUNITY IT SERVES. THE VISION OF THE FOUNDERS OF THE HEALTH CENTER, TO OFFER COMPREHENSIVE HEALTH SERVICES, HAS GUIDED THE DEVELOPMENT OF THE SERVICES AND ACTIVITIES OF A PATIENT CENTERED HEALTH CARE HOME, WHICH INCLUDES - ADULT DAY CARE IN NANAKULI, PEARL CITY, MILILANI AND WAHIAWA - BEHAVIORAL HEALTH IN WAIANAE, KAPOLEI AND WAIPAHU - CASE MANAGEMENT - CHRONIC DISEASE MANAGEMENT (DIABETES SELF MANAGEMENT EDUCATION, ASTHMA EDUCATION, ETC) - COMMUNITY WELLNESS - DENTAL IN WAIANAE AND KAPOLEI - EMERGENCY ROOM SERVICES (24 HOURS, 365 DAYS/YEAR) - EXERCISE/FITNESS TRAINING &amp; WALKING TRAILS - FAMILY PLANNING - HEALTH EDUCATION - HEALTH EMERGENCY LIAISON PROGRAM - HOMELESS OUTREACH - INSTITUTIONAL REVIEW BOARD OF RESEARCH - INTEGRATED HEALING (WEIGHT MANAGEMENT, PAIN MANAGEMENT AND MORE) - LABORATORY - NATIVE HAWAIIAN HEALING (LOMILOMI, HO'OPONOPONO, LA'AU LAPA'AU, PALE KEIKI, HA HA) - NUTRITION COUNSELING - PATIENT SERVICES - PHARMACY IN WAIANAE AND KAPOLEI INCLUDING HOME DELIVERIES - PRIMARY CARE CLINICS (FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS, WOMEN'S HEALTH) WAIANAE, NANAKULI, KAPOLEI AND WAIPAHU - RADIOLOGY/MAMMOGRAPHY/BONE DENSITY SCREENING - RESTAURANT - SPECIALISTS (GENERAL SURGERY, OPHTHALMOLOGY, OBSTETRICS/GYNECOLOGY, ORTHOPEDICS, PERINATOLOGY, PODIATRY, PSYCHIATRY, PSYCHOLOGY, DERMATOLOGY, AND CHRONIC PAIN MANAGEMENT) - SUBSTANCE ABUSE TREATMENT - TRANSPORTATION - HEALTH CAREER TRAINING/HEALTH CARE PROFESSIONAL TRAINING - WOMEN, INFANT, CHILDREN PROGRAM (WIC) IN WAIANAE AND EWA. THE HEALTH CENTER IS A MAJOR ECONOMIC PROVIDER IN THE COMMUNITY, EMPLOYING 600 INDIVIDUALS, THE MAJORITY OF WHOM RESIDE ON THE WAIANAE COAST. GOVERNED AND GUIDED BY A BOARD OF DIRECTORS THAT INCLUDES 10 MEMBERS ELECTED FROM THE WAIANAE COMMUNITY, AND 10 MEMBERS APPOINTED FOR EXPERTISE IN BUSINESS, MEDICINE, LAW, OR COMMUNITY AFFAIRS, WITH TWO REPRESENTING THE SERVICE AREAS OF WA.</p>

Return Reference	Explanation	
	<p>FORM 990, PART III, LINE 4D, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>IPAHU AND KAPOLEI, THE HEALTH CENTER HAS MAINTAINED A POSITIVE FINANCIAL POSITION FOR MANY YEARS BY CONTINUOUSLY INCREASING PRODUCTIVITY, DEVELOPING REVENUE GENERATING SERVICES, INITIATING TECHNOLOGICAL INNOVATIONS AND PROMOTING COMMUNITY INVOLVEMENT THE HEALTH CENTER'S FULL ARRAY OF PRIMARY HEALTH CARE SERVICES IS DESIGNED TO MEET THE NEEDS OF THE TARGET POPULATION MUCH ATTENTION HAS BEEN PAID INTO PLACING CLINICS THAT ARE STRATEGICALLY LOCATED ALONG BUS ROUTES THAT ARE VISIBLE TO THE COMMUNITY THE HOURS OF OPERATION AT ALL SITES REPRESENT A COMMITMENT TO MEET THE NEEDS OF PATIENTS AND THEIR PERSONAL SITUATIONS CLINICS ARE OPEN WEEKDAYS AS EARLY AS 7 00 AM AND STAY OPEN, AT THE LATEST, TILL 8 00 PM CLINICS ARE ALSO OPEN ON SATURDAYS AND A WALK-IN CLINIC IS AVAILABLE AT ONE OF THE SATELLITE CLINICS FOR URGENT CARE THE HEALTH CENTER'S EMERGENCY ROOM IS AVAILABLE 24 HOURS, 365 DAYS A YEAR PRIMARY, PREVENTIVE, AND ENABLING SERVICES ARE AVAILABLE AND ACCESSIBLE TO ALL LIFE CYCLES REGARDLESS OF ABILITY TO PAY FOR SERVICES SPECIFIC PREVENTIVE (CHRONIC DISEASE MANAGEMENT, HEALTH EDUCATION - DIABETES, ASTHMA, NUTRITION, EXERCISE/FITNESS, AND SMOKING CESSATION) AND ENABLING SERVICES (CASE MANAGEMENT, ELIGIBILITY ASSISTANCE) ARE INTEGRATED WITH PRIMARY CARE THE HEALTH CENTER HAS STARTED CONSTRUCTION OF A NEW 2-STORY EMERGENCY MEDICAL SERVICES BUILDING IT WILL BE COMPLETED IN 2016 A KEY INITIATIVE FOR THE HEALTH CENTER CONTINUES TO BE DEVELOPING A "PRIMARY CARE HEALTH CARE HOME" THAT FITS THE MODEL OF CARE THAT MEETS THE BROAD HEALTH CARE NEEDS OF OUR PATIENTS THE HEALTH CENTER CONTINUES TO GROW ITS PARTNERSHIP THROUGH AHARO (ACCOUNTABLE HEALTHCARE ALLIANCE OF RURAL OAHU) WHICH INCLUDES KO'OLAULOA HEALTH AND WELLNESS CENTER, BAY CLINIC AND WAIMANALO HEALTH CENTER WHOSE MISSION IS "PROMOTING ACCESS, QUALITY, AND COST EFFECTIVENESS IN HEALTHCARE BY EMPOWERING CONSUMERS TO EVALUATE THE PERFORMANCE OF HEALTHCARE AGENCIES THAT SERVE THEM"</p>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WAJANA E DISTR COMPREHENSIVE HEALTH &  
HOSPITAL BOARD INCORPORATED

**Employer identification number**

99-0148164

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> HAWAII PATIENT ACCTG SVCS CORP  86-260 FARRINGTON WAIANAE, HI 967923199 98-0280109	ACCOUNTING SVC	HI	WDCHHB	C		222,367	100.000 %	Yes	

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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**