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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

C Name of organization
THE QUEEN'S MEDICAL CENTER
% CLINTON YEE
Doing business as

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

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

D Employer identification number
99-0073524

E Telephone number
(808) 538-9011

G Gross receipts $ 1,624,309,017

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW QUEENSMEDICALCENTER NET

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

L Year of formation 1859

M State of legal domicile HI

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	6,262
6	Total number of volunteers (estimate if necessary)	**6**	309
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	13,705,480
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-173,541

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	38,401,500	41,416,763
9	Program service revenue (Part VIII, line 2g)	982,934,948	1,009,960,529
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,714,144	47,923,390
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,462,657	27,326,469
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,077,513,249	1,126,627,151
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,334,706	2,629,413
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	516,400,398	533,398,090
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶186,575		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	522,427,644	554,625,841
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,041,162,748	1,090,653,344
19	Revenue less expenses Subtract line 18 from line 12	36,350,501	35,973,807

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,559,687,478	1,421,100,514
21	Total liabilities (Part X, line 26)	964,879,840	704,496,322
22	Net assets or fund balances Subtract line 21 from line 20	594,807,638	716,604,192

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2018-05-02

MICHEL RICCIONI TREASURER
Type or print name and title

Paid Preparer Use Only

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,045,805,526 including grants of $ 2,629,413) (Revenue $ 1,027,111,433)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 1,045,805,526

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,076		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	6,262		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶CLINTON YEE 1301 PUNCHBOWL STREET HONOLULU, HI 96813 (808) 538-9011

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

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

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

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

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

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

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

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

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,291,996	5,394,221	1,232,336

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,549

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATOS IT OUTSOURCING SERVICES, 1132 BISHOP STREET HONOLULU, HI 96813	IT SERVICES	7,837,692
PRICEWATERHOUSE COOPERS, PO BOX 514038 LOS ANGELES, CA 90051	CONSULTING SERVICES	6,102,853
UNIV HEALTH PARTNERS HAWAII FKA U, 677 ALA MOANA BLVD 1001 HONOLULU, HI 96813	MEDICAL SERVICES	3,446,153
PACIFIC ANESTHESIA INC, 321 N KUKUI STREET STE 306 HONOLULU, HI 96817	MEDICAL SERVICES	2,707,727
EPIC SYSTEMS CORPORATION, 1979 MILKY WAY VERONA, WI 53593	IT SERVICES	2,131,092

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 ▶ 144

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	602,156			
	d Related organizations	1d	37,912,637			
	e Government grants (contributions)	1e	1,507,652			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,394,318			
	g Noncash contributions included in lines 1a-1f $ 5,622					
	h Total. Add lines 1a-1f		41,416,763			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	622110	991,546,243	991,546,243	0	0
	b INTERCO PURCHASED	561000	13,699,586	12,555,588	1,143,998	0
	c PATHOLOGY LABS	621500	3,902,658	0	3,902,658	0
	d MOLECULAR DIAGNOSTIC BIOREPOSITORY	621500	812,042	0	812,042	0
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f		1,009,960,529			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,757,610		63,932	4,693,678
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	2,434,702				
	b Less rental expenses					
	c Rental income or (loss)	2,434,702	0			
	d Net rental income or (loss)		2,434,702			2,434,702
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	540,694,565				
	b Less cost or other basis and sales expenses	497,525,132	3,653			
	c Gain or (loss)	43,169,433	-3,653			
	d Net gain or (loss)		43,165,780			43,165,780
	8a Gross income from fundraising events (not including $ 602,156 of contributions reported on line 1c) See Part IV, line 18 a	111,094				
	b Less direct expenses b	153,081				
	c Net income or (loss) from fundraising events		-41,987			-41,987
	9a Gross income from gaming activities See Part IV, line 19 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a	0				
	b Less cost of goods sold b	0				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a OTHER SERVICE	621500	8,518,461	8,040,247	478,214	0
	b RESEARCH	621500	1,934,220	1,934,220	0	0
	c CIPN INCOME	621500	8,116,262	811,626	7,304,636	0
	d All other revenue		6,364,811	6,364,811		0
	e Total. Add lines 11a–11d		24,933,754			
	12 Total revenue. See Instructions		1,126,627,151	1,021,252,735	13,705,480	50,252,173

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,629,413	2,629,413		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	638,947	528,687	110,260	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	419,267,252	416,942,655	2,324,597	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	37,425,902	37,257,851	168,051	0
9 Other employee benefits	47,818,042	47,540,766	277,276	0
10 Payroll taxes	28,247,947	28,056,974	190,973	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	1,681,187	985,928	695,259	0
c Accounting	379,178	0	379,178	0
d Lobbying	48,823	0	48,823	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	695,715	0	695,715	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	125,773,641	123,300,617	2,473,024	
12 Advertising and promotion	842,075	804,318	37,757	0
13 Office expenses	5,625,807	5,416,037	209,727	43
14 Information technology	548,822	541,941	6,881	0
15 Royalties . .	0	0	0	0
16 Occupancy	19,165,286	18,864,618	300,668	0
17 Travel	1,041,501	1,024,060	17,441	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	795,068	789,554	5,514	0
20 Interest	14,360,467	0	14,360,467	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization . .	39,864,923	39,635,248	229,675	0
23 Insurance . . .	9,397,120	171,630	9,225,490	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	171,419,687	171,419,687	0	0
b INTERCOMPANY EXPENSES	133,991,711	125,673,021	8,133,475	185,215
c TAXES	19,189,570	18,569,391	620,179	0
d DUES AND SUBSCRIPTIONS	1,464,971	874,723	590,248	0
e All other expenses	8,340,289	4,778,407	3,560,565	1,317
25 **Total functional expenses.** Add lines 1 through 24e	1,090,653,344	1,045,805,526	44,661,243	186,575
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	48,908	1	75,870
	2	Savings and temporary cash investments	26,072,200	2	16,928,510
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	190,477,483	4	194,373,382
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	12,654,783	8	14,682,527
	9	Prepaid expenses and deferred charges	9,792,602	9	9,812,694
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 876,740,336			
	b	Less accumulated depreciation — 10b: 527,611,756	336,658,645	10c	349,128,580
	11	Investments—publicly traded securities	470,502,589	11	411,275,557
	12	Investments—other securities See Part IV, line 11	267,887,716	12	395,416,001
	13	Investments—program-related See Part IV, line 11	4,707,975	13	6,137,045
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	240,884,577	15	23,270,348
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,559,687,478	16	1,421,100,514
Liabilities	17	Accounts payable and accrued expenses	379,970,933	17	310,488,873
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	368,242,024	20	373,605,781
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	216,666,883	25	20,401,668
	26	**Total liabilities.** Add lines 17 through 25	964,879,840	26	704,496,322
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	573,799,511	27	692,573,245
	28	Temporarily restricted net assets	15,057,313	28	18,080,133
	29	Permanently restricted net assets	5,950,814	29	5,950,814
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	594,807,638	33	716,604,192
	34	Total liabilities and net assets/fund balances	1,559,687,478	34	1,421,100,514

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,126,627,151
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,090,653,344
3	Revenue less expenses Subtract line 2 from line 1	3	35,973,807
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	594,807,638
5	Net unrealized gains (losses) on investments	5	44,603,548
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	41,219,199
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	716,604,192

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 99-0073524

Name: THE QUEEN'S MEDICAL CENTER

Form 990 (2016)

Form 990, Part III, Line 4a:

THE QUEEN'S MEDICAL CENTER IS THE LARGEST PRIVATE, NONPROFIT ACUTE CARE MEDICAL FACILITY IN HAWAII ITS STAFF IS DEDICATED TO PROVIDING QUALITY HEALTH CARE TO THE PEOPLE OF HAWAII AND THE PACIFIC SEE SCHEDULE O FOR MORE INFORMATION

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			
MAENETTE BENHAM EDD TRUSTEE	10 20	X						0	0	0
GARY CAUFIELD TRUSTEE	10 10	X						0	0	0
DIANE CECCHETTINI RN TRUSTEE	10 20	X						0	0	0
KYLE CHOCK TRUSTEE	10 10	X						0	0	0
ERNEST FUKEDA JR TRUSTEE - PART YEAR	10 30	X						0	0	0
CHRISTINE GAYAGAS TRUSTEE	10 20	X						0	0	0
PETER HALFORD MD TRUSTEE	40 10	X						19,307	0	0
PETER HANASHIRO TRUSTEE	10 20	X						0	0	0
LYLE HARADA TRUSTEE	10 30	X						0	0	0
KEAWE KAHOLOKULA PHD TRUSTEE	10 20	X						0	0	0

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			
STANLEY KURIYAMA TRUSTEE	10 20	X						0	0	0
SHERRY MENOR-MCNAMARA TRUSTEE	10 20	X						0	0	0
ROBERT MOMSEN TRUSTEE	10 40	X						0	0	0
CAMERON NEKOTA TRUSTEE	10 10	X						0	0	0
STEVEN NISHIDA MD TRUSTEE	10 10	X						0	0	0
ROBB OHTANI MD TRUSTEE - PART YEAR	200 00	X						92,637	0	0
JAMES STEINWASCHER TRUSTEE	10 20	X						0	0	0
ALLEN UYEDA TRUSTEE	10 10	X						0	0	0
JENAI WALL TRUSTEE/CHAIR-ELECT	10 20	X						0	0	0
BARRY WEINMAN TRUSTEE	10 30	X						0	0	0

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			
LESLIE WILCOX TRUSTEE	1 0 1 0	X						0	0	0
C SCOTT WO PHD TRUSTEE	1 0 2 0	X						0	0	0
JIM YATES TRUSTEE	1 0 2 0	X						0	0	0
ERIC YEAMAN TRUSTEE/CHAIR	1 0 6 0	X		X				0	0	0
ARTHUR USHIJIMA TRUSTEE/PRESIDENT	25 0 40 0	X		X				0	1,479,422	85,825
ROBERT HONG MD TRUSTEE	50 0 0 0	X						526,796	0	28,468
JASON CHANG EXEC VICE PRESIDENT & COO	25 0 30 0			X				0	614,431	135,039
WHITNEY LIMM MD SENIOR VICE PRESIDENT	12 0 48 0			X				0	682,848	191,467
JOHN NITAO VICE PRESIDENT/GENERAI COUNSEL	2 0 53 0			X				0	452,879	102,326
SUSAN MURRAY VP/COO-QMC WEST OAHU	42 0 13 0			X				0	478,010	52,116

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			
SHARLENE TSUDA SECRETARY	2 0 53 0			X				0	297,177	89,285
JOELLE TANABE ASSISTANT SECRETARY	9 0 36 0			X				0	104,986	36,001
ROBERT NOBRIGA TREASURER - PART YEAR	10 0 50 0			X				0	631,596	65,347
ERIC MARTINSON TREASURER - PART YEAR	6 0 54 0			X				0	560,615	127,107
CLINTON YEE ASSISTANT TREASURER	37 0 18 0			X				97,905	92,257	47,483
MICHEL RICCIONI TREASURER	10 0 50 0			X				0	0	0
SUNG BAE LEE MD PHYSICIAN	50 0 0 0					X		922,832	0	65,303
JEFFREY LOH MD PHYSICIAN	50 0 0 0					X		734,145	0	59,078
NICHOLAS DANG MD PHYSICIAN	50 0 0 0					X		641,149	0	23,785
RAMY BADAWI MD PHYSICIAN	50 0 0 0					X		639,733	0	62,781

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			
ROGER YIM MD ..... PHYSICIAN	50 0 ..... 0 0					X		617,492	0	60,925

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE QUEEN'S MEDICAL CENTER	99-0073524

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	48,824	103,797
c Total lobbying expenditures (add lines 1a and 1b)	48,824	103,797
d Other exempt purpose expenditures	1,045,823,096	1,279,583,387
e Total exempt purpose expenditures (add lines 1c and 1d)	1,045,871,920	1,279,687,184
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	116,026	52,172	126,289	103,797	398,284
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures		0	0	0	0

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation	

TY 2016 AffiliatedGroupAttachment

Name: THE QUEEN'S MEDICAL CENTER

EIN: 99-0073524

Explanation: NAME: QUEEN EMMA LAND COMPANY ADDRESS: 1301 PUNCHBOWL STREET HONOLULU, HI 96813 EIN: 99-0183769 EXPENSES: $37,912,637 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: $0 NAME: THE QUEEN'S HEALTH SYSTEMS ADDRESS: 1301 PUNCHBOWL STREET HONOLULU, HI 96813 EIN: 99-0238120 EXPENSES: $131,391,279 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: $0 NAME: THE QUEEN'S MEDICAL CENTER ADDRESS: 1301 PUNCHBOWL STREET HONOLULU, HI 96813 EIN: 99-0073524 EXPENSES: $1,045,823,096 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: $0 NAME: MOLOKAI GENERAL HOSPITAL ADDRESS: P.O. BOX 408 KAUNAKAKAI MOLOKAI, HI 96748 EIN: 99-0251372 EXPENSES: $10,457,545 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: $0 NAME: NORTH HAWAII COMMUNITY HOSPITAL ADDRESS: 67-1125 MAMALAHOA HIGHWAY KAMUELA, HI 96743-8496 EIN: 99-0260423 EXPENSES: $53,998,830 501(H) ELECTION: NO SHARE OF EXCESS LOBBYING EXPENDITURES: $0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	7,336,646	7,486,419	8,061,260	7,084,272	7,221,401
b Contributions	1,000	1,000	1,000	1,000	500
c Net investment earnings, gains, and losses	905,766	-135,813	128,985	1,127,457	697,700
d Grants or scholarships	5,948	14,000	19,000	13,000	19,000
e Other expenditures for facilities and programs	745	960	685,826	138,469	816,329
f Administrative expenses					
g End of year balance	8,236,719	7,336,646	7,486,419	8,061,260	7,084,272

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 72 000 %
- c Temporarily restricted endowment ▶ 28 000 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		36,716,768		36,716,768
b Buildings		265,365,479	169,004,343	96,361,136
c Leasehold improvements		20,355,651	12,490,351	7,865,300
d Equipment		524,145,883	346,117,062	178,028,821
e Other		30,156,555		30,156,555
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				349,128,580

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POOLED INVESTMENTS-NON PUBLIC	395,416,001	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	395,416,001	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATES	759
DUE TO GOVERNMENT REIMBURSEMENT	14,952,182
DUE TO GOVERNMENT	5,448,727
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	20,401,668

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: THE QUEEN'S MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS THE QUEEN'S MEDICAL CENTER USES THE EARNINGS ON PERMANENTL Y ENDOWED INVESTMENTS FOR THE PURPOSES INTENDED BY THE DONORS OF THESE FUNDS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE QHS EVALUATES ITS UNCERTAIN TAX POSITIONS AND HAS NO MATERIAL UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2017

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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

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

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

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

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

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

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

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

Revenue		(a) Event #1 BENEFIT DINNER (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	713,250			713,250
	2 Less Contributions	602,156			602,156
	3 Gross income (line 1 minus line 2)	111,094			111,094
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,770			7,770
	7 Food and beverages	108,443			108,443
	8 Entertainment	25,067			25,067
	9 Other direct expenses	11,801			11,801
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				153,081
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-41,987

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,573,000		2,573,000	0 240 %
b Medicaid (from Worksheet 3, column a)			86,547,000	35,772,000	50,775,000	4 660 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			89,120,000	35,772,000	53,348,000	4 900 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			12,900,000		12,900,000	1 180 %
f Health professions education (from Worksheet 5)			15,168,000		15,168,000	1 390 %
g Subsidized health services (from Worksheet 6)			34,298,000	20,886,000	13,412,000	1 230 %
h Research (from Worksheet 7)			922,000		922,000	0 080 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,385,000		2,385,000	0 220 %
j **Total.** Other Benefits			65,673,000	20,886,000	44,787,000	4 100 %
k **Total.** Add lines 7d and 7j			154,793,000	56,658,000	98,135,000	9 000 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			77,000		77,000	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			77,000		77,000	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 38,396,000			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	277,432,000
6	Enter Medicare allowable costs of care relating to payments on line 5	6	328,942,000
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-51,510,000

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

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
If "Yes" (list url)			
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

The Queen's Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 % and FPG family income limit for eligibility for discounted care of 250 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

The Queen's Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

The Queen's Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **19**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6	COMMUNITY BENEFIT REPORT RELATED ORGANIZATION COMMUNITY BENEFITS ARE REPORTED ANNUALLY AS PART OF THE FORM 990 THIS IS NOT SEPARATELY AVAILABLE TO THE PUBLIC A FORMAL REPORT ISSUED BY THE PARENT COMPANY, THE QUEENS HEALTH SYSTEMS, INCLUDES THE COMMUNITY BENEFITS OF THE QUEENS MEDICAL CENTER THIS REPORT IS PUBLISHED PERIODICALLY AND IS SEPARATELY AVAILABLE TO THE PUBLIC
SCHEDULE H, PART I, LINE 7	THE COSTING METHODOLOGY CONSIDERS ALL PATIENT SEGMENTS AMOUNTS REPRESENT THE NET COSTS FOR THE VARIOUS PROGRAMS AND OPERATIONS, CONSIDERING ACTUAL AMOUNTS INCURRED AND CALCULATED BENEFITS BASED ON COST-TO-CHARGE RATIOS AND AVERAGE RATES (I E WAGE RATES)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	THE QUEEN EMMA CLINICS PROVIDE COMPREHENSIVE PATIENT CARE TO INDIGENT PATIENTS AND SERVE A LARGE HOMELESS POPULATION THE NET COSTS ASSOCIATED WITH THESE CLINICS WERE $4,682,000
SCHEDULE H, PART II, LINE 10	COMMUNITY BUILDING ACTIVITIES IN ORDER TO MAINTAIN NECESSARY LIFE SUPPORT, DIAGNOSTIC AND OPERATING SYSTEMS, IN THE EVENT OF AN EMERGENCY, QMC SIGNIFICANTLY UPGRADED ITS POWER PLANT BY ADDING TWO NEW GENERATORS THAT ARE CAPABLE OF PROVIDING ELECTRICAL POWER FOR THE MEDICAL CENTER FOR THE YEAR ENDED JUNE 30, 2017, COSTS INCURRED FOR THE ELECTRICAL GENERATOR PROJECT WERE $34,000 TOTAL PROJECT COSTS INCURRED AS OF JUNE 30, 2017 WERE APPROXIMATELY $34,369,000 QMC IS THE ONLY LEVEL II TRAUMA CENTER IN THE STATE OF HAWAII IN ORDER TO PROVIDE ACCESS TO ITS EMERGENCY DEPARTMENT AND HOSPITAL, QMC, IN CONJUNCTION WITH THE STATE DEPARTMENT OF TRANSPORTATION AND CITY DEPARTMENT OF TRANSPORTATION SERVICES, SUPPORTED THE CONSTRUCTION OF THE KINAU OFF-RAMP FOR THE YEAR ENDED JUNE 30, 2017, COSTS INCURRED FOR THE IMPROVEMENT PROJECT WERE $43,000

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	QMC PROVIDES AN ALLOWANCE AGAINST ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE BY ESTABLISHING AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE QMC ESTIMATES THE ALLOWANCE BASED ON THE AGING OF THE ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR AND OTHER RELEVANT FACTORS QMC PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (PATIENTS ARE NOT BILLED - CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY (BAD DEBTS) THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER QMC'S FINANCIAL ASSISTANCE POLICY IS CALCULATED BASED ON THE COST-TO-CHARGE RATIO
SCHEDULE H, PART III, LINE 4	BAD DEBT EXPENSE FOOTNOTE QMC PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (PATIENTS ARE NOT BILLED - CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY (BAD DEBTS) THE AUDITED FINANCIAL STATEMENTS DO NOT DESCRIBE BAD DEBT EXPENSE THE AUDITED FINANCIAL STATEMENTS DO DESCRIBE THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS "QMC PROVIDES FOR AN ALLOWANCE AGAINST ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE BY ESTABLISHING AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE QMC ESTIMATES THE ALLOWANCE BASED ON THE AGING OF THE ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS "

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	MEDICARE COSTING METHODOLOGY THE MEDICARE AMOUNTS ABOVE ARE CALCULATED WITH DATA FROM THE JUNE 30, 2017 COST REPORT, USING THE STEP DOWN METHOD CONSISTENT WITH REPORTING REQUIREMENTS, THERE ARE AMOUNTS EXCLUDED FROM THE COSTS LISTED IN LINE 6 WHEN USING THE FULLY ALLOCATED COST CALCULATION, THE MEDICARE SHORTFALL WAS APPROXIMATELY $78,349,000 TREATMENT OF MEDICARE SHORTFALL COMMUNITY BENEFIT THE HOSPITAL MUST TREAT PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THE GOVERNMENT SETS NON-NEGOTIABLE MEDICARE RATES AND THE REIMBURSEMENT HAS NOT KEPT PACE WITH THE RISING COSTS OF PROVIDING THESE SERVICES DUE TO THE REQUIREMENT TO PROVIDE CARE AND THE INABILITY OF THE MEDICARE REIMBURSEMENT TO KEEP PACE WITH THE COST OF PROVIDING SERVICES, WE FEEL THAT THE LOSS FROM SERVICES PROVIDED TO MEDICARE BENEFICIARIES IS PART OF QMCS MISSION AND IS A BENEFIT TO THE COMMUNITY
SCHEDULE H, PART III, LINE 9B	APPLICATION OF THE COLLECTION PRACTICES TO THOSE QUALIFYING FOR FINANCIAL ASSISTANCE EVERY ATTEMPT IS MADE BEFORE DISCHARGE TO SCREEN PATIENTS WHO HAVE NO DOCUMENTATION OF MEDICAL INSURANCE FOR POSSIBLE ELIGIBILITY FOR DISCOUNTED CARE NON-ER OUTPATIENTS WITH NO MEDICAL INSURANCE ARE REFERRED TO THE PATIENTS PHYSICIAN FOR A DETERMINATION OF URGENT OR EMERGENCY CARE STATUS CHARITY CARE DISCOUNTS ARE BASED ON FINANCIAL NEED WHICH IS DETERMINED BY INCOME AND ASSET THRESHOLDS BASED ON FEDERAL POVERTY LEVELS AND IN COMPLIANCE WITH FEDERAL RULES AND REGULATIONS PATIENTS ARE REQUESTED TO COMPLETE A DISCOUNTED CARE APPLICATION AND MUST SUBMIT INCOME AND ASSET VERIFICATION DOCUMENTS PATIENTS MAY ALSO BE DEEMED ELIGIBLE FOR QMC DISCOUNTED CARE BASED ON PRIOR OR SUBSEQUENT MEDICAID ELIGIBILITY ONCE ELIGIBILITY FOR QMC DISCOUNTED CARE IS CONFIRMED, A PAYMENT PLAN IS DISCUSSED WITH THE PATIENT BILLING STATEMENTS FOR PATIENTS ARE MAILED MONTHLY TO ALL PATIENTS WITH SELF PAY BALANCES, INCLUDING PATIENTS WITH BALANCES AFTER QMC DISCOUNTED CARE IS APPLIED BILLING STATEMENTS FOR PATIENTS WITH NO INSURANCE INCLUDE A STATEMENT ADVISING THEM TO CALL THE NUMBER ON THE STATEMENT TO DISCUSS OPTIONS FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT QMCS MISSION IS TO FULFILL THE INTENT OF QUEEN EMMA AND KING KAMEHAMEHA IV TO PROVIDE IN PERPETUITY QUALITY HEALTH CARE SERVICES TO IMPROVE THE WELL-BEING OF NATIVE HAWAIIANS AND ALL THE PEOPLE OF HAWAII USING PUBLICLY AVAILABLE REPORTS AND DATA, AND THROUGH DISCUSSION WITH STAKEHOLDERS, QMC ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY WE SERVE BY FOCUSING ON FIVE STRATEGIC DIMENSIONS INCLUDING SUPERIOR QUALITY AND PERFORMANCE, BEING THE PROVIDER OF CHOICE, EMPLOYER OF CHOICE, DISPLAYING RESPONSIBLE CITIZENSHIP AND FOCUSING ON FINANCIAL PERFORMANCE CORE STRATEGIES INVOLVING RESPONSIBLE CITIZENSHIP TO THE COMMUNITY INCLUDE HARDWIRING OUR NATIVE HAWAIIAN HEALTH STRATEGIC PLAN THROUGHOUT QUEENS ENTITIES, CREATING A SUSTAINABLE INFRASTRUCTURE THAT ALLOWS QUEENS TO QUANTIFY AND ARTICULATE COMMUNITY BENEFIT, AND STRENGTHENING GOVERNMENT AND COMMUNITY PARTNERSHIPS TO SUPPORT ACCESS AND AVAILABILITY OF PROGRAMS AND SERVICES THAT HELP ADDRESS UNMET COMMUNITY HEALTH NEEDS
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE MEDICAID AND MEDICARE ELIGIBILITY REQUIREMENTS ARE DISCUSSED WITH INPATIENTS AND/OR INPATIENTS FAMILY MEMBERS QMC HAS A CONTRACTED VENDOR WHO PERFORMS MEDICAID ELIGIBILITY ASSESSMENTS AND WORKS WITH PATIENTS TO SUBMIT AN APPLICATION AND THE REQUIRED DOCUMENTS PATIENTS WHO MAY QUALIFY FOR MEDICARE ARE PROVIDED CONTACT INFORMATION FOR THE SOCIAL SECURITY OFFICE SIGNS ARE POSTED IN REGISTRATION AREAS THROUGHOUT THE HOSPITAL ADVISING THAT QMC HAS A DISCOUNTED CARE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION QMC IS THE LEADING MEDICAL REFERRAL CENTER IN THE PACIFIC BASIN LOCATED IN DOWNTOWN HONOLULU, ITS THE LARGEST PRIVATE HOSPITAL IN HAWAII ACCORDING TO RECENT DEMOGRAPHIC CENSUS DATA, THE STATE OF HAWAII IS VERY DIVERSE AND INCLUDES A POPULATION THAT IS APPROXIMATELY 10% NATIVE HAWAIIAN, OTHER PACIFIC ISLANDER, NATIVE ALASKAN AND AMERICAN INDIAN OTHER DEMOGRAPHIC INFORMATION REGARDING HAWAII IS AS FOLLOWS - MEDIAN AGE 38 1 YEARS OLD (1) - 37 8% ASIAN, 25 6% WHITE, 9 8% NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER, 23 5% TWO OR MORE RACES (1) - MEDIAN HOUSEHOLD INCOME $67,402 (2009 2013) (1) - 11 2% OF HAWAIIS POPULATION LIVES IN POVERTY (1) - OTHER THAN OAHU, THE ENTIRETY OF EACH ISLAND IS CONSIDERED UNDERSERVED (1) - NUMBER OF HOSPITALS (BY COUNTY) HAWAII COUNTY 6 MAUI COUNTY 4 C&C HONOLULU 9 KAUAI COUNTY 3 (1) HEALTHCARE ASSOCIATION OF HAWAII HAWAII STATE COMMUNITY HEALTH NEEDS ASSESSMENT, HAWAII HEALTH INFORMATION CORPORATION
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH THE AMOUNTS MENTIONED IN PART II OF SCHEDULE H REPRESENT COSTS INCURRED TO ENSURE CONTINUED OPERATIONS THAT BENEFIT THE COMMUNITY TO SUPPORT THE QUEENS MISSION AND TO FULFILL THE TAX-EXEMPT PURPOSE AS A CHARITABLE HOSPITAL, QUEENS PROVIDES A NUMBER OF COMMUNITY BENEFITS THIS INCLUDES UNCOMPENSATED CARE, WHERE QMC PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (PATIENTS ARE NOT BILLED CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY (BAD DEBT) QUEENS IS ALSO HOME TO THE QUEEN EMMA CLINICS, WHERE QMC PROVIDES OUTPATIENT SERVICES TO INDIGENT PATIENTS OTHER EXAMPLES INCLUDE EMERGENCY PREPAREDNESS COSTS AND AMOUNTS EXPENDED TO EXPAND AND TEST BACK-UP POWER THAT CAN SERVICE PATIENTS IN TIMES OF EMERGENCY IN ADDITION, QMC PROVIDES MANY FREE INFORMATIONAL SEMINARS AND EDUCATIONAL OPPORTUNITIES TO THE PUBLIC TO PROMOTE THE HEALTH OF THE COMMUNITY THESE PROGRAMS ARE SPECIFICALLY DIRECTED TO ADDRESS HEALTH ISSUES WITHIN THE COMMUNITY INCLUDING DIABETES, CANCER AND WOMENS HEALTH ISSUES A MAJORITY OF QMCS GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN QMCS PRIMARY SERVICE AREA (OAHU) WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF QMC QMC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM QMC IS A MEMBER OF THE QUEENS HEALTH SYSTEMS (QHS) AFFILIATED GROUP THE GROUP ALSO INCLUDES QUEEN EMMA LAND COMPANY (QEL), QUEENS INSURANCE EXCHANGE (QIE), QUEENS DEVELOPMENT CORPORATION (QDC), MOLOKAI GENERAL HOSPITAL (MGH) AND NORTH HAWAII COMMUNITY HOSPITAL (NHCH) QHS PROVIDED LEGAL, ACCOUNTING AND ADMINISTRATIVE SUPPORT SERVICES TO QMC AND QIE PROVIDED MEDICAL MALPRACTICE INSURANCE TO QMC AFFILIATE ORGANIZATIONS OF THE QUEENS HEALTH SYSTEMS OPERATE THE ONLY HOSPITAL ON THE ISLAND OF MOLOKAI, OPERATE THE NORTH HAWAII COMMUNITY HOSPITAL ON THE BIG ISLAND, PROVIDE DIAGNOSTIC LABORATORY SERVICES, OPERATE PHARMACIES AND PROVIDE THE HOSPITALS WITH GENERAL AND PROFESSIONAL LIABILITY INSURANCE
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT N/A

Additional Data

Software ID:

Software Version:

EIN: 99-0073524

Name: THE QUEEN'S MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	THE QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813 WWW QUEENS ORG 29-H	X	X		X		X	X			

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	INPUT FROM COMMUNITY REPRESENTATIVES THE QUALITATIVE DATA USED IN THIS ASSESSMENT CONSISTS OF KEY INFORMANT INTERVIEWS COLLECTED BY STORYLINE CONSULTING KEY INFORMANTS ARE INDIVIDUALS RECOGNIZED FOR THEIR KNOWLEDGE OF COMMUNITY HEALTH IN ONE OR MORE HEALTH AREAS, AND WERE NOMINATED AND SELECTED BY THE HAH ADVISORY COMMITTEE IN SEPTEMBER 2014 FIFTEEN KEY INFORMANTS WERE INTERVIEWED FOR THEIR KNOWLEDGE ABOUT COMMUNITY HEALTH NEEDS, BARRIERS, STRENGTHS, AND OPPORTUNITIES (INCLUDING NEEDS FOR VULNERABLE AND UNDERSERVED POPULATIONS AS REQUIRED BY IRS REGULATIONS) INTERVIEW TOPICS WERE NOT RESTRICTED TO THE HEALTH AREA FOR WHICH A KEY INFORMANT WAS NOMINATED KEY INFORMANTS INCLUDED REPRESENTATIVES FROM AMERICAN DIABETES ASSOCIATION CATHOLIC CHARITIES HAWAII HAWAII DEPARTMENT OF EDUCATION HAWAII DEPARTMENT OF HEALTH, BEHAVIOR HEALTH SERVICES HAWAII DEPARTMENT OF HEALTH, DISEASE OUTBREAK AND CONTROL DIVISION HAWAII DEPARTMENT OF HUMAN SERVICES EXECUTIVE OFFICE OF AGING HAWAII GOVENORS OFFICE HAWAII DENTAL SERVICES HAWAII MEDICAL SERVICE ASSOCIATION HAWAII PRIMARY CARE ASSOCIATION HAWAII STATE DEPARTMENT OF HEALTH HOMELESS PROGRAMS OFFICE JOHN A BURNS SCHOOL OF MEDICINE STATE SENATE EXCERPTS FROM THE INTERVIEW TRANSCRIPTS WERE CODED BY RELEVANT TOPIC AREAS AND OTHER KEY TERMS USING THE QUALITATIVE ANALYTIC TOOL DEDOOSE THE FREQUENCY WITH WHICH A TOPIC AREA WAS DISCUSSED IN KEY INFORMANT INTERVIEWS WAS ONE FACTOR USED TO ASSESS THE RELATIVE URGENCY OF THAT TOPIC AREAS HEALTH AND SOCIAL NEEDS

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	CHNA HOSPITAL FACILITIES FIFTEEN HOSPITALS, LOCATED THROUGHOUT THE STATE, PARTICIPATED IN THE CHNA PROJECT CASTLE MEDICAL CENTER SUTTER HEALTH KAHI MOHALA BEHAVIORAL HEALTH KAHUKU MEDICAL CENTER KAISER PERMANENTE MEDICAL CENTER KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN KUAKINI MEDICAL CENTER MOLOKAI GENERAL HOSPITAL NORTH HAWAII COMMUNITY HOSPITAL PALI MOMI MEDICAL CENTER REHABILITATION HOSPITAL OF THE PACIFIC SHRINERS HOSPITAL FOR CHILDREN HONOLULU STRAUB CLINIC & HOSPITAL THE QUEENS MEDICAL CENTER WAHIAWA GENERAL HOSPITAL WILCOX MEMORIAL HOSPITAL

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6B	CHNA OTHER THAN HOSPITAL FACILITIES THE HEALTHCARE ASSOCIATION OF HAWAII PARTNERED WITH HEALTHY COMMUNITIES INSTITUTE TO CONDUCT A CHNA FOR HAWAII COUNTY

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	WEBSITE WHERE THE QUEENS MEDICAL CENTER FACILITY'S CHNA CAN BE ACCESSED HTTP //QUEENSMEDICALCENTER ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	NEEDS ASSESSED TOGETHER, THE HEALTHCARE ASSOCIATION OF HAWAII (HAH) MEMBER HOSPITALS PRIOR ITIZED THE AREAS OF NEED FOR THE STATE THE TOP RANKED PRIORITIES WERE ACCESS TO HEALTH SE RVICES, DIABETES, AND MENTAL HEALTH & MENTAL DISORDERS NEXT, EACH HOSPITAL CONDUCTED AN I NDEPENDENT PRIORITIZATION OF NEED TO DETERMINE THEIR FACILITY-SPECIFIC PRIORITIES THE QUE ENS MEDICAL CENTER HAS SELECTED TO CONTINUE WITH DIABETES AS ITS PRIORITY AREA QUEENS MIS SION IS TO FULFILL THE INTENT OF QUEEN EMMA AND KING KAMEHAMEHA IV TO PROVIDE IN PERPETUIT Y QUALITY HEALTH CARE SERVICES TO IMPROVE THE WELL-BEING OF NATIVE HAWAIIANS AND ALL THE P EOPLE OF HAWAII SENIOR MANAGEMENT OF THE QUEENS HEALTH SYSTEMS (QUEENS), THE NONPROFIT PA RENT COMPANY OF THE QUEENS MEDICAL CENTER, DISCUSSED THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THIS ASSESSMENT AND SELECTED TO CONTINUE WITH DIABETES AS THE PRIORITY AREA (QUEENS S ENIOR MANAGEMENT TEAM INCLUDES THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, CHIEF PHYSICIAN EXECUTIVE, OPERATING ENTITY HEADS, CLINI CAL LEADERS [PHYSICIANS AND SERVICE LINES], AND THOSE RESPONSIBLE FOR SYSTEM-WIDE FUNCTION S SUCH AS HUMAN RESOURCES, ENDOWMENT, LEGAL, CORPORATE DEVELOPMENT, INFORMATION TECHNOLOGY , STRATEGIC PLANNING, AND COMMUNITY DEVELOPMENT) AS IN 2013, THE REASONS CONSIDERED IN SE LECTING DIABETES FOR 2016 ARE COMPELLING AND INCLUDE DIABETES - ONE OF THE MOST SERIOUS, COMMON, AND COSTLY DISEASES IN HAWAII AND THE U S - DISEASE ON THE RISE, PROJECTED TO INC REASE IN SEVERITY DUE TO THE OBESITY EPIDEMIC - OFTEN LEADS TO ADDITIONAL HEALTH ISSUES AN D COMPLICATIONS (E G HEART DISEASE AND STROKE, KIDNEY DISEASE, HYPERTENSION, BLINDNESS AN D EYE PROBLEMS, ETC) UNITED STATES - 29 1 MILLION AMERICANS HAVE DIABETES (9 3% OF THE PO PULATION) - AN ESTIMATED 86 MILLION AMERICANS AGED 20 YEARS OR OLDER HAVE PREDIABETES - TH E ESTIMATED COST OF PREDIABETES AND DIABETES IN THE U S IS $322 BILLION, OF WHICH $244 BI LLION IS SPENT ON DIRECT MEDICAL COSTS AND $78 BILLION ON INDIRECT COSTS - 7TH LEADING CA USE OF DEATH SOURCE AMERICAN DIABETES ASSOCIATION STATEWIDE - 154,365 PEOPLE IN HAWAII HA VE DIABETES (13 9% OF THE POPULATION) - 442,000 PEOPLE HAVE PREDIABETES (41 5% OF THE ADUL T POPULATION) - AFTER ACCOUNTING FOR DISPARITIES/DIFFERENCES IN SCREENING FOR DIABETES ACR OSS RACE-ETHNIC GROUPS IN HAWAII, THE PREVALENCE OF DIAGNOSED DIABETES OR PREDIABETES IS G REATEST FOR OTHER PACIFIC ISLANDERS (27%), NATIVE HAWAIIANS (25%), FILIPINOS (25%), AND JA PANESE (21%) - AS MANY AS 1 IN 3 AMERICAN CHILDREN BORN AFTER 2000 WILL DEVELOP DIABETES BY 2050, AND, FOR MINORITY COMMUNITIES, THE NUMBER IS CLOSER TO 1 IN 2 AMERICAN CHILDREN B ORN AFTER 2000 WILL DEVELOP DIABETES BY 2050 IF PRESENT TRENDS CONTINUE SOURCE AMERICAN DIABETES ASSOCIATION ADDITIONALLY - NATIONALLY IN 2013, 25%-30% OF PATIENTS WAITING FOR A KIDNEY TRANSPLANT HAVE DIABETES, IN HAWAII, IT IS CLOSER TO 45% THIS IS OF SIGNIFICANCE T O QMC, AS IT OPENED THE STATES

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	ONLY ORGAN TRANSPLANT CENTER IN EARLY 2012 IN RESPONSE TO COMMUNITY NEED WHEN THE PREVIOU S CENTER CLOSED IN DECEMBER 2011 - THE DEPARTMENT OF NATIVE HAWAIIAN HEALTH (DNHH) AT THE UNIVERSITY OF HAWAIIS JOHN A BURNS SCHOOL OF MEDICINE IN 2013 CONDUCTED A NEEDS ASSESSME NT OF NATIVE HAWAIIANS, OTHER PACIFIC ISLANDERS (E G SAMOAN, MARSHALLESE, GUAMANIAN, CHUU KESE), AND FILIPINOS (COLLECTIVELY IDENTIFIED AS NATIVE HAWAIIANS AND OTHER PACIFIC PEOPLE S [NHPP]) THROUGH INTERVIEWS WITH LEADERS IN DNHHS ULU NETWORK MEMBER ORGANIZATIONS, THE TOPE MEDICAL CONCERN, IDENTIFIED BY 93% OF THE ORGANIZATIONS, WAS CARDIOMETABOLIC DISEASE, WHICH IS DEFINED AS THE COLLECTIVE OF CONDITIONS OF DIABETES, CARDIOVASCULAR DISEASE, AND OBESITY OF THESE CARDIOMETABOLIC CONDITIONS, DIABETES WAS SPECIFICALLY IDENTIFIED BY 83% OF THE ORGANIZATIONS - DIABETES OFTEN LEADS TO OTHER COMPLICATIONS THAT HAVE BEEN IDENTI FIED AS COMMUNITY HEALTH NEEDS (E G CARDIAC, STROKE) BY HAVING A MORE FOCUSED EFFORT TO ADDRESS DIABETES IN OUR COMMUNITY, REDUCING THE IMPACT OF DIABETES MAY ALSO REDUCE THE IMP ACT OF OTHER AREAS OF NEED FOR THE FISCAL YEAR ENDED JUNE 30, 2017, QMC INITIATED TWO PRO GRAMS TO PROMOTE AND IMPROVE COMMUNITY HEALTH FOR THE PEOPLE OF HAWAII THROUGH DIABETES PR EVENTION AND MANAGEMENT 1 TO PROVIDE HEALTHY LIFESTYLE AND/OR DIABETES PREVENTION/MANAGE MENT PROGRAM(S) FOR QUEENS EMPLOYEES 2 TO DEVELOP A PROGRAM TO DELAY THE ONSET OR REVERS E BIOMETRICS WITH DIABETES MELLITUS TYPE 2 IN CHILDREN THROUGH THE USE OF PURPOSEFUL MOVEM ENT WITHIN THE SCHOOL DAY AND PREVENTATIVE HEALTH EDUCATION SPANNING THE 4 YEARS OF SECOND ARY EDUCATION THE CENTERS FOR DISEASE CONTROL AND PREVENTIONS DIABETES PREVENTION PROGRAM WAS OFFERED TO QUEENS EMPLOYEES THE PROGRAM IS PROVIDED AT NO COST TO EMPLOYEES AND ENCO URAGES HEALTHY LIFESTYLE CHANGES TO REDUCE THEIR RISK OF TYPE 2 DIABETES AND IMPROVE THEIR OVERALL HEALTH QMC WORKED WITH WAIPAHU HIGH SCHOOL TO IMPLEMENT A PILOT PROGRAM TO INTEG RATE PURPOSEFUL MOVEMENT WITHIN THE SCHOOL DAY AND PREVENTIVE HEALTH EDUCATION FOR 20 STUD ENTS THE FIRST YEAR OF THE PROGRAM SUCCESSFULLY ENDED WITH THE SCHOOL YEAR IN MAY 2017 I N THIS TIME, VALUABLE INFORMATION WAS LEARNED AND QMC WAS ABLE TO USE THIS INFORMATION AND WILL CONTINUE TO WORK WITH WAIPAHU HIGH SCHOOL ON THIS PROGRAM FOR OTHER AREAS NOT DIREC TLY ADDRESSED, QMC CURRENTLY PROVIDES MANY SERVICES AND PROGRAMS TO ADDRESS THESE NEEDS T HESE SERVICES AND PROGRAMS ARE OFFERED IN/AT THE HOSPITAL, IN CONJUNCTION WITH PARTNERS, A ND THROUGH OUTREACH TO THE COMMUNITY SOME EXAMPLES OF QMCS EXISTING SERVICES/PROGRAMS/OUT REACH INCLUDE - HEART DISEASE AND STROKE PREVENTION SCREENING PREVENTION AND PREVENTION E DUCATION THROUGH COMMUNITY ACTIVITIES AND COMMUNITY HEALTH AND WELLNESS EVENTS THROUGHOUT THE STATE, OFFERS AND PROMOTES EDUCATION TO PHYSICIANS, NURSES AND THE PUBLIC ACROSS THE S TATE, PROVIDES FREE VAN TRANSPORTATION TO AND FROM QMC APPOINTMENTS FOR THOSE WHO REQUIRE ASSISTANCE - RESPIRATORY DISE

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	ASE MANAGEMENT PULMONARY REHABILITATION EDUCATION PROGRAMS - CANCER SCREENING AND PREVENT ION PATIENT NAVIGATION PROGRAM (INCLUDES ONCOLOGY CARE COORDINATION, TRANSPORTATION COORDI NATION, ACCESS TO COMMUNITY RESOURCES, EDUCATION MATERIALS, SUPPORT GROUPS AND CLASSES, IN FORMATION ABOUT CLINICAL TRIALS), PARTICIPATION IN NATIONAL CANCER INSTITUTE COMMUNITY CAN CER CENTERS PROGRAM WITH A MAJOR FOCUS ON REDUCING CANCER HEALTH CARE DISPARITIES, CANCER SCREENING AND EDUCATION THROUGH COMMUNITY ACTIVITIES AND HEALTH AND WELLNESS EVENTS - MEN TAL HEALTH AND MENTAL DISORDERS QMC, TRIPLER ARMY MEDICAL CENTER AND THE HAWAII DEPARTMENT OF EDUCATION PARTNER ON A SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM AT WAHIAWA ELEMENTARY SC HOOL TO FOCUS ON PREVENTATIVE AND EARLY INTERVENTION BEHAVIORAL HEALTH CARE, AS WELL AS ST AFF WELLNESS PROGRAMS - OLDER ADULTS AND AGING COMMUNITY AND PROFESSIONAL EDUCATION, RAIS ES AWARENESS OF GERIATRIC ISSUES BY ENGAGING IN COMMUNITY WELLNESS AND HEALTH EVENTS THROU GHOUT THE STATE

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B	INCOME LEVEL OTHER THAN FPG FOR CITIZENS OF FOREIGN COUNTRIES, THE INCOME QUALIFYING LEVEL IS BASED ON THE RESIDENTS COUNTRYS MINIMUM WAGE

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	OTHER ELIGIBILITY CRITERIA MEDICARE OR MEDICAID/QUEST ELIGIBILITY SCHEDULE H, PART V, LINES 16A, 16B, & 16C THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY IS WIDELY AVAILABLE ON THE QUEEN'S MEDICAL CENTER WEBSITE AT HTTP //QUEENSMEDICALCENTER ORG/CHARITY-CARE-POLICY

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	OTHER METHOD FOR PUBLICIZING POLICIES NOTICES THAT FINANCIAL ASSISTANCE IS AVAILABLE ARE POSTED IN ALL PATIENT REGISTRATION, BILLING OFFICE AND EMERGENCY DEPARTMENT AREAS THESE NOTICES DO NOT CONTAIN THE FULL DETAILED TEXT OF THE POLICY REGISTRATION PERSONNEL ARE KNOWLEDGEABLE TO ASSIST PATIENTS WITH QUESTIONS AND ARE ABLE TO GIVE THEM THE FINANCIAL ASSISTANCE APPLICATION

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
QUEEN'S HEARTGERIATRICS 550 S BERETANIA STREET STE 601 HONOLULU, HI 96813	CARDIAC CARE CENTER
QMC - ENDOSCOPY 550 S BERETANIA STREET STE 701 HONOLULU, HI 96813	ENDOSCOPY SERVICES
QMC - PAIN & SPINE 550 S BERETANIA STREET STE 703/704 HONOLULU, HI 96813	PAIN AND SPINE CLINIC
QMC - RADIOLOGY 550 S BERETANIA STREET STE B-1 HONOLULU, HI 96813	RADIOLOGY SERVICES
QMC - GASTROENTEROLOGY 550 S BERETANIA STREET STE 510 HONOLULU, HI 96813	GASTROENTEROLOGY SERVICES
QMC - RADIOLOGY 1329 LUSITANA STREET STE B-1 HONOLULU, HI 96813	RADIOLOGY SERVICES
QMC - TRANSPLANT CENTER 550 S BERETANIA STREET STE 404/406 HONOLULU, HI 96813	ORGAN TRANSPLANT CENTER AND ILLNESS
QUEEN'S IMAGING 91-2139 FORT WEAVER ROAD STE 108 EWA BEACH, HI 96706	IMAGING SERVICES
QMC - VALVE & STRUCTURAL HEART 551 S BERETANIA STREET STE 702 HONOLULU, HI 96813	CARDIAC CARE CENTER AND ILLNESS
QMC - LIVER CENTER 550 S BERETANIA STREET STE 405 HONOLULU, HI 96813	MANAGEMENT OF LIVER HEALTH ILLNESS
QUEEN'S REHABILITATION CENTER 550 S BERETANIA STREET STE 300 HONOLULU, HI 96813	OCCUPATIONAL THERAPY
PHYSICIAN CENTER 91-2135 FORT WEAVER ROAD STE 150 EWA BEACH, HI 96706	PHYSICIAN CENTER
QUEEN'S HEART PHYSICIAN PRACTICE 98-1247 KAAHUMANU STREET STE 206 AIEA, HI 96701	CARDIAC CARE CENTER
QMC - PULMONOLOGY 1331 LUSITANA STREET STE 704 HONOLULU, HI 96813	PULMONOLOGY
QMC - ACUTE CARE SURGICAL CENTER 550 S BERETANIA STREET STE 509 HONOLULU, HI 96813	SURGICAL CENTER

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
QMC - RESEARCH SERVICES 1330 LUSITANA STREET STE 107 HONOLULU, HI 96813	RESEARCH
DIABETES COMMUNITY EDUCATION 91-2135 FORT WEAVER ROAD STE 180 EWA BEACH, HI 96706	DIABETES EDUCATION CENTER
QMC - GENETICS COUNSELING 1329 LUSITANA STREET STE B-8 HONOLULU, HI 96706	GENETICS COUNSELING SERVICES
QMC - HEPATOLOGY 550 S BERETANIA STREET STE 400 HONOLULU, HI 96706	MANAGEMENT OF LIVER HEALTH AND ILLNESS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493127015408

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I General Information on Grants and Assistance

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

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

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

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

	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table								
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 47

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: THE QUEEN'S MEDICAL CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society 2370 Nuuanu Avenue Honolulu, HI 96817	13-1788491	501(c)(3)	120,000				Contribution "Hope Lodge Fundraising, Matching Challenge"
American Diabetes Association 875 Waimanu st Ste 601 Honolulu, HI 96813	13-1623888	501(c)(3)	57,500				2017 Multi-Level Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association 677 Ala Moana Blvd 600 Honolulu, HI 96813	13-5613797	501(c)(3)	52,500				Sponsorship "Heart Ball 2017"
American Red Cross 4155 Diamond Head Road Honolulu, HI 96816	53-0196605	501(c)(3)	27,500				2017 Red Cross Corporate Partner

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Arthritis Foundation 615 Piikoi St Ste 1109 Honolulu, HI 96814	95-1885447	501(c)(3)	15,000				Sponsorship "2017 Walk to Cure Arthritis"
Assistance Dogs of Hawaii 675 Kealaloa Avenue Makawao, HI 96768	99-0353694	501(c)(3)	6,000				Sponsorship "Giving Thanks Benefit Event"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Bishop Museum 1525 Bernice Street Honolulu, HI 968172704	99-0161980	501(c)(3)	25,000				Sponsorship "Hawaiian Hall Restoration Project"
Boy Scouts of America Aloha Council 42 Puiwa Road Honolulu, HI 96817	99-0073482	501(c)(3)	25,000				Sponsorship "Ellison Onizuka Day of Exploration"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Boys & Girls Club of Hawaii 345 Queen St 900 Honolulu, HI 96813	99-6005407	501(c)(3)	10,000				Sponsoship "21st Annual Walk in the Country"
Catholic Charities Hawaii 1822 Keeaumoku Street Honolulu, HI 96822	99-0073547	501(c)(3)	15,000				Sponsorship "Mahalo Dinner for Jerry Rauckhorst"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Cedars-Sinai Medical Center 8700 Beverly Blvd Los Angeles, CA 90048	95-1644600	501(c)(3)	15,000				Donation
Five Mountains Hawaii Inc 65-1158 Mamalahoa Hwy 2D Kamuela, HI 96743	99-0330168	501(c)(3)	75,000				Kipuka o ke Ola - Primary Care Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Friends of Iolani Palace 364 S King Street Honolulu, HI 96813	99-0115665	501(c)(3)	25,000				Sponsorship "50th Anniversary Celebration"
Hale Kipa Inc 615 Piikoi St Ste 203 Honolulu, HI 96814	23-7061499	501(c)(3)	20,000				Contribution "A New Home for Hale Kipa"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hawaii Academy of Science 1776 University Ave Honolulu, HI 96822	99-6006863	501(c)(3)	30,000				Sponsorship "2017 Hawaii State Science & Engineering Fair"
Hawaii Children's Cancer Foundation 1814 Liliha Street Honolulu, HI 96817	99-0299937	501(c)(3)	7,500				Sponsorship "2017 Sink Cancer, 12th Annual Fundraiser"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hawaii Council on Economic Education 111 Hekili St A232 Kailua, HI 96734	99-6010090	501(c)(3)	6,500				Contribution "51st Anniversary 2016 Annual Dinner"
Hawaii Maoli PO Box 3866 Honolulu, HI 96812	94-3274865	501(c)(3)	6,550				Sponsorship "2016 Annual Ka Mana O Ke Kanaka Awards"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hawaii Pacific University 1164 Bishop St Ste 1200 Honolulu, HI 96813	99-0113930	501(c)(3)	7,500				Contribution "HPU Trustees Dinner"
Hawaii Humane Society 2700 Waialae Avenue Honolulu, HI 96826	99-0073490	501(c)(3)	25,000				Contribution "West Oahu Capital Campaign"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Hina Mauka 45-845 Pookela Street Kaneohe, HI 96744	99-0173356	501(c)(3)	20,000				Sponsorship 2016 Benefit Luau "Kokua Na Haumana"
Historic Hawaii Foundation 680 Iwilei Road Ste 690 Honolulu, HI 96817	23-7441972	501(c)(3)	10,000				Contribution "2016 Kama'aina of the Year"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Ho'ola Na Pua PO Box 401 Haleiwa, HI 96712	46-5139164	501(c)(3)	5,600				Sponsorship "3rd Annual Gala, The Pearl"
Hospice Hawaii Inc 860 Iwilei Road Honolulu, HI 96817	99-0203930	501(c)(3)	12,500				Sponsorship "Na Hoa Malama 2016"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Kalihi Palama Health Center 915 N King Street Honolulu, HI 96817	99-0161221	501(c)(3)	10,000				Sponsorship "40th Anniversary Gala 2016"
Ke Ali'I Pauahi Foundation 567 South King St 160 Honolulu, HI 96813	94-3263044	501(c)(3)	10,000				Sponsorship "2016 Order of Ke Alii Pauahi Award Gala"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
KUPU 677 Ala Moana Blvd 1200 Honolulu, HI 96813	51-0652665	501(c)(3)	25,000				Contribution "Ho'ahu Capital Campaign"
Lunalilo Home 501 Kekauluohi Street Honolulu, HI 96825	99-0075244	501(c)(3)	8,500				Contribution "25th Annual Lunalilo Home Golf Tournament"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
March of Dimes 1451 South King St 504 Honolulu, HI 96814	13-1846366	501(c)(3)	20,000				Sponsorship "2017 March for Babies"
National Kidney Foundation of Hawaii (NKFH) 1314 South King St 1555 Honolulu, HI 96814	99-0266733	501(c)(3)	50,000				Sponsorship "Dynamic Duos Fighting Kidney Disease in Hawaii"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Pacific Health Ministry 1245 Young St Ste 204 Honolulu, HI 96814	99-0281185	501(c)(3)	7,500				Sponsorhip "Celebrating an Evening with Bill Paty"
Polynesian Football Hall of Fame PO Box 11266 Honolulu, HI 96828	46-3158865	501(c)(3)	27,500				Sponsorship "Inaugural Polynesian Bowl"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Polynesian Voyaging Society 10 Sand Island Parkway Honolulu, HI 96819	23-7302232	501(c)(3)	25,000				Sponsorship "Hokule'a Homecoming"
Public Schools Of Hawaii Foundation PO Box 4148 Honolulu, HI 93812	88-0243449	501(c)(3)	15,000				Sponsorship "26th Annual Kulia I Ka Nu'u Awards Banquet"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Shidler College of Business Alumni Assoc 2404 Maile Way A-303F Honolulu, HI 96822	99-0339302	501(c)(3)	18,000				Sponsorship "2017 Hall of Honor Awards"
St Andrew's Priory School 224 Queen Emma Square Honolulu, HI 96813	99-0073525	501(c)(3)	25,000				Sponsorship "2017 Queen Emma Ball"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Susan G Komen Breast Cancer Foundation 3555 Harding Ave 2D Honolulu, HI 96816	75-2844635	501(c)(3)	19,000				Sponsorship "2017 Pink Tie Ball"
Teach for America Hawaii 315 West 36th Street 6F New York, NY 10018	13-3541913	501(c)(3)	6,000				Sponsorship "2017 School's Cool Event"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Institute for Human Services 546 Kaaahi Street Honolulu, HI 96819	99-0199107	501(c)(3)	35,762				Contribution "Support for Green Island Homeless Film"
UCERA - University Clinical Ed & Rsch 677 Ala Moana Blvd 101 Honolulu, HI 96813	99-0307152	501(c)(3)	250,000				Contribution "FY2017 Educational Grant"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Hawaii Foundation 2444 Dole St Bachman 105 Honolulu, HI 96822	99-0085260	501(c)(3)	256,500				Contribution "Annual Funding Commitment"
Variety School of Hawaii 710 Palekaua Street Honolulu, HI 968164755	99-0105604	501(c)(3)	10,000				Sponsorship "Fundraising Gala"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Waikiki Community Center 310 Paoakalani Avenue Honolulu, HI 96815	99-0179392	501(c)(3)	10,500				Sponsorship "2016 Waikiki Lights"
Waimanalo Health Center 41-1347 Kalanianaole Waimanalo, HI 96795	99-0273205	501(c)(3)	40,000				Contribution "Support for facility Expansion"

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
YWCA of Oahu 1040 Richards Street Honolulu, HI 96813	99-0073534	501(c)(3)	10,300				Sponsorship "2017 Leader Luncheon"
Hawaii Cancer Consortium 55 Merchant St 2700 Honolulu, HI 96813	45-2280259	501(c)(3)	500,000				Donation

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Healthcare Association of Hawaii 707 Richards Street PH2 Honolulu, HI 96813	99-0105817	501(c)(6)	7,500				Sponsorship "2016 Annual Health Care Awards & Scholarship Dinner"
UNIV OF HAWAII OFFICE OF RESEARCH SERVICES 2440 CAMPUS ROAD BOX 368 Honolulu, HI 96822	99-6000354	GOVT	374,845				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	THE ORGANIZATION RELIED ON THE QUEENS HEALTH SYSTEM (QHS, PARENT COMPANY) TO DETERMINE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL QHS USED A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY AND STUDY, FORM 990 OF OTHER ORGANIZATIONS AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SCHEDULE J, PART I, LINE 7	OTHER NON-FIXED PAYMENTS RECOGNITION AWARDS WERE PAID TO ALL EMPLOYEES BASED ON ACCOMPLISHMENTS OF PREDETERMINED GOALS SET FORTH IN THE INCENTIVE AND STRATEGIC PLANS AND DEFINED ELIGIBILITY OF THE EMPLOYEE RECOGNITION AWARDS ARE DISCRETIONARY AND CONSIDER QUALITY THRESHOLDS WHICH INCLUDE ANNUAL ACCREDITATION AND MINIMUM OPERATING INCOME LEVEL CRITERIA IN ADDITION, EXECUTIVE AWARDS ARE WEIGHTED BASED ON INDIVIDUAL GOALS ESTABLISHED FOR EACH EXECUTIVE ALSO, CERTAIN PHYSICIANS RECEIVE INCENTIVE COMPENSATION BASED ON PROFESSIONAL SERVICES COLLECTIONS BY QMC A MAXIMUM OF SUCH INCENTIVE COMPENSATION IS CAPPED ACCORDING TO QMC POLICY
SCHEDULE J, PART II & FORM 990, PART VII	COMPENSATION PAID FOR SERVICES ARTHUR A USHIJIMA MR USHIJIMA SERVES AS A TRUSTEE FOR THE QHS AND SEVERAL OTHER QUEENS RELATED AFFILIATES MR USHIJIMA ALSO SERVES AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF QHS AND AS PRESIDENT OF THE QUEENS MEDICAL CENTER (QMC) HIS HOURS SERVED AS A TRUSTEE OF QMC IS 1 HOUR PER WEEK HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR HIS VARIOUS SERVICES JASON CHANG MR CHANG SERVES AS EVP OF QHS AND EVP AND COO OF QMC HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES SHARLENE TSUDA MS TSUDA SERVES AS SECRETARY FOR QHS, QMC AND NORTH HAWAII COMMUNITY HOSPITAL (NHCH) AND VP OF COMMUNITY DEVELOPMENT OF QHS SHE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES ROBERT NOBRIGA MR NOBRIGA SERVED AS TREASURER OF QUEEN EMMA LAND COMPANY (QEL), QMC AND THE TREASURER/CHIEF FINANCIAL OFFICER OF QHS THROUGH OCTOBER 2016 HE WAS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES ERIC MARTINSON MR MARTINSON SERVED AS TREASURER OF QMC AND THE TREASURER/CHIEF FINANCIAL OFFICER OF QHS FROM NOVEMBER 2016 THROUGH JUNE 2017 AND PRESIDENT OF QEL FOR THE ENTIRE YEAR HE WAS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES WHITNEY LIMM, MD DR LIMM SERVES AS SENIOR VP OF CLINICAL INTEGRATION AND CHIEF PHYSICIAN EXECUTIVE OF QHS AND QMC HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES JOHN NITAO MR NITAO SERVES AS VP/GENERAL COUNSEL FOR QHS AND SECRETARY OF QEL HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES SUSAN MURRAY MS MURRAY SERVES AS SENIOR VP OF QHS-WEST OAHU REGION AND COO OF QMC-WEST OAHU SHE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES CLINTON YEE MR YEE SERVES AS CORPORATE CONTROLLER OF QHS, ASSISTANT TREASURER OF QMC, QHS QEL AND TREASURER OF MOLOKAI GENERAL HOSPITAL HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES ROBERT HONG, MD DR HONG SERVES AS A TRUSTEE AND CHIEF OF STAFF OF QMC HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR HIS ON-CALL SPECIALTY SERVICES ROBB OHTANI, MD DR OHTANI SERVES AS A TRUSTEE FOR QMC HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR HIS ON-CALL SPECIALTY SERVICES

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: THE QUEEN'S MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1ARTHUR USHIJIMA TRUSTEE/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	853,963	308,920	316,539	70,534	-15,291	1,565,247	0
1ROBERT HONG MDTRUSTEE	(i)	458,783	62,883	5,130	27,007	1,461	555,264	0
	(ii)	0	0	0	0	-0	0	0
2JASON CHANG EXEC VICE PRESIDENT & COO	(i)	0	0	0	0	0	0	0
	(ii)	491,955	101,990	20,486	111,107	-23,932	749,470	0
3WHITNEY LIMM MD SENIOR VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	493,446	142,977	46,425	168,592	-22,875	874,315	0
4JOHN NITAO VICE PRESIDENT/GENERAl COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	342,523	75,290	35,066	79,908	-22,418	555,205	0
5SUSAN MURRAY VP/COO-QMC WEST OAHU	(i)	0	0	0	0	0	0	0
	(ii)	337,871	86,251	53,888	36,964	-15,152	530,126	0
6SHARLENE TSUDA SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	223,541	49,092	24,544	74,454	-14,831	386,462	0
7ROBERT NOBRIGA TREASURER - PART YEAR	(i)	0	0	0	0	0	0	0
	(ii)	436,636	146,519	48,441	46,196	-19,151	696,943	0
8ERIC MARTINSON TREASURER - PART YEAR	(i)	0	0	0	0	0	0	0
	(ii)	400,764	121,089	38,762	102,359	-24,748	687,722	0
9CLINTON YEE ASSISTANT TREASURER	(i)	93,898	0	4,007	4,630	14,702	117,237	0
	(ii)	80,922	7,400	3,935	15,709	-12,442	120,408	0
10SUNG BAE LEE MD PHYSICIAN	(i)	805,706	92,794	24,332	41,221	24,082	988,135	0
	(ii)	0	0	0	0	-0	0	0
11JEFFREY LOH MD PHYSICIAN	(i)	445,380	287,842	923	36,349	22,729	793,223	0
	(ii)	0	0	0	0	-0	0	0
12NICHOLAS DANG MD PHYSICIAN	(i)	526,781	92,839	21,529	22,255	1,530	664,934	0
	(ii)	0	0	0	0	-0	0	0
13RAMY BADAWI MD PHYSICIAN	(i)	487,835	150,804	1,094	40,862	21,919	702,514	0
	(ii)	0	0	0	0	-0	0	0
14ROGER YIM MDPHYSICIAN	(i)	449,773	166,426	1,293	38,369	22,556	678,417	0
	(ii)	0	0	0	0	-0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	350,362,507			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	4,726,000			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	156,477,605			
11	Other spent proceeds	160,009,007			
12	Other unspent proceeds	29,149,895			
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	ML CAPITAL SERVICES							
c	Term of hedge	650 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K	DESCRIPTION OF ARRANGEMENT RELATED ORGANIZATION REPORTING THE QUEENS MEDICAL CENTER'S (QMC) SOLE CORPORATE MEMBER, THE QUEEN'S HEALTH SYSTEMS (QHS) BORROWED ON BEHALF OF ITSELF AND ITS AFFILIATE,

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
BUSINESS TRANSACTIONS	C SCOTT WO IS THE OWNER OF C S WO & SONS LTD, WHICH PROVIDES RENTAL SPACE TO THE ORGANIZATION DURING THE YEAR, THE ORGANIZATION PAID RENT IN THE AMOUNT OF $269,931

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: THE QUEEN'S MEDICAL CENTER

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	177,525	CONSULTING SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	723,581	CONSULTING SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,446,153	MEDICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	926,153	CONSULTING SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,136,656	PARKING MANAGEMENT		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	265,855	CONSULTING SERVICES		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(7) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	243,447	DISPOSAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,131,092	CONSULTING SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,555,460	LAUNDRY SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,089,010	MEDICAL SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	555,328	UTILITIES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,363,892	CONSTRUCTION		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	244,435	UTILITIES		No
(1) CS WO SONS LTD	C SCOTT WO, TRUSTEE-QMC	269,931	RENTAL OF PROPERTY		No

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number

99-0073524

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1859 BY KING KAMEHAMEHA IV AND QUEEN EMMA, QMC IS THE FIRST HOSPITAL IN THE UNITED STATES FOUNDED BY ROYALTY TODAY, IT IS THE LARGES T PRIVATE HOSPITAL IN HAWAII AND THE PACIFIC BASIN THE QUEENS MEDICAL CENTER HAS 575 ACUT E CARE BEDS WITH OVER 5,000 EMPLOYEES AND OVER 1,300 PHYSICIANS ON STAFF, IT IS ALSO ONE OF THE STATE OF HAWAIIS LARGEST EMPLOYERS AS THE LEADING MEDICAL REFERRAL CENTER IN HAWAI I AND THE PACIFIC BASIN, QMC IS WIDELY KNOWN FOR ITS PROGRAMS IN CANCER, CARDIOVASCULAR DI SEASE, NEUROSCIENCE, ORTHOPEDICS, SURGERY, TRAUMA, BEHAVIORAL MEDICINE AND WOMENS HEALTH QMC OFFERS A COMPREHENSIVE RANGE OF SPECIALTIES, INCLUDING CARDIAC DIAGNOSTICS, GASTROENTE ROLOGY, GENETICS, GERIATRICS, GYNECOLOGY, NEONATOLOGY, OBSTETRICS AND PULMONOLOGY QMC SER VES AS THE MAIN TRAUMA CENTER IN THE PACIFIC BASIN, ("TRAUMA" IS DEFINED AS A LIFE-THREATE NING INJURY OR SHOCK) AND HAS BEEN VERIFIED AS A LEVEL II TRAUMA CENTER BY THE VERIFICATIO N REVIEW COMMITTEE (VRC), AN AD HOC COMMITTEE ON TRAUMA (COT) OF THE AMERICAN COLLEGE OF S URGEONS QMC IS HOME TO A NUMBER OF RESIDENCY PROGRAMS OFFERED IN CONJUNCTION WITH THE JOH N A BURNS SCHOOL OF MEDICINE QMC IS ACCREDITED BY THE JOINT COMMISSION (TJC) QMC IS ALSO APPROVED TO PARTICIPATE IN RESIDENCY TRAINING BY THE ACCREDITATION COUNCIL FOR GRADUATE M EDICAL EDUCATION (QCGME), AND IS A MEMBER OF VIZIENT, A NATIONAL COOPERATIVE OF OVER 1,400 HOSPITALS QMC SUPPORTS NATIVE HAWAIIAN HEALTH INITIATIVES THROUGH MANY OF ITS PROGRAMS A ND SERVICES, PARTICULARLY ITS NATIVE HAWAIIAN HEALTH PROGRAM (NHHP) THE FOCUS AREAS OF NH HP INCLUDE IMPROVEMENTS IN CLINICAL OUTCOMES, HEALTHCARE TRAINING, RESEARCH, AND ACCESS AN D OUTREACH NHHP CONDUCTS ONGOING ASSESSMENT AND DEVELOPMENT OF QMC PROGRAMS AND SERVICES FOCUSED ON NATIVE HAWAIIANS, INCLUDING SPECIFIC CLINICAL PROGRAMS IN AREAS SUCH AS CARDIOL OGY, ONCOLOGY, COMPREHENSIVE WEIGHT MANAGEMENT, MEDICINE, NEUROSCIENCE, AND DIABETES QMC COLLABORATES AND PARTNERS TO PROVIDE HEALTHCARE TRAINING AND EDUCATION OPPORTUNITIES TO NA TIVE HAWAIIAN STUDENTS AND THOSE COMMITTED TO SERVING NATIVE HAWAIIAN COMMUNITIES FROM ADO LESCENCE TO GRADUATE STUDIES, SUCH AS, THE ULU KUKUI PROJECT, WHICH IS A PRE-COLLEGE SCIEN CE EDUCATION PROGRAM AT STEVENSON MIDDLE SCHOOL TO PROMOTE EXCELLENCE IN SCIENCE EDUCATION AND THE PURSUIT OF BIOMEDICAL CAREERS BY NATIVE HAWAIIANS AND PACIFIC ISLANDERS IN ADDIT ION, NHHP PROGRAMS FOCUS ON QUALITY IMPROVEMENT AND INCREASED ACCESS FOR NATIVE HAWAIIANS TO QMC AND COLLABORATE WITH THE NATIVE HAWAIIAN COMMUNITY IN EDUCATION, RESEARCH, AND COMM UNITY OUTREACH THROUGH EACH OF THESE AREAS OF FOCUS, NHHP WORKS TO PROVIDE A FRAMEWORK FO R THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF CLINICAL INITIATIVES THAT AIM TO ENHAN CE THE OLA PONO (WELL BEING) OF NATIVE HAWAIIANS IN ADDITION TO NHHP, MANY OF QMC'S PROGR AM SERVICES DESCRIBED BELOW PROVIDE BENEFITS TO NATIVE HAWAIIANS, INCLUDING COMPONENTS OF CHARITY CARE AND UNCOMPENSATED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CARE PROVIDED TO OUR PATIENTS TO SUPPORT THE QUEENS MISSION AND TO FULFILL THE TAX EXEMP T PURPOSE AS A CHARITABLE HOSPITAL, QUEENS PROVIDED THE FOLLOWING COMMUNITY BENEFITS, TOTA LING APPROXIMATELY $188M ON A SYSTEM-WIDE BASIS, FOR THE YEAR ENDED JUNE 30, 2017 1 UNCO MPENSATED CARE - QMC PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY (BAD DEBTS) FOR THE YEAR ENDED JUNE 30, 2017, THE ESTIMATED COST OF PROVIDING CHARITY CARE AND FOR SERVICES THAT WERE BAD DEBTS W AS $2,573,000 AND $38,396,000 RESPECTIVELY 2 QUEEN'S TRANSPLANT CENTER - IN JANUARY 2012 , QMC OPENED THE ONLY ORGAN TRANSPLANT CENTER IN HAWAII AND THE PACIFIC BASIN THIS NEW CE NTER IS HOME TO PHYSICIANS AND STAFF WITH OVER 20 YEARS OF EXPERIENCE IN TRANSPLANTATION FOR THE YEAR ENDED JUNE 30, 2017, THE ESTIMATED COST OF OPERATIONS OF THE QUEEN'S TRANSPLA NT CENTER WAS $3,136,000 3 BEHAVIORAL HEALTH - QMC PROVIDES INPATIENT AND OUTPATIENT BEH AVIORAL HEALTH SERVICES THAT ARE NECESSARY AND IN CERTAIN INSTANCES, NOT GENERALLY AVAILAB LE IN THE STATE OF HAWAII THE ESTIMATED COST OF OPERATIONS RESULTING FROM BEHAVIORAL HEAL TH SERVICES WAS $1,627,000 FOR THE YEAR ENDED JUNE 30, 2017 4 QUEEN EMMA CLINICS - QMC P ROVIDES OUTPATIENT SERVICES TO INDIGENT PATIENTS AND OTHERS THROUGH THE QUEEN EMMA CLINICS THE ESTIMATED COST OF OPERATION OF THE QUEEN EMMA CLINICS WAS APPROXIMATELY $4,682,000 F OR THE YEAR ENDED JUNE 30, 2017 5 ON CALL PHYSICIAN COMPENSATION - QMC MAINTAINS THE ONL Y LEVEL II TRAUMA CENTER IN THE STATE OF HAWAII IN ORDER TO PROVIDE LEVEL II TRAUMA COVER AGE, THE MEDICAL CENTER INCURRED APPROXIMATELY $9,475,000 IN ON CALL PHYSICIAN COVERAGE DU RING THE YEAR ENDED JUNE 30, 2017 6 FELLOWSHIP, RESIDENT AND INTERN COSTS - QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT OF APPROXIMATELY $14,414,000 DURING THE YEAR ENDED JUNE 30, 2017 RELATED TO ITS CARDIAC FELLOWSHIP, RESIDENT AND INTERN PROGRAMS AS A TEACHING FA CILITY, THE MEDICAL CENTER PARTICIPATES IN AND SHARES THE COSTS OF THE HAWAII RESIDENCY PR OGRAM 7 HAWAII MEDICAL LIBRARY - QMC MAINTAINS A MEDICAL LIBRARY THAT BENEFITS HEALTHCAR E PROFESSIONALS IN THE STATE OF HAWAII THE ESTIMATED COST OF OPERATING THE HAWAII MEDICAL LIBRARY FOR THE YEAR ENDED JUNE 30, 2017 WAS $754,000 8 TRANSFER HOTLINE - QMC MAINTAIN S A CARDIAC TRANSFER HOTLINE AND A REFERRAL HOTLINE TO ASSIST PATIENTS AND OTHER HEALTHCAR E PROVIDERS WITH THE TRANSFER AND/OR REFERRAL OF PATIENTS TO APPROPRIATE HEALTHCARE SERVIC ES THE ESTIMATED COST OF PROVIDING THESE SERVICES FOR THE YEAR ENDED JUNE 30, 2017 WAS $1 ,599,000 9 TRANSPORTATION SERVICES - QMC PROVIDES TRANSPORTATION TO AND FROM THE MEDICAL CENTER TO PATIENTS WHO REQUIRE ASSISTANCE THE COST OF PROVIDING THESE SERVICES WAS $63,0 00 FOR THE YEAR ENDED JUNE 30, 2017 10 HEALTH AND WELLNESS EDUCATION - QMC PROVIDES HEAL TH AND WELLNESS EDUCATION TO THE COMMUNITY IN AN EFFORT TO PROMOTE HEALTHY LIFESTYLES FOR THE YEAR ENDED JUNE 30, 2017,

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THE COST OF PROVIDING HEALTH AND WELLNESS EDUCATION WAS $204,000 11 RESEARCH LOSSES - Q MC EMPLOYS STAFF AND INCURS UNFUNDED COSTS FOR MEDICAL RESEARCH FOR THE YEAR ENDED JUNE 3 0, 2017, RESEARCH COSTS WERE $922,000 12 CHARITABLE CONTRIBUTIONS - QMC MAKES CONTRIBUTI ONS TO OUTSIDE CHARITABLE ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2017, CONTRIBUTIONS T O OUTSIDE CHARITABLE ORGANIZATIONS WERE $2,066,000 OF THIS AMOUNT, $375,000 WAS FOR FUNDI NG TO THE DEPARTMENT OF NATIVE HAWAIIAN HEALTH UNDER THE JOHN A BURNS SCHOOL OF MEDICINE OF THE UNIVERSITY OF HAWAII AND $500,000 WAS DONATED TO THE UNIVERSITY OF HAWAII CANCER CO NSORTIUM 13 ELECTRICAL GENERATOR PROJECT - IN ORDER TO MAINTAIN NECESSARY LIFE SUPPORT, DIAGNOSTIC AND OPERATING SYSTEMS, IN THE EVENT OF AN EMERGENCY, QMC SIGNIFICANTLY UPGRADED ITS POWER PLANT BY ADDING TWO NEW GENERATORS THAT ARE CAPABLE OF PROVIDING ELECTRICAL POW ER FOR THE MEDICAL CENTER FOR THE YEAR ENDED JUNE 30, 2017, COSTS INCURRED FOR THE ELECTR ICAL GENERATOR PROJECT WERE $34,000 TOTAL PROJECT COSTS INCURRED AS OF JUNE 30, 2017 WERE APPROXIMATELY $34,369,000 14 MEDICAID SHORTFALL IN PAYMENTS - QMC PROVIDES INPATIENT AN D OUTPATIENT SERVICES TO MEDICAID PATIENTS IN THE STATE OF HAWAII QMC INCURRED COSTS IN E XCESS OF REIMBURSEMENT OF APPROXIMATELY $50,775,000 DURING THE YEAR ENDED JUNE 30, 2017 1 5 MEDICARE SHORTFALL IN PAYMENTS - QMC PROVIDES INPATIENT AND OUTPATIENT SERVICES TO MEDI CARE PATIENTS IN THE STATE OF HAWAII QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT BASED ON MEDICARE COST REPORTS OF APPROXIMATELY $51,510,000 DURING THE YEAR ENDED JUNE 30, 2017 CONSISTENT WITH COST REPORT REQUIREMENTS, THERE ARE AMOUNTS THAT ARE EXCLUDED FROM THE CO STS ABOVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	16 LEASE PRICING BELOW FAIR MARKET VALUE - QMC EXTENDED LEASE RATES TO THE UNIVERSITY OF HAWAII THAT ARE BELOW FAIR MARKET VALUE FOR THE YEAR ENDED JUNE 30, 2017, REVENUES FOREGO NE FROM LEASE RATES THAT WERE BELOW FAIR MARKET VALUE WERE $45,000 17 PROGRAMS THAT IMPR OVE ACCESS TO HEALTHCARE - QMC IMPROVES THE COMMUNITY'S ACCESS TO HEALTHCARE BY HELPING PA TIENTS QUALIFY FOR MEDICAID AND OTHER TYPES OF INSURANCE FOR THE YEAR ENDED JUNE 30, 2017 , THESE PROGRAM COSTS TOTALED $905,000 18 KINAU STREET OFF-RAMP IMPROVEMENT PROJECT - IN ORDER TO IMPROVE ACCESS TO ITS EMERGENCY DEPARTMENT AND HOSPITAL, QMC, IN CONJUNCTION WIT H THE STATE DEPARTMENT OF TRANSPORTATION AND CITY DEPARTMENT OF TRANSPORTATION SERVICES, S UPPORTED CONSTRUCTION OF THE KINAU STREET OFF-RAMP FOR THE YEAR ENDED JUNE 30, 2017, COST S INCURRED FOR THE IMPROVEMENT PROJECT WERE $43,000 19 DENTAL CLINIC - QMC PROVIDES DENT AL SERVICES TO INDIGENT PATIENTS AND OTHERS THROUGH ITS DENTAL CLINIC THE COST OF OPERATI ONS FROM THE DENTAL CLINIC WAS APPROXIMATELY $1,252,000 FOR THE YEAR ENDED JUNE 30, 2017 20 DONATED USE OF CONFERENCE ROOMS - QMC ALLOWS PHYSICIANS AND TEACHERS FROM THE JOHN A BURNS SCHOOL OF MEDICINE OF THE UNIVERSITY OF HAWAII, VARIOUS GOVERNMENTAL ENTITIES INCLUD ING THE HAWAII DEPARTMENT OF HEALTH AND OTHER NONPROFIT ORGANIZATIONS THE FREE USE OF ITS FACILITIES AT THE QUEEN'S CONFERENCE CENTER FOR THE YEAR ENDED JUNE 30, 2017, THE VALUE O F THE USE OF THE CENTER WAS $274,000 21 TUTU BERTS HOUSE TUTU BERT'S HOUSE IS AN 8-BED P RIVATE MEDICAL RESPITE HOUSE IN PARTNERSHIP WITH THE QUEEN'S MEDICAL CENTER AND HOMEAID HA WAII TUTU BERT'S HOUSE OFFERS MEDICALLY FRAIL HOMELESS DISCHARGED FROM THE QUEEN'S MEDICA L CENTER WHO NO LONGER IN NEED OF IN-PATIENT HOSPITALIZATION, BUT WHO ARE STILL TOO FRAIL TO RECUPERATE ON THE STREETS OR IN AN URBAN SHELTER, WITH A SAFETY NET RESOURCE THE HOUSE FACILITATES SHORT-TERM STABILIZATION AND SUPPORTIVE CASE MANAGEMENT THAT ACCELERATES THEI R TRANSITION OUT OF HOMELESSNESS, AND INTO AVAILABLE HOUSING OPTIONS FOR THE YEAR ENDED J UNE 30, 2017 COSTS INCURRED FOR THE PROGRAM WERE $436,000 22 OHANA HOUSE OHANA HOUSE IS A 14-BED PRIVATE MEDICAL RESPITE HOUSE IN PARTNERSHIP WITH THE QUEEN'S MEDICAL CENTER AND KALIHI PALAMA HEALTH CENTER THIS PROGRAM PROVIDES CASE MANAGEMENT AND SHORT-TERM RESIDENT IAL CARE THAT ALLOWS HOMELESS DISCHARGED FROM THE HOSPITAL THE OPPORTUNITY TO REST IN A SA FE ENVIRONMENT WHILE ACCESSING MEDICAL CARE AND OTHER SUPPORTIVE SERVICES THE SERVICES PR OVIDED TO CLIENTS INCLUDE CASE MANAGEMENT, TRANSPORTATION, SHELTER, MEALS, EMERGENCY CLOTH ING AND HYGIENE SERVICES FOR THE YEAR ENDED JUNE 30, 2017 COSTS INCURRED FOR THE PROGRAM WERE $218,000 23 TELESTROKE PROGRAM QUEENS NEUROSCIENCE INSTITUTE PROVIDES STATE-OF-THE- ART MEDICAL CARE TO PATIENTS WITH NEUROLOGICAL DISEASES THROUGH THE INTEGRATION OF CLINICA L EXCELLENCE, EDUCATION AND RESEARCH QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT AND ST ATE GRANTS OF APPROXIMATELY $2

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	,715,000 DURING THE TAX YEAR ENDED JUNE 30, 2017 24 COMMUNITY OUTREACH - QMC EMPLOYEES V OLUNTEER THEIR TIME AND EXPERIENCE PROVIDING FREE LECTURES TO MEMBERS OF THE COMMUNITY INC LUDING PROFESSIONALS, STUDENTS AND MEMBERS OF THE PUBLIC 25 VOLUNTEER EFFORTS - QMC EMPL OYEES PERIODICALLY VOLUNTEER FOR OTHER CHARITABLE ORGANIZATIONS FOR THE YEAR ENDED JUNE 3 0, 2017, THESE EVENTS INCLUDED THE AMERICAN HEART ASSOCIATION'S "HEART WALK", AMERICAN CAN CER SOCIETY'S "RELAY FOR LIFE"HOPE LODGE FUNDRAISER", SUSAN G KOMEN FOUNDATION'S "RACE FO R THE CURE", WAIKIKI IMPROVEMENT ASSOCIATION'S "BEACH CLEAN UPTHE AMERICAN DIABETES ASSOCI ATION'S "STEP OUT" FUNDRAISER IN ADDITION, QMC OFFICERS DEDICATE MANY HOURS SERVING AS VO LUNTEER BOARD MEMBERS FOR OTHER HAWAII BASED CHARITABLE ORGANIZATIONS FORM 990, PART VI, LINE 6 MEMBERS OR STOCKHOLDERS QMC HAS A SOLE MEMBER, WHICH IS THE QUEEN'S HEALTH SYSTEMS, A HAWAII NONPROFIT CORPORATION ("QHS")

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DESCRIPTION OF CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS CERTAIN MAJOR DECISIONS APPROVED BY THE QMC BOARD OF TRUSTEES MUST ALSO BE APPROVED BY QHS SUCH DECISIONS INCLUDE 1 A CHANGE TO THE PURPOSE OF THE COMPANY, 2 A FINANCING TRANSACTION IN EXCESS OF $500,000, 3 A LEASE TRANSACTION THAT HAS A TERM THAT IS LONGER THAN 3 YEARS OR HAS A RENT OBLIGATION IN EXCESS OF $1,000,000 OVER THE LEASE TERM, 4 A TRANSACTION INVOLVING THE SALE, LEASE, DISPOSITION OR HYPOTHECATION OF REAL PROPERTY, 5 ANNUAL OPERATIONAL AND CAPITAL BUDGETS, 6 STRATEGIC PLANS, 7 MERGER OR MAJOR ACQUISITIONS, 8 CREATION OF A NEW ENTITY OR JOINT VENTURE, 9 SALE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF ITS ASSETS, 10 DISSOLUTION, 11 AMENDMENT OF BYLAWS, 12 ADOPTION, AMENDMENT OR RESCISSION OF A BOARD POLICY, 13 CAPITAL EXPENDITURES IN EXCESS OF $2,000,000 FOR QMC

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	ALTHOUGH NOT COMPENSATED BY THE QUEEN'S MEDICAL CENTER, A RELATED ORGANIZATION, THE QUEEN'S HEALTH SYSTEMS, GOES THROUGH THE FOLLOWING PROCEDURES FOR DETERMINING THE CEO'S COMPENSATION A COMMITTEE OF THE BOARD OF TRUSTEES CALLED THE COMPENSATION COMMITTEE MEETS REGULARLY TO REVIEW THE COMPENSATION OF ALL EXECUTIVES OF ALL COMPANIES WITHIN QHS QMCS EXECUTIVE COMPENSATION IS REVIEWED ANNUALLY FOR ITS EXECUTIVE VP/COO, VP MEDICAL AFFAIRS, VP CLINICAL INTEGRATION, VP NURSING AND VP PATIENT CARE ALL DECISIONS REGARDING EXECUTIVE COMPENSATION ARE MADE IN CONFORMITY WITH THE PROCEDURES REQUIRED TO ESTABLISH A REBUTTABLE PRESUMPTION OF REASONABLENESS ANY ADJUSTMENT TO COMPENSATION IS SUBJECT TO THE PROCESS OF ANNUAL PERFORMANCE REVIEWS AND COMPARISON TO COMPARABLE COMPENSATION DATA PREPARED BY A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT THE MOST RECENT REVIEW TOOK PLACE IN OCTOBER 2016 OUTSIDE COUNSEL ASSISTS WITH THE REVIEW PROCESS AND DOCUMENTS THE DECISIONS OF THE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	QMCS GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND THE QHS CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THIS TAX RETURN, AS REQUIRED QMC DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES TO NET ASSETS PENSION FAS 87 ADJUSTMENTS $37,886,382 SHARED SERVICE TRANSFER TO AFFILIATE $ 1,730,475 CHANGE IN INTEREST IN SUBSIDIARY $ 1,602,342 ---------- TOTAL $41,219,199

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 82304328

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL SERVICES TOTAL FEES 33468889

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CIPN PAYMENTS TOTAL FEES 2688958

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 2422798

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER SERVICES TOTAL FEES 4888668

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) QUEEN'S CLINICALLY INTG PHYS NETWORK LLC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0073524	PHYS NETWORK	HI	8,116,261	-93,002	QMC
(2) QUEEN'S 'AKOAKOA LLC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0073524	PHYS NETWORK	HI	232,094	0	QMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)MOLOKAI GENERAL HOSPITAL PO BOX 408 KAUNAKAKAI, HI 96748 99-0251372	MEDICAL SVCS	HI	501(c)(3)	3	QHS	Yes	
(2)NORTH HAWAII COMMUNITY HOSPITAL 67-1125 MAMALAHOA HIGHWAY KAMUELA, HI 96743 99-0260423	MEDICAL SVCS	HI	501(c)(3)	3	QHS	Yes	
(3)THE QUEEN'S HEALTH SYSTEMS 1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0238120	ADMIN SERVICE	HI	501(c)(3)	12c	NA		No
(4)QUEEN EMMA LAND COMPANY 1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0183769	SUPPORT SVCS	HI	501(c)(3)	12a	QHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HAMAMATSUQUEEN'S PET IMAGING LLC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 94-3266916	PET IMAGING	HI	QMC	Related	791,926	6,254,589		No	0		No	70 000 %

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

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

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

Additional Data

Software ID:
Software Version:
EIN: 99-0073524
Name: THE QUEEN'S MEDICAL CENTER

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	QUEEN EMMA LAND COMPANY	c	37,912,637	FMV
(1)	DIAGNOSTIC LABORATORY SERVICES INC	p	20,641,129	FMV
(2)	THE QUEEN'S DEVELOPMENT CORPORATION	k	2,116,044	FMV
(3)	THE QUEEN'S DEVELOPMENT CORPORATION	q	1,395,978	FMV
(4)	THE QUEEN'S DEVELOPMENT CORPORATION	j	3,572,273	FMV
(5)	DIAGNOSTIC LABORATORY SERVICES	j	792,661	FMV
(6)	QUEEN EMMA LAND COMPANY	k	189,918	FMV
(7)	MOLOKAI GENERAL HOSPITAL	l	76,385	FMV
(8)	NORTH HAWAII COMMUNITY HOSPITAL	l	514,770	FMV
(9)	QUEEN EMMA LAND COMPANY	m	444,055	FMV