

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
HAWAII PACIFIC HEALTH GROUP RETURN
% ANN HO
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
55 MERCHANT STREET 24TH FLOOR
City or town, state or province, country, and ZIP or foreign postal code
HONOLULU, HI 96813

D Employer identification number
38-3835105
E Telephone number
(808) 535-7401
G Gross receipts \$ 1,341,538,582

F Name and address of principal officer
RAYMOND VARA
55 MERCHANT ST 24TH FLOOR
HONOLULU, HI 96813

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 5834

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

J Website: ▶ www.hawaiipacifichealth.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN, PALI MOMI MEDICAL CENTER, STRAUB MEDICAL CENTER AND WILCOX MEDICAL CENTER'S MISSION IS TO CREATE A HEALTHIER 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)	40
4 Number of independent voting members of the governing body (Part VI, line 1b)	28
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5,943
6 Total number of volunteers (estimate if necessary)	689
7a Total unrelated business revenue from Part VIII, column (C), line 12	814,155
7b Net unrelated business taxable income from Form 990-T, line 34	11,929

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,024,550	38,200,792
9 Program service revenue (Part VIII, line 2g)	1,152,640,538	1,189,562,447
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,185,713	7,146,921
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,467,796	7,151,712
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,160,947,171	1,242,061,872
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,725,326	910,702
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)	539,388,506	549,366,323
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	513,747,465	552,383,400
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,055,861,297	1,102,660,425
19 Revenue less expenses Subtract line 18 from line 12	105,085,874	139,401,447

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	920,581,653	914,346,914
21 Total liabilities (Part X, line 26)	171,438,146	147,252,420
22 Net assets or fund balances Subtract line 21 from line 20	749,143,507	767,094,494

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 2018-05-03
EARL INOUE vp & system controll
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name JOCELYNE MILLER Preparer's signature JOCELYNE MILLER Date
Check if self-employed PTIN P00634378
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶
Firm's address ▶ 4370 LA JOLLA VILLAGE DR SUITE 500 Phone no (858) 535-7200
SAN DIEGO, CA 92122

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	58,487,791	including grants of \$	0)	(Revenue \$	83,000,000)
	See Additional Data						

4b	(Code)	(Expenses \$	54,884,619	including grants of \$	0)	(Revenue \$	156,000,000)
	See Additional Data						

4c	(Code)	(Expenses \$	54,568,828	including grants of \$	0)	(Revenue \$	136,000,000)
	See Additional Data						

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	797,867,803	including grants of \$	910,702)	(Revenue \$	820,736,143)	

4e	Total program service expenses ▶	965,809,041					
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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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (40), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (HI), 18 (Own website, Another's website, Upon request, Other), 19, 20 (ANN HO 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 (808) 527-2520).

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			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		6,491,736	3,849,387

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 ▶ **1,578**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
LAYTON DCK JOINT VENTURE, 9090 SOUTH SANDY PKWY SANDY, UT 84070	CONSTRUCTION SVCS	48,501,493
CLINICAL LABORATORIES OF HAWAI'I L, PO BOX 1300 HONOLULU, HI 968071300	laboratory services	26,683,381
SODEXO INC AFFILIATES, 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	FOOD & ENVIRON SVCS	9,042,680
CONSTRUCTORS HAWAI'I INC, 1728 KAHAI ST HONOLULU, HI 968133133	CONSTRUCTION SVCS	6,690,243
UNIVERSITY CLINIC EDU RESEARCH AS, 677 ALA MOANA BLVD STE 1001 HONOLULU, HI 96813	PHYSICIAN SVCS	6,146,167

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 ▶ **166**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	37,912,827			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	287,965			
	g Noncash contributions included in lines 1a-1f \$ _____		18,056			
	h Total. Add lines 1a-1f		38,200,792			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUES	622110	1,169,443,172	1,169,443,172		
	b OTHER HEALTHCARE REVENUE	622110	9,681,655	9,681,655		
	c RENTAL INCOME	531120	3,608,130	3,595,058	13,072	
	d PREMIUM REVENUE	622110	3,387,972	3,387,972		
	e INTER-ENTITY SERVICE REVENUE	900099	2,054,023	2,054,023		
	f All other program service revenue		1,387,495	706,920	680,575	
g Total. Add lines 2a-2f		1,189,562,447				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,125,389		2,125,389	
	4 Income from investment of tax-exempt bond proceeds		748,710		748,710	
	5 Royalties		0			
	6a Gross rents	(i) Real				
		487,754				
		b Less rental expenses				
		c Rental income or (loss)	487,754	0		
	d Net rental income or (loss)		487,754		487,754	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		103,265,340				
		b Less cost or other basis and sales expenses	98,895,403	97,115		
		c Gain or (loss)	4,369,937	-97,115		
	d Net gain or (loss)		4,272,822		4,272,822	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0		
		b Less direct expenses		0		
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities See Part IV, line 19	a		0			
	b Less direct expenses		0			
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a		853,946			
	b Less cost of goods sold		484,192			
	c Net income or (loss) from sales of inventory		369,754		369,754	
Miscellaneous Revenue	Business Code					
11a CAFETERIA REVENUE	722110	2,815,585	2,815,585			
b PARKING REVENUE	812930	2,628,092	2,628,092			
c EXPENSE REIMBURSEMENT	900099	331,444	331,444			
d All other revenue		519,083	398,575	120,508		
e Total. Add lines 11a-11d		6,294,204				
12 Total revenue. See Instructions		1,242,061,872	1,195,042,496	814,155	8,004,429	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	910,702	910,702		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,073,259	1,067,893	5,366	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	536,683	536,683		
7 Other salaries and wages	438,883,567	434,444,657	4,438,910	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	31,477,658	31,127,596	350,062	
9 Other employee benefits	47,828,463	39,329,406	8,499,057	
10 Payroll taxes	29,566,693	29,245,250	321,443	
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,897	3,897		
c Accounting	3,081,432		3,081,432	
d Lobbying	0			0
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	644,113		644,113	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	166,703,850	145,476,252	21,227,598	
12 Advertising and promotion	608,700	161,104	447,596	
13 Office expenses	173,732,906	173,164,967	567,939	
14 Information technology	6,289,066	3,786,948	2,502,118	
15 Royalties	0			
16 Occupancy	27,579,492	26,373,625	1,205,867	
17 Travel	1,164,672	1,076,181	88,491	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	259,556	240,885	18,671	
20 Interest	17,896,414	17,896,414		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	41,889,601	41,889,601		
23 Insurance	12,603,467	12,763,567	-160,100	
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 CORPORATE ALLOCATION	80,055,934		80,055,934	
b OTHER PURCHASES	18,890,786	6,218,701	12,672,085	
c AFFILIATE EXPENSES	836,089		836,089	
d SPECIFIC PURPOSE DONATION	362	362		
e All other expenses	143,063	94,350	48,713	
25 Total functional expenses. Add lines 1 through 24e	1,102,660,425	965,809,041	136,851,384	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	-853,297	1	-579,135
	2 Savings and temporary cash investments	10,949,757	2	949,037
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	162,013,837	4	149,461,558
	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	16,626,837	8	17,846,426
	9 Prepaid expenses and deferred charges	2,202,733	9	2,419,339
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	991,929,152		
	b Less accumulated depreciation	504,262,263		
		472,472,694	10c	487,666,889
	11 Investments—publicly traded securities	85,116,205	11	105,219,613
	12 Investments—other securities See Part IV, line 11	57,944,356	12	63,970,832
	13 Investments—program-related See Part IV, line 11	1,618,557	13	1,618,557
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	112,489,974	15	85,773,798	
16 Total assets. Add lines 1 through 15 (must equal line 34)	920,581,653	16	914,346,914	
Liabilities	17 Accounts payable and accrued expenses	110,599,860	17	96,653,942
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	60,838,286	25	50,598,478
	26 Total liabilities. Add lines 17 through 25	171,438,146	26	147,252,420
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	691,901,208	27	739,105,520
	28 Temporarily restricted net assets	47,524,996	28	17,911,891
	29 Permanently restricted net assets	9,717,303	29	10,077,083
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	749,143,507	33	767,094,494
	34 Total liabilities and net assets/fund balances	920,581,653	34	914,346,914

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,242,061,872
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,102,660,425
3	Revenue less expenses Subtract line 2 from line 1	3	139,401,447
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	749,143,507
5	Net unrealized gains (losses) on investments	5	9,986,751
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-131,437,211
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	767,094,494

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 38-3835105

Name: HAWAI'I PACIFIC HEALTH GROUP RETURN

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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			
MARK BAKER MD BOARD OF DIRECTOR (Part Year)	1 2 0 0	X						0	0	0
CHRIS ELDRIDGE BOARD OF DIRECTOR	0 3 0 0	X						0	0	0
BEN GODSEY BOARD OF DIRECTOR	0 3 0 0	X						0	0	0
KEVIN HARA MD BOARD OF DIRECTOR	1 2 0 0	X						0	0	0
BETH HOBAN RN BOARD OF DIRECTOR	0 2 0 1	X						0	0	0
WAYNE KATAYAMA BOARD OF DIRECTOR	0 2 0 0	X						0	0	0
CLYDE KODANI BOARD OF DIRECTOR	0 2 0 0	X						0	0	0
RICHANNE LAM BOARD OF DIRECTOR	0 2 0 1	X						0	0	0
STEPHEN LIN MD BOARD OF DIRECTOR	1 3 0 0	X						0	7,512	0
NEIL MANAGO MD BOARD OF DIRECTOR	0 2 0 0	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			
AVI MANNIS BOARD OF DIRECTOR	0 2 0 0	X						0	0	0
GERALD MCKENNA MD Board of Director	0 2 0 0	X						0	0	0
PETER MCNALLY MD Board of Director	0 3 0 0	X						0	0	0
ELLIOT MILLS Board of Director, Chair	0 3 0 4	X						0	0	0
MICHAEL O'MALLEY ESQ Board of Director	1 3 0 0	X						0	0	0
FRED PAINE Board of Director	0 2 0 0	X						0	0	0
ALANA PAKKALA Board of Director	0 2 0 2	X						0	0	0
MARK PITTS MD Board of Director	0 2 0 0	X						0	0	0
JERRY PUPILLO Board of Director	0 2 0 0	X		X				0	0	0
DANIELLE RAMOS BOARD OF DIRECTOR (Part Year)	0 2 0 0	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			
KATHY RICHARDSON Board of Director	0 2 0 0	X						0	0	0
LYLE TABATA Board of Director	0 2 0 0	X						0	0	0
JASMINE TANIOKA Board of Director	0 2 0 0	X						0	0	0
SHELLEY WILSON Board of Director	0 3 0 0	X						0	0	0
MARK YAMAKAWA BOARD OF DIRECTOR	0 3 0 0	X						0	0	0
LOREN YAMAMOTO MD BOARD OF DIRECTOR	0 3 0 0	X						0	0	0
MICHAEL YAMANE BOARD OF DIRECTOR	0 2 0 0	X						0	0	0
GORDON HAMMOND BOARD OF DIRECTOR, CHAIR	0 2 0 0	X		X				0	0	0
GORDON NIHEI BOARD OF DIRECTOR, CHAIR	0 2 0 0	X		X				0	0	0
VIOLETA ARNOBIT RN BOD, VICE CHAIR (Part Year)	0 2 0 1	X		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			
TAD JACKSON MD BOARD OF DIRECTOR, VICE CHAIR	02 00	X		X				0	0	0
DAWN MIURA MD BOARD OF DIRECTOR	02 00	X						0	12,666	0
DOUGLAS KWOCK MD BOARD OF DIRECTOR, CHAIR	13 00	X		X				0	15,574	0
R CRAIG NETZER Board of Director	02 00	X						0	41,595	0
DAVID CHO MD Board of Director	400 00	X						481,167	0	31,668
CAROL FUJIYOSHI MD Board of Director	02 400	X						0	341,495	14,174
MONICA PRICE MD Board of Director	400 00	X						194,583	0	27,560
MARTHA SMITH Board of Director, CEO	500 100	X		X				0	829,391	210,124
KENNETH B ROBBINS MD BOARD OF DIRECTOR, EVP & CMO	216 336	X		X				0	909,142	222,896
RAYMOND P VARA JR BOD, President & CEO	80 541	X		X				0	2,204,534	577,097

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			
JENNIE CHAHANOVICH BOD, PRESIDENT & CEO	30 0 26 5	X		X				0	627,702	173,834
ARTHUR GLADSTONE BOD, CEO, VP & SYSTEM CNE	43 2 12 2	X		X				0	812,800	212,733
BEAU NAKAMOTO MD Board of Director, VICE CHAIR	40 0 0 0	X		X				377,465	0	11,035
RODNEY WILLIAMS MD CMO	39 0 1 0			X				502,459	0	59,137
KATIE SHIGEMITSU COMPLIANCE OFFICER	23 0 17 0			X				0	181,068	31,504
JOHN BELEW COO	39 0 1 0			X				0	0	0
PATRICIA BOECKMANN RN COO	50 0 2 0			X				0	321,184	108,472
GIDGET RUSCETTA RN COO	43 0 10 1			X				0	317,834	87,329
GAIL LERCH EVP	8 0 50 5			X				0	779,268	194,547
STEVEN ROBERTSON EVP & CIO	13 5 41 0			X				0	788,539	200,092

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
DAVID OKABE EVP, CFO & TREASURER	12 0 38 4			X				0	931,782	232,268		
CHARLES R CHING EVP, GEN COUNSEL & SECRETARY	12 0 28 0			X				0	734,133	193,392		
ALAN ITO INFORMATION SECURITY OFFICER	3 0 37 0			X				0	164,310	35,352		
DAVID FOX PRIVACY OFFICER	16 5 23 5			X				0	146,572	28,989		
THOMAS MUNDELL SVP	0 8 61 2			X				0	448,416	46,039		
MELINDA ASHTON MD SVP & CQO	6 0 43 3			X				0	548,575	123,698		
WARREN CHAIKO VP	30 0 20 0			X				0	333,799	89,461		
DAWN CHING VP	50 0 2 0			X				0	270,063	84,269		
PAULA DIAS VP	48 0 3 0			X				0	298,882	75,717		
BRANDT FARIAS VP	4 0 51 0			X				0	234,937	50,132		

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			
MAUREEN FLANNERY VP	50 0 5 0			X				0	322,783	74,668
LORRIE-ANN LUKE VP	7 0 43 7			X				0	197,016	65,774
SUSAN MASUMOTO-NONAKA VP	32 0 11 2			X				0	323,353	84,552
MICHAEL ROBINSON VP	0 6 49 4			X				0	247,734	56,525
BRIGITTE MCKALE VP & CNE	50 0 1 0			X				0	282,707	77,546
MAVIS NIKAIDO VP & CNE	49 0 1 0			X				0	335,950	77,864
EARL INOUYE VP & SYSTEM CONTROLLER	10 0 41 0			X				0	331,492	83,124
JESSICA LEWIS ASSISTANT CORPORATE SECRETARY	16 0 24 0			X				0	134,343	32,501
SPENCER K CHANG MD PHYSICIAN	40 0 0 0					X		804,967	0	32,048
MARK S GERBER MD PHYSICIAN	40 0 0 0					X		908,335	0	17,079

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			
CURTIS B KAMIDA MD PHYSICIAN	40 0 0 0					X		872,622	0	51,125
KENNETH C LEE MD PHYSICIAN	40 0 0 0					X		783,426	0	14,726
CASS K NAKASONE MD PHYSICIAN	40 0 0 0					X		1,096,060	0	31,168
THOMAS J NORDYKE MD FORMER OFFICER	40 0 0 0						X	290,951	0	29,168
CHARLES A STED FORMER OFFICER	0 0 0 0						X	179,701	0	0

**TY 2016 Affiliate
Listing****Name:** HAWAI'I PACIFIC HEALTH GROUP RETURN**EIN:** 38-3835105**TY 2016 Affiliate Listing**

Name	Address	EIN	Name control
Kapiolani Medical Ctr Women Childr	55 Merchant St 24th floor Honolulu, HI 96813	99-0177350	KAPI
Pali Momi Medical Center	55 Merchant St 24th Floor Honolulu, HI 96813	99-0274038	PALI
Straub Clinic & Hospital	55 Merchant St 24th Floor Honolulu, HI 96813	91-2151670	STRA
Wilcox Memorial Hospital	3-3420 Kuhio Hwy Lihue, HI 96766	99-0074365	WILC

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number
38-3835105

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 **section 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 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 <input type="checkbox"/>						

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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	
		11b	
		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? <i>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.</i>		
		1	No
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? <i>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.</i>		
		2	No

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)? <i>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).</i>		
		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	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	No
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	No

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
		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? <i>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.</i>		
		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? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		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	0	
2 Recoveries of prior-year distributions	0	
3 Other gross income (see instructions)	0	
4 Add lines 1 through 3	0	
5 Depreciation and depletion	0	
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)	0	
7 Other expenses (see instructions)	0	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	0	

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)		
a Average monthly value of securities	0	
b Average monthly cash balances	0	
c Fair market value of other non-exempt-use assets	0	
d Total (add lines 1a, 1b, and 1c)	0	
e Discount claimed for blockage or other factors (explain in detail in Part VI) 0		
2 Acquisition indebtedness applicable to non-exempt use assets	0	
3 Subtract line 2 from line 1d	0	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	0	
6 Multiply line 5 by .035	0	
7 Recoveries of prior-year distributions	0	
8 Minimum Asset Amount (add line 7 to line 6)	0	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2 Enter 85% of line 1	2	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4 Enter greater of line 2 or line 3	4	0
5 Income tax imposed in prior year	5	0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 Total annual distributions. Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2016 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

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			0
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. 0			
d From 2014. 0			
e From 2015. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2016 distributable amount			0
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2016 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
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)		0	
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 Excess distributions carryover to 2017. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b Excess from 2013. 0			
c Excess from 2014. 0			
d Excess from 2015. 0			
e Excess from 2016. 0			

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016
Open to Public Inspection

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.

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 HAWAII PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
----------------------------------------------------------------	-----------------------------------------------------

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-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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		52,759
j	Total Add lines 1c through 1i			52,759
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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
SCHEDULE C, PART II-B	LOBBYING EXPENDITURES LOBBYING EXPENSES ARE THE PORTION OF AMOUNTS PAID TO HEALTHCARE ASSOCIATIONS THAT ENGAGED IN LEGISLATIVE LOBBYING ON BEHALF OF ITS MEMBERS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number
38-3835105

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 ▶ \$ _____ 0

(ii) Assets included in Form 990, Part X ▶ \$ _____ 1,212,966

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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	163,374,610	167,123,775	170,982,165	151,507,463	135,652,768
b Contributions	0	340,551	564,521	418,132	493,306
c Net investment earnings, gains, and losses	16,944,928	-3,972,004	-4,243,274	19,077,175	15,453,147
d Grants or scholarships	0		0	0	0
e Other expenditures for facilities and programs	195,755	117,712	167,884	0	0
f Administrative expenses			11,753	20,605	91,758
g End of year balance	180,123,783	163,374,610	167,123,775	170,982,165	151,507,463

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 99 100 %
 - b** Permanent endowment ▶ 0 900 %
 - c** Temporarily restricted endowment ▶
- 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) Yes | |
| (ii) related organizations | 3a(ii) Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b Yes | |
- 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		19,720,249		19,720,249
b Buildings		619,012,202	253,445,515	365,566,687
c Leasehold improvements		24,960,839	19,220,165	5,740,673
d Equipment		293,339,062	228,726,777	64,612,285
e Other		34,896,800	2,869,805	32,026,995
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				487,666,889

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) BOARD DESIGNATED SECURITIES	58,313,366	F
(B) INVESTMT IN UNCONSOLIDATED SUB	4,971,708	F
(C) LIMITED PARTNERSHIPS	685,758	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	63,970,832	

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
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	85,773,798

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	50,598,478

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: 38-3835105
Name: HAWAI'I PACIFIC HEALTH GROUP RETURN

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

(a) Description	(b) Book value
(1) INT IN NET ASSETS OF FDNS	18,577,785
(2) BOARD DESIGNATED INVESTMENTS	16,778,000
(3) DEPOSITS & NON-CURRENT ASSETS	9,592,675
(4) OTHER RECEIVABLES	6,225,393
(5) INTEREST IN PERPETUAL TRUST	4,805,471
(6) DECORATIVE ARTWORK	1,212,966
(7) INVESTMENT IN JOINT VENTURES	25,000
(8) DUE FROM THIRD PARTY PAYORS	21,894,222
(9) DUE FROM KAPI'OLANI HLTH FDN	5,224,149
(10) WILCOX HEALTH FOUNDATION	664,432
(11) PALI MOMI FOUNDATION	302,559
(12) STRAUB FOUNDATION	186,220
(13) KAUA'I MEDICAL CLINIC	162,296
(14) PROVIDER INSURANCE CORP	44,235
(15) KAPI'OLANI MEDICAL SPECIALISTS	42,207
(16) HAWAI'I PACIFIC HEALTH PTNRS	25,471
(17) HAWAI'I HEALTH PARTNERS	10,682
(18) HICORD	35

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

1 (a) Description of Liability	(b) Book Value
OTHER LONG TERM LIABILITIES	22,231,756
ESCHEAT LIABILITY	366,887
THIRD PARTY PAYORS	22,322,229
STRAUB PHARMACY INC	4,555,888
KAPI'OLANI MEDICAL SPECIALISTS	816,398
HAWAI'I HEALTH PARTNERS	97,160
PROVIDERS INSURANCE CORPORATION	24,274
KEAHONUOKALANI	98,779
HAWAI'I PACIFIC HEALTH PARTNERS	42,747
STRAUB FOUNDATION	17,391

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

1 (a) Description of Liability	(b) Book Value
KAPI'OLANI HEALTH FOUNDATION	14,878
WILCOX HEALTH FOUNDATION	10,091

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	Artwork is used to improve the internal environment of the hospitals setting for both families and patients. This includes creating an inviting patient atmosphere in both the rooms and the halls of our facilities. This environment is a key differentiating factor in improving the outlook of those who utilize our facilities as well as the staff who work there. Both of which leads to improved patient results and positive views of our services.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS INTENDED USES ENDOWMENT FUNDS ARE INTENDED TO BE USED TO PROVIDE MEDICAL AND OTHER CARE TO PATIENTS WHO ARE UNABLE TO PAY FOR SUCH CARE AND FOR OTHER EXPENSES RELATED TO THE EXEMPT PURPOSE OF THE HOSPITAL

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 HAWAII PACIFIC HEALTH GROUP RETURN

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.**

Employer identification number
 38-3835105

OMB No 1545-0047
2016
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible 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	

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)		26,166	5,038,776	0	5,038,776	0.460 %
b Medicaid (from Worksheet 3, column a)		213,653	254,306,486	237,616,941	16,689,545	1.510 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0	0	0.0 %
d Total Financial Assistance and Means-Tested Government Programs		239,819	259,345,262	237,616,941	21,728,321	1.970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	56	52,607	2,333,145	257,007	2,076,138	0.190 %
f Health professions education (from Worksheet 5)	10	76	9,838,810	1,733,134	8,105,676	0.740 %
g Subsidized health services (from Worksheet 6)	12	384	35,909,070	13,821,257	22,087,813	2.000 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	13	50,065	1,008,853	0	1,008,853	0.090 %
j Total Other Benefits	91	103,132	49,089,878	15,811,398	33,278,480	3.020 %
k Total Add lines 7d and 7j	91	342,951	308,435,140	253,428,339	55,006,801	4.990 %

Part III 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	1	0	3,398	0	3,398	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	2	448	492,387	0	492,387	0 040 %
9 Other						
10 Total	3	448	495,785	0	495,785	0 040 %

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 Healthcare Financial Management Association Statement No 15?	1		No
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		
			19,272,660
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		
			1,971,296
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		139,391,170
6 Enter Medicare allowable costs of care relating to payments on line 5	6		159,316,786
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7		-19,925,616
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			
<input type="checkbox"/> Cost accounting system		<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> 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		No

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?

4

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 A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 14

		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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
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 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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 <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" 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)

A

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? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V SECTION C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

A

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?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group _____

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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? 21

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 3C	N/A
SCHEDULE H, PART I, LINE 6A	COMMUNITY BENEFITS ARE INCLUDED IN A REPORT PREPARED BY HAWAI'I PACIFIC HEALTH, THE FILING ORGANIZATIONS' PARENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	NO COSTS OF A PHYSICIAN CLINIC WERE INCLUDED AS SUBSIDIZED HEALTH SERVICES
SCHEDULE H, PART I, LINE 7	COST TO CHARGE RATIO AND SCHEDULE H WORKSHEET WAS USED TO CALCULATE THE COSTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES THE HOSPITALS OF HAWAI' I PACIFIC HEALTH ARE COMMITTED TO ATTRACTING AND RETAINING TOP-QUALITY PHYSICIANS TO SERVE HAWAI'I WHICH HAS A DOCUMENTED PHYSICIAN SHORTAGE STATEWIDE FOR MANY SPECIALTIES ACCORDING TO THE HAWAI'I PHYSICIAN WORKFORCE ASSESSMENT PROJECT, BY 2020 HAWAI'I WILL HAVE 1,500 FEWER PHYSICIANS THAN NEEDED TO MEET THE STATE'S HEALTH CARE NEEDS IN 2016, HAWAI' I PACIFIC HEALTH INVESTED IN ATTRACTING PHYSICIANS WITH UNDER-REPRESENTED SPECIALTIES TO HAWAI'I TO HELP ENSURE THAT THE COMMUNITY'S HEALTH CARE NEEDS WILL BE MET HAWAI' I PACIFIC HEALTH ALSO PROMOTED AN INTEREST IN HEALTH CAREERS AMONG YOUTH IN A MEDICALLY UNDERSERVED AREA BY WORKING WITH THE DEPARTMENT OF EDUCATION TO CONDUCT A HEALTH PROFESSIONS MENTORING PROGRAM FOR KAUAI HIGH SCHOOL STUDENTS HAWAII PACIFIC HEALTH SUPPORTED THE REACH OUT AND READ PROGRAM ON KAUAI, WHICH PARTNERS WITH MEDICAL PROFESSIONALS TO INCORPORATE LITERACY SUPPORT INTO WELL-CHILD VISITS REACH OUT AND READ HAS BEEN IDENTIFIED BY THE CDC AS AN EFFECTIVE EVIDENCE-BASED PROGRAM THAT CAN DEVELOP IMPROVED LANGUAGE SKILLS AND EARLY LITERACY WHICH ARE CORRELATED WITH IMPROVED HEALTH OUTCOMES
SCHEDULE H, PART III, LINE 3	THE ESTIMATE FOR BAD DEBT THAT COULD HAVE POTENTIALLY QUALIFIED FOR CHARITY CARE WAS CALCULATED BY FIRST COMPUTING THE BAD DEBT ASSOCIATED WITH THE UNINSURED, THEN CALCULATING THE COST USING A COST TO CHARGE RATIO (PER SCHEDULE H WORKSHEET 2) AND THEN APPLYING MANagements ESTIMATE FOR PORTION OF UNINSURED THAT COULD HAVE QUALIFIED FOR CHARITY CARE MANAGEMENT CONSERVATIVELY ESTIMATES THAT 15-20% OF THE UNINSURED BAD DEBT COULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE IF SUFFICIENT INFORMATION WAS OBTAINED TO DEMONSTRATE FINANCIAL NEED SCHEDULE H, PART III, LINE 4 PER THE CONSOLIDATED AUDITED FINANCIAL STATEMENT OF HAWAI' I PACIFIC HEALTH ("HPH"), THE FILING ORGANIZATION'S PARENT THE PROVISION FOR BAD DEBTS EXPENSE IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION HISTORICAL AND BUSINESS AND ECONOMIC TRENDS, TRENDS IN HEALTHCARE COVERAGES AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BAD DEBT CONSISTS OF SERVICES FOR WHICH THE COMPANY ANTICIPATED BUT DID NOT RECEIVE PAYMENT BECAUSE OF THE PATIENTS' UNWILLINGNESS TO PAY BAD DEBT ALSO INCLUDES SERVICES FOR MEDICALLY INDIGENT AND/OR UNINSURED PATIENTS WHO ARE UNABLE TO PAY AND WHO MIGHT HAVE QUALIFIED FOR CHARITY CARE HAD THE PATIENT SELF-IDENTIFIED THEMSELVES AS MEDICALLY INDIGENT ALONG WITH PROVIDING INFORMATION SO THAT PROPER MEANS TESTING COULD HAVE BEEN ACCOMPLISHED TO QUALIFY THE PATIENT FOR CHARITY CARE

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Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	BECAUSE TAX-EXEMPT HOSPITALS MUST PARTICIPATE IN MEDICARE AND MEDICAID AS A CONDITION OF MAINTAINING THEIR FEDERAL TAX-EXEMPT STATUS, MEDICARE UNDERPAYMENTS ARE NOT OPERATING EXPENSES THAT SHOULD BE EXPECTED IN THE ORDINARY COURSE OF BUSINESS BECAUSE TAX-EXEMPT HOSPITALS MUST ACCEPT MEDICARE RATES THAT ARE IN SOME CASES BELOW COST, THEY SHOULD BE ABLE TO REPORT ANY NEGATIVE DIFFERENCES BETWEEN MEDICARE RATES AND COST AS LOSSES INCURRED BY SERVICING THE COMMUNITY TOTAL MEDICARE COSTS WERE CALCULATED IN ACCORDANCE WITH THE FEDERAL STANDARD FORM CMS-2552 96
SCHEDULE H, PART III, LINE 9B	COLLECTION PROCEDURES FOR PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE FOLLOW THE SAME POLICY AS ALL OTHER PATIENTS IN GENERAL THE POLICY INVOLVES SENDING FOLLOW UP STATEMENTS AND DOING FOLLOW UP PHONE CALLS PAYMENT OPTIONS ARE ALSO PRESENTED TO THE PATIENT AS PART OF THE COLLECTION PROCESS ACCOUNTS NOT COLLECTED WITHIN THE SPECIFIED TIME PERIOD OUTLINED IN THE POLICY (HOSPITAL AND PHYSICIAN CLAIMS) ARE SENT TO A COLLECTION AGENCY FOR COLLECTION

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 2</p>	<p>NEEDS ASSESSMENT THE HOSPITALS OF HAWAI'I PACIFIC HEALTH PARTNERED WITH THE HEALTHCARE ASSOCIATION OF HAWAII AND THE HEALTHY COMMUNITIES INSTITUTE TO CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) FOR EACH OF THE COMMUNITIES SERVED BY THE HOSPITALS THE CHNAS WERE COMPLETED IN MARCH 2016 OUR APPROACH FOLLOWED THE PUBLIC HEALTH MODEL OF ASSESSING AND UNDERSTANDING COMMUNITY HEALTH HOLISTICALLY A FRAMEWORK FOR ANALYSIS WAS CONSTRUCTED BASED ON DETERMINANTS OF HEALTH, THE FRAMEWORK INCLUDED A BROAD DEFINITION OF COMMUNITY HEALTH THAT CONSIDERS SECONDARY DATA ON THE SOCIAL, ECONOMIC, AND PHYSICAL ENVIRONMENTS, AS WELL AS HEALTH RISKS AND OUTCOMES SPECIAL ATTENTION WAS GIVEN TO IDENTIFYING HEALTH DISPARITIES, THE NEEDS OF VULNERABLE POPULATIONS, AND UNMET HEALTH NEEDS OR GAPS IN SERVICES A BROAD ARRAY OF SECONDARY AND PRIMARY DATA WAS COLLECTED AND SYNTHESIZED TO DETERMINE COMMUNITY NEEDS OVER 375 INDICATORS FROM OVER 20 SOURCES FROM A DATABASE MAINTAINED BY THE HAWAI'I DEPARTMENT OF HEALTH WERE ANALYZED USING A SYSTEMATIC AND QUANTITATIVE APPROACH THAT INCORPORATED MULTIPLE BENCHMARKS AND COMPARISONS ADDITIONAL ANALYSIS INCLUDED PREVENTABLE CAUSES OF HOSPITALIZATION USING DATA PROVIDED BY THE HAWAII HEALTH INFORMATION CORPORATION, AND INFORMATION FROM RECENTLY PUBLISHED REPORTS ON ACCESS TO CARE, HEALTH DISPARITIES, PRIMARY CARE NEEDS, AND BEHAVIORAL HEALTH NEEDS KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS HAVING SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, HEALTH DISPARITIES, AND VULNERABLE POPULATIONS IN THE IDENTIFIED COMMUNITIES</p>
<p>SCHEDULE H, PART VI, LINE 3</p>	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE WHEN A PATIENT PRESENTS FOR SERVICES AND THE PATIENT DOES NOT HAVE INSURANCE COVERAGE FOR SERVICES TO BE PROVIDED, THE PATIENT, OR GUARANTOR IS ASKED TO SIGN THE "SELF-PAY ACKNOWLEDGEMENT" LETTER THE LETTER DESCRIBES THE TERMS OF THE HAWAI'I PACIFIC HEALTH ("HPH") UNINSURED DISCOUNT PROGRAM, AND BY SIGNING THE LETTER, THE PATIENT ACKNOWLEDGES THAT HE/SHE UNDERSTANDS AVAILABLE UNINSURED PAYMENT TERMS IN MOST UNINSURED CASES, THE PATIENT WILL BE OFFERED A HAWAI'I STATE MEDICAL ASSISTANCE APPLICATION THIS IS THE APPLICATION FOR THE HAWAI'I STATE MEDICAID/QUEST PROGRAM THE HOSPITAL CONTRACTS WITH SERVICE PROVIDERS WHO SPECIALIZE IN ASSISTING PATIENTS WITH THE MEDICAID/QUEST PROGRAM APPLICATION PROCESS IF THE PATIENT'S APPLICATION FOR MEDICAID/QUEST IS DENIED OR IT IS DETERMINED THAT THE PATIENT IS INELIGIBLE TO APPLY FOR MEDICAID/QUEST, THE PATIENT MAY APPLY FOR HPH FINANCIAL ASSISTANCE EITHER IN THE HOSPITAL FINANCIAL SERVICES DEPARTMENT OR BY MAIL DIRECTLY TO THE HPH BUSINESS SERVICES OFFICE FINANCIAL COUNSELORS ARE AVAILABLE ON SITE TO REVIEW PAYMENT OPTIONS WITH THE PATIENT OR THE GUARANTOR THESE OPTIONS INCLUDE THE AFOREMENTIONED HPH UNINSURED DISCOUNT PROGRAM, THE HAWAI'I STATE MEDICAID/QUEST PROGRAM, THE HPH FINANCIAL ASSISTANCE PROGRAM, PAYMENT PLANS AND ANY GRANT OR FUNDING SOURCE THAT MAY BE APPROPRIATE FOR THE SERVICES PROVIDED IN SOME CASES, HPH DETERMINES THAT A PATIENT OR GUARANTOR MAY NEED ASSISTANCE AFTER SERVICES ARE PROVIDED, AND FINANCIAL INFORMATION IS MAILED TO THE PATIENT EDUCATION AND ASSISTANCE IS OFTEN PROVIDED VIA PHONE CONTACT IN THESE CASES PAYMENT PLAN ARRANGEMENTS ARE HANDLED VIA PHONE CONTACT WITH THE PATIENT</p>

990 Schedule H, Scheduling Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION HAWAII PACIFIC HEALTHS MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS SAFETY NET PROVIDERS OF HEALTH CARE FOR THE COMMUNITY. DEMOGRAPHICS OF THE STATE OF HAWAII INCLUDE 1.4M RESIDENTS AND 8.9M VISITORS (2016 DATA). THERE ARE MORE THAN 20 OTHER HOSPITALS IN THE STATE THAT PROVIDE ACUTE CARE SERVICES, INCLUDING THOSE THAT ARE COMMUNITY ACCESS HOSPITALS. AREAS AND POPULATIONS DESIGNATED AS MEDICALLY-UNDERSERVED BY THE FEDERAL GOVERNMENT ARE PRESENT. KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN HAS BEEN TREATING WOMEN, CHILDREN AND INFANTS FOR MORE THAN A CENTURY. IT IS HAWAII'S ONLY MATERNITY, NEWBORN AND PEDIATRIC SPECIALTY HOSPITAL WITH 243 BEDS. IT IS ALSO A TERTIARY CARE, TEACHING AND RESEARCH FACILITY. FOR WOMEN, KAPI'OLANI PROVIDES COMPLETE OBSTETRICAL AND GYNECOLOGICAL CARE. FOR INFANTS AND CHILDREN, IT HAS MORE THAN 100 PEDIATRIC SPECIALISTS AND SUBSPECIALISTS. IN FISCAL YEAR 2017, KAPI'OLANI HAD 6,248 DELIVERIES (BIRTHS), 46,512 WOMEN'S CENTER PROCEDURES, 45,620 ER VISITS, 57,447 IMAGING PROCEDURES, 578 TRANSPORTS AND 16,317 INPATIENT ADMISSIONS. ITS GEOGRAPHIC SERVICE AREA IS THE ENTIRE PACIFIC REGION. AS MANY SPECIALTIES OFFERED ARE NOT AVAILABLE ELSEWHERE, PALI MOMI MEDICAL CENTER IS A COMMUNITY-BASED, ACUTE-CARE HOSPITAL THAT OFFERS A FULL RANGE OF SERVICES IN CARDIOLOGY, ORTHOPEDICS, EMERGENCY MEDICINE, GENERAL SURGERY AND MEDICINE, OPHTHALMOLOGY, WOMEN'S SERVICES, ONCOLOGY AND MORE. IT HAS DELIVERED MANY MEDICAL FIRSTS FOR THE COMMUNITY, INCLUDING WEST O'AHU'S ONLY INTERVENTIONAL CARDIAC CATHETERIZATION UNIT, A WOMEN'S CENTER AND RETINA CENTER. IT HAS BEEN DESIGNATED AS A LEVEL III TRAUMA CENTER BY THE STATE OF HAWAII AND IT IS ALSO A CERTIFIED PRIMARY STROKE CENTER. IN FISCAL YEAR 2017, PALI MOMI HAD 49,091 ER VISITS, 46,742 WOMEN'S CENTER PROCEDURES, 85,153 IMAGING PROCEDURES AND 5,757 INPATIENT ADMISSIONS. PALI MOMI'S GEOGRAPHIC SERVICE AREA IS PRIMARILY CENTRAL O'AHU, WEST O'AHU AND THE NORTH SHORE. STRAUB MEDICAL CENTER HAS SERVED THE PEOPLE OF HAWAII FOR MORE THAN 95 YEARS. IT IS A FULLY INTEGRATED HEALTH CARE PROVIDER WITH A 159-BED HOSPITAL IN HONOLULU, A NETWORK OF NEIGHBORHOOD CLINICS, AND A VISITING SPECIALISTS PROGRAM TO IMPROVE ACCESS TO MEDICAL SERVICES FOR NEIGHBOR ISLAND RESIDENTS. STRAUB HOUSES AN ARRAY OF PHYSICIAN SPECIALISTS UNDER ONE ROOF, ENABLING PATIENTS TO RECEIVE DIAGNOSIS AND TREATMENT IN MORE THAN 32 MEDICAL SPECIALTIES. IN FISCAL YEAR 2017, STRAUB HAD 33,323 ER VISITS, 7,230 INPATIENT ADMISSIONS, 93,500 IMAGING PROCEDURES AND 875,594 CLINIC ENCOUNTERS. STRAUB IS PROUD TO PROVIDE SERVICES THAT ARE NOT OFFERED BY ANY OTHER PROVIDERS IN THE REGION. THE BURN CENTER, FOR EXAMPLE, IS THE ONLY DEDICATED BURN TREATMENT FACILITY IN HAWAII AND TREATS MILITARY AND CIVILIAN PATIENTS THROUGHOUT THE PACIFIC REGION. WILCOX MEDICAL CENTER HAS SERVED KAUAI FOR MORE THAN 75 YEARS. THE ACUTE-CARE FACILITY OFFERS OVER 30 SPECIALTIES AND PROGRAMS, AND A FULL SUITE OF SERVICES INCLUDING CARDIOLOGY, EMERGENCY, FAMILY PRACTICE, GASTROENTEROLOGY, HEALTH MANAGEMENT, INTERNAL MEDICINE, NEUROLOGY, OB-GYN, ONCOLOGY, ORTHOPEDICS, PEDIATRICS AND UROLOGY. IN FISCAL YEAR 2017, WILCOX HAD 24,451 ER VISITS, 507 DELIVERIES (BIRTHS), 65,028 IMAGING PROCEDURES AND 3,407 INPATIENT ADMISSIONS. WILCOX'S GEOGRAPHIC SERVICE AREA IS THE ISLAND OF KAUAI. DEMOGRAPHICS OF THE KAUAI COMMUNITY IN FISCAL YEAR 2017 INCLUDE AN ESTIMATED POPULATION OF APPROXIMATELY 72,000 (2016 CENSUS BUREAU DATA) AND MORE THAN 1.1M VISITORS ANNUALLY (2016 DATA). THERE ARE TWO OTHER HOSPITALS IN THE COMMUNITY, AND FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS ARE PRESENT.</p>
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH WHEN DISCHARGING PATIENTS, PALI MOMI MEDICAL CENTER FOLLOWS THE GUIDELINES OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. THE PROCEDURES INVOLVED WITH PROVIDING A SAFE DISCHARGE PLAN INCLUDE DESIGNATING A PERMANENT OR TRANSITIONAL DESTINATION FOR ALL PATIENTS LEAVING THE HOSPITAL. HOWEVER, IN SOME CASES, PATIENTS HAVE NO INSURANCE OR ARE PENDING APPROVAL UNDER THE MEDICAID PROGRAM FOR PAST SERVICES PROVIDED. THESE PATIENTS DO NOT REQUIRE FURTHER HOSPITAL-GRADE CARE BUT RATHER, FOLLOW-UP CARE AT A TRANSITIONAL CARE FACILITY, SUCH AS A LICENSED FOSTER CARE HOME OR REHABILITATION CENTER. IN THESE SPECIAL CIRCUMSTANCES, PALI MOMI WILL PAY AN INDEPENDENT CASE MANAGER FROM THE COMMUNITY, USUALLY A NURSE REPRESENTATIVE OF AN INDEPENDENT CASE MANAGEMENT COMPANY, TO ASSUME CARE OF THE PATIENT. THE CASE MANAGER IDENTIFIES AN APPROPRIATE FACILITY, HELPS THE PATIENT TRANSITION THERE, AND MONITORS THE PATIENT. PALI MOMI ASSUMES RESPONSIBILITY FOR THE FINANCIAL COST UNTIL INSURANCE APPROVAL UNDER MEDICAID IS ESTABLISHED. PALI MOMI DOES THIS TO ENSURE THAT A SAFE DISCHARGE PLAN IS BEING FOLLOWED, AND TO MAKE AVAILABLE A HOSPITAL BED FOR AN ACUTE OR CRITICALLY-ILL PATIENT WHO REQUIRES HOSPITAL-GRADE CARE. STRAUB CLINIC & HOSPITAL IS COMMITTED TO ATTRACTING AND RETAINING TOP-QUALITY PHYSICIANS IN HAWAII, WHERE LOSING PHYSICIANS TO THE U.S. MAINLAND IS A CONSTANT THREAT. ACCORDING TO HAWAII MEDICAL JOURNAL AND HAWAII PHYSICIAN WORKFORCE ASSESSMENT PROJECT, BY 2020, HAWAII WILL HAVE 1,500 FEWER PHYSICIANS THAN NEEDED TO MEET THE COMMUNITY'S HEALTH CARE NEEDS. SHORTAGES WILL BE PARTICULARLY SEVERE IN PRIMARY CARE, CARDIOLOGY, GASTROENTEROLOGY, ORTHOPEDICS, GENERAL SURGERY, AND OTHER SPECIALTIES. STRAUB FOCUSED ON BOTH RECRUITING AND RETAINING PHYSICIANS IN FISCAL YEAR 2016, WHO WERE TRAINED IN OR FROM THE STATE OF HAWAII. THERE WAS A STRONG EMPHASIS ON RECRUITING PHYSICIANS WITH BACKGROUNDS IN PRIMARY CARE AND PREVENTION. STRAUB ALSO CONTINUED TO STRENGTHEN ITS SPORTS MEDICINE FELLOWSHIP PROGRAM IN FISCAL YEAR 2015, IN CONJUNCTION WITH THE UNIVERSITY OF HAWAII. ADDITIONALLY, STRAUB SUPPORTED OFFICE AND TRAVEL EXPENSES, TRAVEL EXPENSES OF PHYSICIAN CANDIDATES, GENERAL RECRUITMENT ACTIVITIES, AND MOVING EXPENSES OF PHYSICIANS AND THEIR FAMILY MEMBERS. STRAUB COVERS THESE COSTS TO HELP ENSURE THAT THE COMMUNITY'S FUTURE HEALTH CARE NEEDS WILL BE MET. WHEN DISCHARGING PATIENTS, WILCOX MEMORIAL HOSPITAL FOLLOWS THE GUIDELINES OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. THE HOSPITAL STRIVES TO ENSURE THAT A SAFE DISCHARGE PLAN IS PROVIDED TO ALL PATIENTS. THIS MAY INVOLVE PROVIDING SOME PATIENTS WITH TRANSPORTATION TO A PERMANENT OR TRANSITIONAL DESTINATION. IN SOME CASES, INDIGENT PATIENTS ARE READY FOR DISCHARGE, BUT DO NOT HAVE THE ABILITY TO PAY FOR TRANSPORTATION OR HOUSING, MEDICATIONS AND MEDICAL EQUIPMENT, SPECIFIC FOODS REQUIRED AS PART OF A RESTRICTED DIET, OR A MEDICALLY NECESSARY NURSE ESCORT. IN THESE SPECIAL CIRCUMSTANCES, WILCOX WILL COVER THESE COSTS. BY HELPING ITS MOST VULNERABLE POPULATION OVERCOME FINANCIAL BARRIERS, WILCOX IS HELPING TO ENSURE A SMOOTH TRANSITION TO AN APPROPRIATE CARE SETTING FOR ALL PATIENTS, AS WELL AS MAKING AVAILABLE A HOSPITAL BED FOR AN ACUTE OR CRITICALLY ILL PATIENT WHO REQUIRES HOSPITAL-GRADE CARE. EACH AFFILIATE HOSPITAL OF HAWAII PACIFIC HEALTH IS A LEADER IN COMMUNITY HEALTH CARE EDUCATION AND ADVOCACY, AND MAINTAINS AN OPEN MEDICAL STAFF. THIS ARRANGEMENT GRANTS ADMITTING PRIVILEGES TO NONAFFILIATED PHYSICIAN SPECIALISTS AND BROADENS EACH FACILITY'S ABILITY TO OFFER HIGH-QUALITY, SPECIALIZED CARE TO THEIR RESPECTIVE COMMUNITY. EACH HOSPITAL IS GOVERNED BY A COMMUNITY BOARD COMPRISED OF PHYSICIANS, COMMUNITY MEMBERS AND KEY LEADERSHIP WITHIN HAWAII PACIFIC HEALTH. THESE VOLUNTEER, UNPAID MEMBERS ENSURE THAT EACH FACILITY FULFILLS ITS MISSION-DRIVEN GOALS. AS AFFILIATES OF THE NOT-FOR-PROFIT HAWAII PACIFIC HEALTH NETWORK, EACH HOSPITAL REINVESTS ALL SURPLUS RESOURCES BACK INTO PATIENT CARE AND TO SUBSIDIZE THOSE WHO CANNOT PAY.</p>

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6</p>	<p>AFFILIATED HEALTH CARE SYSTEM HAWAII PACIFIC HEALTH, ONE OF THE STATE'S LARGEST HEALTH CARE PROVIDERS, IS COMMITTED TO PROVIDING HIGH-QUALITY, ACCESSIBLE CARE AND SERVICES TO THE PEOPLE OF HAWAII AND THE PACIFIC REGION THE HAWAII PACIFIC HEALTH SYSTEM INCLUDES FOUR MEDICAL CENTERS, 70 LOCATIONS AND MORE THAN 1,600 AFFILIATED PHYSICIANS THE MEDICAL CENTERS PROVIDE ACUTE AND SPECIALTY CARE WITH 592 BEDS, AND HANDLED 32,711 ADMISSIONS IN FISCAL YEAR 2017 KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS THE PRIMARY PEDIATRIC AND OBSTETRIC TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE KAPI'OLANI SUPPORTS THE TRAINING AND TEACHING OF HAWAII'S FUTURE DOCTORS, NURSES AND OTHER HEALTH CARE PROFESSIONALS, AS WELL AS CLINICAL AND COMMUNITY HEALTH RESEARCH THAT BRINGS NEW THERAPIES AND TREATMENT PROTOCOLS TO THE ISLANDS KAPI'OLANI STRIVES TO INFLUENCE PUBLIC POLICY TO BENEFIT HAWAII'S WOMEN AND CHILDREN IT ACTIVELY SUPPORTS THE SUSAN G KOMEN BREAST CANCER FOUNDATION, MARCH OF DIMES, HAWAII CHILDREN'S CANCER FOUNDATION AND OTHERS THE KAPI'OLANI CHILDREN'S MIRACLE NETWORK SUPPORTS THE COST OF PEDIATRIC HEALTH CARE PROGRAMS AND SERVICES AT THE HOSPITAL, AS WELL AS MEDICAL EQUIPMENT, NEIGHBOR ISLAND TRAVEL, RESEARCH AND PUBLIC AWARENESS THE HOSPITAL ALSO OPERATES THE KAPI'OLANI SEX ABUSE TREATMENT CENTER, WHICH AIMS TO REDUCE SEXUAL VIOLENCE AND ENABLE THE STATE'S FORENSIC TEAMS TO INVESTIGATE AND PROSECUTE SEX OFFENSES, AND THE KAPI'OLANI CHILD ADVOCACY AND PROTECTION CENTER, WHICH PROVIDES EXPERTISE IN RECOGNIZING AND TREATING CHILD ABUSE AND NEGLECT PALI MOMI MEDICAL CENTER CONTINUES TO FOCUS ON MEETING THE NEEDS OF THE COMMUNITIES OF CENTRAL AND WEST O'AHU AND THE NORTH SHORE IN FISCAL YEAR 2017, PALI MOMI CONTINUED TO PROVIDE SERVICES AS A DESIGNATED LEVEL III TRAUMA CENTER BY THE STATE OF HAWAII PALI MOMI HOLDS THIS DESIGNATION BECAUSE OF ITS KEY GEOGRAPHIC LOCATION AND ADVANCED HOSPITAL CAPABILITIES THAT ENABLE IT TO PROVIDE THIS CRITICALLY NEEDED SERVICE TO THE COMMUNITY IT IS ALSO CERTIFIED AS A PRIMARY STROKE CENTER IN RECOGNITION OF ITS COMMITMENT TO THE CARE OF STROKE PATIENTS IN FISCAL YEAR 2017, PALI MOMI ALSO HOSTED FREE COMMUNITY HEALTH EVENTS, INCLUDING FAMILY AND SENIOR HEALTH FAIRS, EDUCATIONAL SPEAKERS' SERIES, SUPPORT GROUPS, AND GLUCOSE MONITORING AND BLOOD PRESSURE SCREENINGS STRAUB MEDICAL CENTER HAS MANY SPECIALTY CARE UNITS THE BURN CENTER IS THE STATE'S ONLY MULTIDISCIPLINARY BURN TREATMENT CENTER, PROVIDING VICTIMS WITH IMMEDIATE AND COMPREHENSIVE CARE CLOSE TO HOME STRAUB PHYSICIANS PROVIDE PATIENTS WITH DIAGNOSES AND TREATMENTS FOR MORE THAN 32 DIFFERENT MEDICAL SPECIALTIES, INCLUDING BONE AND JOINT, HEART, CANCER, ENDOCRINOLOGY/DIABETES, FAMILY MEDICINE, GASTROENTEROLOGY, GERIATRIC MEDICINE, INTERNAL MEDICINE, VASCULAR AND UROLOGY IT PROVIDES CHARITY CARE, HEALTH EDUCATION AND PREVENTIVE PROGRAMS TO THE COMMUNITY IN FISCAL YEAR 2017, STRAUB PROVIDED FREE HEALTH EDUCATION PROGRAMS ON PREVENTING AND MANAGING HEART ATTACKS, CANCER, ARTHRITIS, ASTHMA, ALLERGIES, HEALTHY LIFESTYLES AND INJURY PREVENTION WITH EVENTS SUCH AS "HPH KIDS FEST," "CANCER CARE," "VALENTINE IN PARADISE"GETTING A GRIP ON ARTHRITIS " "THE HPH WOMEN'S 10K RACE" IS HAWAII'S PREMIER FEMALE-ONLY FITNESS EVENT, WHICH CELEBRATED ITS 40TH YEAR WILCOX MEDICAL CENTER IS DEDICATED TO PROVIDING KAUA'I WITH AFFORDABLE AND ACCESSIBLE HEALTH CARE IN 2016, THE AMERICAN HEART ASSOCIATION ONCE AGAIN RECOGNIZED IT FOR EXCELLENCE IN CARDIAC CARE WILCOX PHYSICIANS OFFER CARE IN 30 SPECIALTIES AND PROGRAMS WILCOX IS AN ACTIVE COMMUNITY PARTNER IN FISCAL 2017, ITS HEALTH EDUCATION, PREVENTION PROGRAMS AND SUPPORT GROUPS FOCUSED ON DIABETES, OBESITY, CANCER, HEART ATTACK/STROKE, IMMUNIZATION, SPORTS MEDICINE, WATER SAFETY, INJURY PREVENTION, AND HEALTH FAIRS TOGETHER WITH KAUA'I MEDICAL CLINIC, WILCOX HOSTED OR SPONSORED A VARIETY OF COMMUNITY HEALTH EDUCATION EVENTS, AND STAFF SUPPORTED THEIR COMMUNITY BY PARTICIPATING IN ANNUAL CHARITABLE ENDEAVORS THESE INCLUDED "KIDS SUMMER FEST," "KIDS FEST," "KAUAI MARATHON," SEVERAL PHYSICIAN-LED COMMUNITY WALKS, "KEIKI BIKE AND SAFETY DAY," "CANCER CARE VIDEO TELECONFERENCE," "VALENTINE IN PARADISE CARDIOLOGY VIDEO TELECONFERENCE," "GETTING A GRIP ON ARTHRITIS COMMUNITY HEALTH EVENT"OLD KOLOA SUGAR MILL RUN "</p>
<p>SCHEDULE H, PART VI, LINE 7</p>	<p>STATE FILING OF COMMUNITY BENEFIT REPORT N/A</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
501(R) COMPLIANCE	THE HOSPITALS IDENTIFIED AND CORRECTED A GAP IN ITS 501(R) COMPLIANCE FOR MORE INFORMATION, SEE DISCLOSURES IN PART V, SECTION C, CORRESPONDING TO PART V, SECTION B, LINE 16H

Additional Data

Software ID:
Software Version:
EIN: 38-3835105
Name: HAWAI'I PACIFIC HEALTH GROUP RETURN

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

Section A. Hospital Facilities <small>(list in order of size from largest to smallest—see instructions)</small> How many hospital facilities did the organization operate during the tax year? 4		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	KAPI'OLANI MEDICAL CENTER FOR WOMEN 1319 PUNAHOU STREET HONOLULU, HI 96826 www.hawaii.pacifichealth.org/kapiolani 6-H	X	X	X	X			X			A
2	PALI MOMI MEDICAL CENTER 98-1079 MOANALUA ROAD AIEA, HI 96701 www.hawaii.pacifichealth.org/pali-momi 37-H	X	X					X			A
3	STRAUB CLINIC & HOSPITAL 888 SOUTH KING ST HONOLULU, HI 96813 www.hawaii.pacifichealth.org/straub 32-H	X	X		X			X			A
4	WILCOX MEMORIAL HOSPITAL 3-3420 KUHIO HIGHWAY LIHUE, HI 967661099 www.hawaii.pacifichealth.org/wilcox 23-H	X	X					X			A

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
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN IN CONDUCTING KAPI'OLANI'S MOST RECENT CHNA, COMPLETED MARCH 2016, INTERVIEWS WERE HELD WITH 19 COMMUNITY REPRESENTATIVES WITH PUBLIC HEALTH EXPERTISE IN THE TOP TEN HEALTH AREAS IDENTIFIED FOR WOMEN AND CHILDREN IN THE STATE OF HAWAII AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS THE INPUT FROM THE INTERVIEWS WAS TAKEN INTO ACCOUNT IN THE CHNA IN THE FOLLOWING WAYS A SUMMARY QUALITATIVE ANALYSIS TOOL CALLED A "WORD CLOUD" WAS PRODUCED, EXCERPTS FROM THE INTERVIEWS WERE CODED BY RELEVANT TOPIC AREAS TO IDENTIFY THE MOST COMMON THEMES AND TOPICS RAISED BY THE COMMUNITY REPRESENTATIVES, AND RELEVANT INPUT WAS SUMMARIZED UNDER EACH HEALTH TOPIC AREA ANALYZED IN THE CHNA AND FACTORED INTO THE QUALITATIVE EVALUATION OF THE HEALTH NEED COMMUNITY REPRESENTATIVES WHO PROVIDED INPUT WERE FROM THE FOLLOWING AGENCIES AND ORGANIZATIONS AMERICAN DIABETES ASSOCIATION, CATHOLIC CHARITIES HAWAII, DEPARTMENT OF EDUCATION, STATE DEPARTMENT OF HEALTH, DEPARTMENT OF HEALTH BEHAVIORAL HEALTH SERVICES, DEPARTMENT OF HEALTH DISEASE OUTBREAK AND CONTROL DIVISION, DEPARTMENT OF HUMAN SERVICES, EXECUTIVE OFFICE ON AGING, GOVERNOR'S OFFICE, HAWAII DENTAL SERVICE, HAWAII MEDICAL SERVICE ASSOCIATION, HAWAII PRIMARY CARE ASSOCIATION, STATE HOMELESS PROGRAMS OFFICE, JOHN A BURNS SCHOOL OF MEDICINE, HAWAII STATE SENATE, HAWAII CHAPTER AMERICAN ASSOCIATION OF PEDIATRICS, KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN, UNIVERSITY WOMEN'S HEALTH SPECIALISTS STRAUB MEDICAL CENTER IN CONDUCTING STRAUBS MOST RECENT CHNA, COMPLETED MARCH 2016, INTERVIEWS WERE HELD WITH 15 COMMUNITY REPRESENTATIVES WITH PUBLIC HEALTH EXPERTISE IN THE TOP TEN HEALTH AREAS IDENTIFIED FOR THE STATE OF HAWAII AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS THE INPUT FROM THE INTERVIEWS WAS TAKEN INTO ACCOUNT IN THE CHNA IN THE FOLLOWING WAYS A SUMMARY QUALITATIVE ANALYSIS TOOL CALLED A "WORD CLOUD" WAS PRODUCED, EXCERPTS FROM THE INTERVIEWS WERE CODED BY RELEVANT TOPIC AREAS TO IDENTIFY THE MOST COMMON THEMES AND TOPICS RAISED BY THE COMMUNITY REPRESENTATIVES, AND RELEVANT INPUT WAS SUMMARIZED UNDER EACH HEALTH TOPIC AREA ANALYZED IN THE CHNA AND FACTORED INTO THE QUALITATIVE EVALUATION OF THE HEALTH NEED COMMUNITY REPRESENTATIVES WHO PROVIDED INPUT WERE FROM THE FOLLOWING AGENCIES AND ORGANIZATIONS AMERICAN DIABETES ASSOCIATION, CATHOLIC CHARITIES HAWAII, DEPARTMENT OF EDUCATION, STATE DEPARTMENT OF HEALTH, DEPARTMENT OF HEALTH BEHAVIORAL HEALTH SERVICES, DEPARTMENT OF HEALTH DISEASE OUTBREAK AND CONTROL DIVISION, DEPARTMENT OF HUMAN SERVICES, EXECUTIVE OFFICE ON AGING, GOVERNOR'S OFFICE, HAWAII DENTAL SERVICE, HAWAII MEDICAL SERVICE ASSOCIATION, HAWAII PRIMARY CARE ASSOCIATION, STATE HOMELESS PROGRAMS OFFICE, JOHN A</p>

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
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>BURNS SCHOOL OF MEDICINE, HAWAI'I STATE SENATE PALI MOMI MEDICAL CENTER IN CONDUCTING PA LI MOMI'S MOST RECENT CHNA, COMPLETED MARCH 2016, INTERVIEWS WERE HELD WITH 24 COMMUNITY REPRESENTATIVES WITH PUBLIC HEALTH EXPERTISE IN THE TOP TEN HEALTH AREAS IDENTIFIED FOR HONOLULU COUNTY AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS THE INPUT FROM THE INTERVIEWS WAS TAKEN INTO ACCOUNT IN THE CHNA IN THE FOLLOWING WAYS A SUMMARY QUALITATIVE ANALYSIS TOOL CALLED A "WORD CLOUD" WAS PRODUCED, EXCERPTS FROM THE INTERVIEWS WERE CODED BY RELEVANT TOPIC AREAS TO IDENTIFY THE MOST COMMON THEMES AND TOPICS RAISED BY THE COMMUNITY REPRESENTATIVES, AND RELEVANT INPUT WAS SUMMARIZED UNDER EACH HEALTH TOPIC AREA ANALYZED IN THE CHNA AND FACTORED INTO THE QUALITATIVE EVALUATION OF THE HEALTH NEED COMMUNITY REPRESENTATIVES WHO PROVIDED INPUT WERE FROM THE FOLLOWING AGENCIES AND ORGANIZATIONS ALOHA UNITED WAY, AOHACARE, CARERESOURCE HAWAI'I, STATE DEPARTMENT OF HEALTH, HELPING HANDS HAWAI'I, HILOPA' A FAMILY TO FAMILY HEALTH INFORMATION CENTER, HONOLULU EMERGENCY MEDICAL SERVICES DEPARTMENT, HAWAI'I INITIATIVE FOR CHILDHOOD OBESITY RESEARCH AND EDUCATION, JOHN A BURNS SCHOOL OF MEDICINE, MENTAL HEALTH AMERICA HAWAI'I, FILIPINO COMMUNITY CENTER, HAWAI'I HOUSE OF REPRESENTATIVES, HAWAI'I STATE SENATE, INSTITUTE FOR HUMAN SERVICES, PALI MOMI MEDICAL CENTER, KAHI MOHALA, WAHIAWA CENTER FOR COMMUNITY HEALTH, UNIVERSITY WOMEN'S HEALTH SPECIALISTS, WAIANAE COAST COMPREHENSIVE HEALTH CENTER, WAIKIKI HEALTH CENTER, WAIMANALO HEALTH CENTER WILCOX MEDICAL CENTER IN CONDUCTING WILCOX'S MOST RECENT CHNA, COMPLETED MARCH 2016, INTERVIEWS WERE HELD WITH 14 COMMUNITY REPRESENTATIVES WITH PUBLIC HEALTH EXPERTISE IN THE TOP TEN HEALTH AREAS IDENTIFIED FOR THE ISLAND OF KAUAI AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS THE INPUT FROM THE INTERVIEWS WAS TAKEN INTO ACCOUNT IN THE CHNA IN THE FOLLOWING WAYS A SUMMARY QUALITATIVE ANALYSIS TOOL CALLED A "WORD CLOUD" WAS PRODUCED, EXCERPTS FROM THE INTERVIEWS WERE CODED BY RELEVANT TOPIC AREAS TO IDENTIFY THE MOST COMMON THEMES AND TOPICS RAISED BY THE COMMUNITY REPRESENTATIVES, AND RELEVANT INPUT WAS SUMMARIZED UNDER EACH HEALTH TOPIC AREA ANALYZED IN THE CHNA AND FACTORED INTO THE QUALITATIVE EVALUATION OF THE HEALTH NEED COMMUNITY REPRESENTATIVES WHO PROVIDED INPUT WERE FROM THE FOLLOWING AGENCIES AND ORGANIZATIONS DEPARTMENT OF HEALTH KAUA'I DISTRICT OFFICE, GET FIT KAUA'I HEALTH, HALE OPIO, HAWAI'I HEALTH SYSTEMS CORPORATION, HO'OLA LAHUI, KAUA'I COMMUNITY MENTAL HEALTH CENTER, KAUA'I MAYORS OFFICE, MCKENNA RECOVERY CENTER, OHANA PACIFIC MANAGEMENT COMPANY, STAY AT HOME HEALTH SERVICES, SUGIHARA PLANNING AND CONSULTING, WILCOX HEALTH FOUNDATION, WILCOX MEDICAL CENTER, YWCA OF KAUA'I PLANNING AND CONSULTING, WILCO</p>

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	X HEALTH FOUNDATION, WILCOX MEDICAL CENTER, YWCA OF KAUA'I

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 & 6B	HAWAI'I PACIFIC HEALTH'S FOUR HOSPITAL FACILITIES PARTICIPATED WITH ELEVEN OTHER NONPROFIT HAWAI'I HOSPITALS TO COLLABORATE ON A CHNA IN 2016, LED BY THE HEALTHCARE ASSOCIATION OF HAWAI'I XEROX COMMUNITY HEALTH SOLUTIONS, A FIRM SPECIALIZING IN PUBLIC HEALTH DATA, WAS RETAINED TO CONDUCT THE CHNA RESEARCH SEPARATE NEEDS ASSESSMENTS WERE CONDUCTED FOR THE STATE AS A WHOLE AND FOR EACH COUNTY HAWAI'I PACIFIC HEALTH FUNDED TWO ADDITIONAL NEEDS ASSESSMENTS FOCUSED ON O'AHU'S WEST SIDE, AND ON WOMEN AND CHILDREN STATEWIDE PARTICIPATING HOSPITALS WERE CASTLE MEDICAL CENTER, SUTTER HEALTH KAHI MOHALA BEHAVIORAL HEALTH, KAISER PERMANENTE MEDICAL CENTER, KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN, KUAKINI MEDICAL CENTER, MOLOKAI GENERAL HOSPITAL, NORTH HAWAI'I COMMUNITY HOSPITAL, PALI MOMI MEDICAL CENTER, REHABILITATION HOSPITAL OF THE PACIFIC, SHRINERS HOSPITALS FOR CHILDREN - HONOLULU, STRAUB MEDICAL CENTER, THE QUEENS MEDICAL CENTER, THE QUEENS MEDICAL CENTER WEST OAHU, WAHIAWA GENERAL HOSPITAL, AND WILCOX MEDICAL CENTER

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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	COMMUNITY HEALTH NEEDS ASSESSMENT WEBSITE KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN HTTPS //WWW HAWAII PACIFIC HEALTH ORG/MEDIA/5003/2016_CHNA_KAPIOLANI_FINAL.PDF PALI MOMI MEDICAL CENTER https //www hawaiipacifichealth org/media/5007/2016-chna_pali-momi_final.pdf STRAUB CLINIC & HOSPITAL https //www hawaiipacifichealth org/media/5011/2016-chna_straub_final.pdf WILCOX MEMORIAL HOSPITAL https //www hawaiipacifichealth org/media/5015/2016-chna_wilcox_final.pdf SCHEDULE H, PART V, SECTION B, LINE 7B OTHER WEBSITE http //hah org/reports-data/community-health-needs-assessment/

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 10A	IMPLEMENTATION STRATEGY PLAN WEBSITE KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN https://www.hawaiipacifichealth.org/media/5134/2016-chi-plan_kapiolani_19oct2016.pdf PALI MOMI MEDICAL CENTER https://www.hawaiipacifichealth.org/media/5131/2016-chi-plan_pali-momi_21sep2016.pdf STRAUB CLINIC & HOSPITAL https://www.hawaiipacifichealth.org/media/5132/2016-chi-plan_straub_10nov2016.pdf WILCOX MEMORIAL HOSPITAL https://www.hawaiipacifichealth.org/media/5133/2016-chi-plan_wilcox-_27oct2016.pdf

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
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>Kapi'olani Medical Center for Women and Children The following community benefit activities were conducted in fiscal year 2017 by Kapi'olani Medical Center for Women & Children (Kapi'olani) to address the two priority community health needs identified in its 2016 Community Health Needs Assessment: Access to Health Services, and Diabetes. In addition, Kapi'olani addressed Child Injury Prevention which was also identified as a significant health need. These activities reflect steps taken in year one to execute a three-year Implementation Strategy. Kapi'olani's 2013 and 2016 CHNAs and Implementation Strategies may be viewed online at: http://www.hawaii-pacific-health.org/about-us/community/ ACCESS TO HEALTH SERVICES Breast and Cervical Cancer Control Program Offered statewide in partnership with the state Department of Health, the program provides free mammograms and pap smears to low-income women ages 40-64 who have little or no medical insurance or who cannot afford a co-payment. The program's goal is to reduce mortality from breast and cervical cancer among uninsured or underinsured women, with a priority on Native Hawaiians, Filipinos, and Pacific Islanders, who have a higher rate of mortality from these diseases than other populations in Hawaii. Hawaii Community Genetics Program Kapi'olani provides the only program in the State of Hawaii dedicated to caring for individuals affected by birth defects, developmental concerns and genetic conditions. Kapi'olani specialists conduct monthly clinics on the neighbor islands where services would not otherwise be available, and also offer telemedicine services. Specialty clinics include Hemoglobinopathy, Cleft and Craniofacial, Fetal Alcohol Spectrum Disorders, and Metabolic Genetics. Medical Transport Services Kapi'olani provides inter-hospital transports from the neighbor islands to O'ahu, where Kapi'olani is located, and to the mainland, for critical neonatal and pediatric patients requiring access to specialty care not available in their communities. This program is subsidized by the hospital. Health Professionals Education Kapi'olani provides clinical training and residencies for medical students and residents, nursing students, and allied health professionals to increase the capacity of the local health care workforce and improve the availability of, and access to, quality specialty medical care in Hawaii. DIABETES Sweeter Choice Diabetic Intervention Program The Sweeter Choice program targets high-risk pregnant women to reduce gestational and pre-gestational diabetes by helping them develop healthy diet and exercise habits, resulting in a decrease in the number of low birth-weight babies. This program is subsidized by the hospital. NEW Keiki Weight Management Program The NEW (Nutrition Exercise Weight) Keiki child and adolescent weight management program was co-created by Kapi'olani and the YMCA of Honolulu. NEW Keiki is an intensive, family-based program to combat childhood obesity, based</p>

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
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>on best practices identified by the U S Preventive Services Task Force The YMCA of Honolulu and Kapi'olani, together with the other hospitals of Hawai'i Pacific Health, partnered to provide the program at very low or no cost in communities around O'ahu where vulnerable youth with especially high rates of obesity reside, particularly Filipinos, Native Hawaiians and Pacific Islanders CHILD INJURY PREVENTION AND SAFETY Child Passenger Safety Program The Child Passenger Safety Program promotes public awareness of the importance of using child passenger restraints and seat belts to prevent child injuries, and provides assistance with the proper fit and installation of various car seats and booster seats at a variety of community events and locations The program also assists families that meet financial need criteria to obtain low- or no-cost child safety seats Keiki Injury Prevention Coalition Kapi'olani sponsors the Keiki Injury Prevention Coalition (KIPC), which includes more than 40 agencies and stakeholders committed to improving child safety KIPC supports community events and education for children and families on ways to prevent injuries including child passenger safety, pedestrian safety, water and swim safety, sports injury prevention, bike and wheeled vehicle safety, burn prevention, poison prevention, window falls prevention, shaken baby syndrome prevention, and safe sleep/SIDS prevention Significant Community Health Needs Not Being Addressed The following areas of need identified in Kapi'olani's 2016 CHNA are not being addressed in the hospital's Implementation Strategy because they were not selected as the highest priority for Kapi'olani, based on the following criteria: magnitude/severity of problem, opportunity to intervene at prevention level, alignment with Kapi'olani's mission/strengths/programs, opportunity for partnership, solution could impact multiple problems, feasibility of change, and importance of problem to community Disabilities, Immunizations and Infectious Diseases, Older Adults and Aging, Mental Health, Substance Abuse, Wellness and Lifestyle, Cancer, Environmental and Occupational Health Maternal, Fetal and Infant Health is Kapi'olani's over-arching mission, and all its community benefits programs target these populations Exercise, Nutrition and Weight are contributing factors to diabetes and Kapi'olani's diabetes activities address these issues Pali Momi Medical Center Pali Momi Medical Center conducted the following activities in fiscal year 2017 to address the priority community health needs identified in its 2016 Community Health Needs Assessment Access to Health Services and Diabetes These activities reflect steps taken in year one to execute a three-year implementation strategy Pali Momi's 2013 and 2016 CHNAs and Implementation Strategies may be viewed online at http://www.hawaiipacifichealth.org/about-us/community/ ACCESS TO HEALTH SERVICES Health Professionals Education Pali Momi, in partnership</p>

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
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>with the University of Hawai'i John A Burns School of Medicine's Mililani Clinic, provided clinical training in West Oahu for family practice residents Pali Momi also offered continuing medical education for community physicians Both of these help increase the capacity of the local health care workforce and improve the availability of, and access to, quality medical care in Pali Momi's service area Physician Recruitment To improve access to quality specialty care for residents of West O'ahu, Pali Momi worked to bring in physicians with specialties for which the area has a documented shortage to serve the community In FY17, Pali Momi successfully recruited six new physicians with much needed specialties including obesity medicine, orthopedics, cardiology, and oncology Medical Respite for Homeless Patients In fiscal year 2017, Pali Momi and Straub Medical Center worked with Mental Health Kokua, a nonprofit homeless services organization, to create a new program to provide medical respite services for homeless patients who require stepped-down care and a safe place to recover upon discharge from the medical centers Over the year, Mental Health Kokua has been upgrading its facilities and developing its capacity to be ready to accommodate these referrals Health and Wellness Programs in Low-Income Communities Pali Momi is working with Wahiawa Center for Community Health, a newly established federally qualified health center, to offer health and wellness programming in this Medically Underserved Area In FY17, Pali Momi supported free diabetes self-management education at WCCH, and plans were developed for additional programming to begin once WCCH has completed its renovations DIABETES Child and Adolescent Weight Management The NEW (Nutrition Exercise Weight) Keiki program was co-created by Hawai'i Pacific Health and the YMCA of Honolulu NEW Keiki is an intensive, family-based program to combat childhood obesity, based on best practices identified by the U S Preventive Services Task Force The YMCA of Honolulu and Pali Momi, together with the other hospitals of Hawai'i Pacific Health, partnered to provide the program at very low or no cost in communities in West O'ahu where vulnerable youth with especially high rates of obesity reside, particularly Filipinos, Native Hawaiians and Pacific Islanders Diabetes Self-Management Education In partnership with Straub Medical Center, Pali Momi provided an American Diabetes Association-approved diabetes self-management education program at no cost for residents of West O'ahu The program focused on enrolling high-need, low-income, under-insured populations and was offered at Wahiawa Center for Community Health, a federally-qualified health center Significant Community Health Needs Not Being Addressed The following areas of need identified in Pali Momi Medical Centers 2016 CHNA are not being addressed in its current Implementation Strategy because they were not selected as the highest priority fo</p>

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
<p>SCHEDULE H, PART V, SECTION B, LINE 11 (CONTINUED)</p>	<p>STRAUB MEDICAL CENTER STRAUB MEDICAL CENTER (STRAUB) CONDUCTED THE FOLLOWING ACTIVITIES IN FISCAL YEAR 2016 TO ADDRESS THE TWO PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS 2013 COMMUNITY HEALTH NEEDS ASSESSMENT HEART DISEASE AND STROKE, AND ACCESS TO HEALTH SERVICES THESE ACTIVITIES REFLECT STEPS TAKEN IN YEAR THREE TO EXECUTE A THREE-YEAR IMPLEMENTATION STRATEGY IN ADDITION, IN FISCAL YEAR 2016 STRAUB CONDUCTED A NEW COMMUNITY HEALTH NEEDS ASSESSMENT AND DEVELOPED A RELATED IMPLEMENTATION STRATEGY WHICH WAS ADOPTED NOVEMBER 10, 2016 PRIORITY 1 HEART DISEASE AND STROKE WINDWARD SCHOOL FITNESS PARTNERSHIP STRAUB ASSISTED THE DEPARTMENT OF EDUCATION WITH FITNESS ASSESSMENTS FOR STUDENTS ON O'AHU'S WINDWARD SIDE WHO PARTICIPATED IN THE NATIONAL PRESIDENTIAL PHYSICAL FITNESS PROGRAM STUDENTS WERE GIVEN FEEDBACK ON THEIR LEVELS OF FITNESS AND EDUCATED ABOUT HEALTHY LIFESTYLE CHOICES TO IMPROVE AND MAINTAIN THEIR PHYSICAL FITNESS SCREENINGS FOR HEART DISEASE AND STROKE STRAUB CARE COORDINATORS, HEALTH EDUCATORS AND CARDIOLOGISTS PROVIDED EDUCATIONAL MATERIALS AND CONDUCTED FREE SCREENINGS FOR HEART DISEASE, STROKE AND DIABETES RISK FACTORS ANNUALLY ON O'AHU AT THE AMERICAN HEART ASSOCIATION HEART WALK, AMERICAN DIABETES ASSOCIATION'S DIABETES WALK, WAIMANALO HEALTH FAIR, FILIPINO SENIORS FAIR AND THE HAWAII PACIFIC HEALTH WOMEN'S 10K RACE STRAUB ALSO SENT CARE COORDINATORS AND HEALTH EDUCATORS TO THE ISLAND OF LANAI TO CONDUCT COMMUNITY HEALTH FAIRS PRIORITY 2 ACCESS TO HEALTH SERVICES VISITING PHYSICIANS SPECIALTY PHYSICIANS FROM STRAUB REGULARLY TRAVEL TO FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED POPULATION AREAS LOCATED THROUGHOUT THE STATE OF HAWAII TO PROVIDE ACCESS TO MEDICAL CARE FOR SPECIALTIES THAT ARE NOT OTHERWISE AVAILABLE IN THESE REGIONS WAHIAWA CENTER FOR COMMUNITY HEALTH STRAUB CONTRIBUTED FINANCIAL SUPPORT FOR THE DEVELOPMENT OF THE WAHIAWA CENTER FOR COMMUNITY HEALTH (WCCH), A PROPOSED NEW FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN WAHIAWA, ONE OF THE MOST ECONOMICALLY DISADVANTAGED AREAS OF O'AHU, AND A FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED POPULATION AREA FEDERALLY QUALIFIED HEALTH CENTERS ARE IMPORTANT COMMUNITY-BASED SAFETY NET PROVIDERS THAT OFFER COMPREHENSIVE PRIMARY CARE SERVICES ON A SLIDING FEE SCALE TO RURAL, LOW-INCOME, UNDERSERVED COMMUNITIES DIABETES SELF-MANAGEMENT TRAINING STRAUB COLLABORATED WITH COMMUNITY PARTNERS TO PROVIDE A SERIES OF FREE CLASSES FOR DIABETICS ON HOW TO BETTER MANAGE THEIR DIABETES THE PROGRAM TARGETED VULNERABLE POPULATIONS AND UNDER-INSURED PHYSICIAN RECRUITMENT TO IMPROVE ACCESS TO QUALITY SPECIALTY CARE FOR HAWAII RESIDENTS, STRAUB ACTIVELY RECRUITED PHYSICIANS WITH SPECIALT</p>

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
<p>SCHEDULE H, PART V, SECTION B, LINE 11 (CONTINUED)</p>	<p>IES FOR WHICH HAWAI'I HAS A DOCUMENTED SHORTAGE TO SERVE COMMUNITIES THROUGHOUT THE STATE HEALTH PROFESSIONALS EDUCATION STRAUB PROVIDED CLINICAL TRAINING AND RESIDENCIES FOR MEDICAL STUDENTS AND RESIDENTS, NURSING STUDENTS AND ALLIED HEALTH PROFESSIONALS TO INCREASE THE CAPACITY OF THE LOCAL HEALTH CARE WORKFORCE AND IMPROVE THE AVAILABILITY OF, AND ACCESS TO, QUALITY SPECIALTY MEDICAL CARE IN HAWAI'I KIDS FEST THIS ANNUAL HEALTH FAIR FOR CHILDREN AND FAMILIES OFFERS HANDS-ON ACTIVITIES, SUCH AS A TEDDY BEAR CLINIC AND FIRE SAFETY HOUSE, TO TEACH PARTICIPANTS ABOUT CHILD HEALTH, NUTRITION AND INJURY PREVENTION KIDS FEST IS A COLLABORATION OF HAWAI'I PACIFIC HEALTH'S FOUR HOSPITALS' COMMUNITY HEALTH EDUCATION FORUMS STRAUB ALSO PARTNERED WITH THE OTHER HOSPITALS OF HAWAI'I PACIFIC HEALTH TO PRESENT FREE COMMUNITY EDUCATION EVENTS ON HEART HEALTH, CANCER CARE, AND MANAGING ARTHRITIS THE EVENTS WERE HELD AT A CENTRALLY-LOCATED DOWNTOWN HONOLULU VENUE, AND ALSO PROVIDED T O WEST O'AHU AND ON KAUA'I ISLAND VIA VIDEO-CONFERENCES SIGNIFICANT COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN STRAUB'S 2013 CHNA ARE NOT BEING ADDRESSED IN THE IMPLEMENTATION STRATEGY BECAUSE THEY WERE NOT SELECTED AS THE HIGHEST PRIORITIES FOR STRAUB, BASED ON THE FOLLOWING CRITERIA STRAUB'S COMMUNITY BENEFIT RESOURCES AND EXPERTISE, MAGNITUDE/SEVERITY OF PROBLEM, OPPORTUNITY TO INTERVENE AT PREVENTION LEVEL, SOLUTION COULD IMPACT MULTIPLE PROBLEMS, FEASIBILITY OF CHANGE, AND IMPORTANCE OF PROBLEM TO COMMUNITY CANCER, DIABETES, DISABILITIES, ECONOMY, EDUCATION, ENVIRONMENT, EXERCISE, NUTRITION & WEIGHT, FAMILY PLANNING IMMUNIZATIONS & INFECTIOUS, DISEASES, INJURY PREVENTION & SAFETY, MATERNAL, FETAL & INFANT HEALTH, MENTAL HEALTH & MENTAL DISORDERS, OLDER ADULTS & AGING ORAL HEALTH, RESPIRATORY DISEASES, SOCIAL ENVIRONMENT, SUBSTANCE ABUSE & LIFESTYLE TRANSPORTATION IT IS EXPECTED THAT THE TWO PRIORITIES THAT WERE SELECTED, ACCESS TO HEALTH SERVICES AND HEART DISEASE AND STROKE, WILL INCORPORATE ACTIVITIES THAT HAVE IMPACT ON MULTIPLE TOPIC AREAS, INCLUDING DIABETES, EXERCISE, NUTRITION, AND WEIGHT, AND RESPIRATORY DISEASE WILCOX MEDICAL CENTER WILCOX MEDICAL CENTER (WILCOX) CONDUCTED THE FOLLOWING ACTIVITIES IN FISCAL YEAR 2016 TO ADDRESS THE PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS 2013 COMMUNITY HEALTH NEEDS ASSESSMENT ACCESS TO HEALTH SERVICES AND EXERCISE, NUTRITION, AND WEIGHT THESE ACTIVITIES REFLECT STEPS TAKEN IN YEAR THREE TO EXECUTE A THREE-YEAR IMPLEMENTATION STRATEGY IN ADDITION, IN FISCAL YEAR 2016 WILCOX CONDUCTED A NEW COMMUNITY HEALTH NEEDS ASSESSMENT AND DEVELOPED A RELATED IMPLEMENTATION STRATEGY WHICH WAS ADOPTED OCTOBER 27, 2016 PRIORITIZED NEEDS FROM THE 2016 CHNA AND A DESCRIPTION OF HOW THEY ARE BEING ADDRESSED WILL BE PROVIDED WITH THE SCHEDULE H IN SUBSEQUENT TAX YEARS WILCOX'S 2013 AND 2016 CHNAS AND IMPLEMENTATION STRATEGIES MAY BE VIEWED ONLINE AT HTTP // WWW.HAWAIIIPACIFICHEALTH.ORG/AB</p>

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
<p>SCHEDULE H, PART V, SECTION B, LINE 11 (CONTINUED)</p>	<p>OUT-US/COMMUNITY/ PRIORITY 1 ACCESS TO HEALTH SERVICES PNEUMONIA & FLU VACCINATION CLINIC S WILCOX PROVIDED FREE BACTERIAL PNEUMONIA VACCINATIONS IN THE COMMUNITY FOR ELIGIBLE SEN IORS, AND FREE FLU VACCINATIONS FOR ELIGIBLE ADULTS THE PROGRAM TARGETED THE WEST SIDE OF KAUA'I WHICH HAD THE LOWEST RATE OF VACCINATION IN THE STATE IN THE 2013 CHNA, AND IS ALS O THE MOST SOCIO-ECONOMICALLY DISADVANTAGED AREA OF KAUA'I FISCAL YEAR 2016 FOCUSED ON AN ISLAND-WIDE OUTREACH EFFORT ALONGSIDE HO'OLA LAHUI HAWAI'I, A FEDERALLY QUALIFIED HEALTH CENTER, AT LOCAL CHURCH FOOD PANTRIES TO REACH TO MOST VULNERABLE AND ECONOMICALLY DISADVA NTAGED POPULATIONS KAUA'I MENTAL HEALTH CONSORTIUM THE CONSORTIUM, SPEARHEADED BY WILCOX , WAS FORMED TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES THROUGH BETTER COORDINATION AMONG PROVIDERS WILCOX PUBLISHED AND MAINTAINS A PROVIDER TO PROVIDER DIRECTORY OF MENTAL HEAL TH SERVICE PRACTITIONERS, AND HOSTS REGULAR NETWORKING EVENTS FOR MENTAL HEALTH PROFESSION ALS AND PRIMARY CARE PROVIDERS A COMPREHENSIVE BEHAVIORAL HEALTH REPORT HAS BEEN DEVELOPE D BY THE CONSORTIUM TO IMPROVE THE REPORTING MECHANISM FROM MENTAL HEALTH CARE PROVIDERS T O PRIMARY CARE PROVIDERS FOR THEIR PATIENTS AFTER HOURS PHARMACY WILCOX'S AFTER HOURS PH ARMACY IS THE ONLY PHARMACY OPEN AFTER NORMAL BUSINESS HOURS ON THE ISLAND OF KAUA'I IT P ROVIDES CRITICAL AND TIME SENSITIVE MEDICATIONS TO THE COMMUNITY DURING EVENING HOURS WHEN OTHER PHARMACIES ON THE ISLAND ARE CLOSED CARDIAC REHABILITATION WILCOX PROVIDED FREE P HYSICAL REHABILITATION SERVICES TO KAUA'I RESIDENTS TO SUPPORT RECOVERY FROM CONGESTIVE HE ART FAILURE, CARDIAC SURGERY AND CARDIAC EVENTS CARDIAC REHABILITATION SERVICES ARE NOT O THERWISE AVAILABLE ON KAUA'I CHEMOTHERAPY WILCOX'S CHEMOTHERAPY CENTER IS THE ONLY ONE A VAILABLE ON THE ISLAND, LESSENING THE NEED FOR ISLAND RESIDENTS WITH CANCER TO FLY TO O'AH U OR TO THE MAINLAND FOR CARE HEALTH PROFESSIONALS EDUCATION WILCOX PROVIDED CLINICAL TR AINING AND PHARMACY RESIDENCIES FOR UNIVERSITY OF HAWAI'I AT HILO PHARMACY STUDENTS, AND C LINICAL TRAINING FOR NURSING STUDENTS FROM KAUA'I COMMUNITY COLLEGE AND THE UNIVERSITY OF HAWAI'I AT MANOA "LIVE HEALTHY KAUA'I" WEBSITE CREATED AND MAINTAINED BY WILCOX, THE WEB SITE IS A WELLNESS RESOURCE FOR THE KAUA'I COMMUNITY, FOCUSING ON LOCAL AND CULTURALLY APP ROPRIATE RESOURCES FOR HEALTH AND WELLNESS COMMUNITY HEALTH EDUCATION WILCOX OFFERED A V ARIETY OF WORKSHOPS AND HEALTH EDUCATION EVENTS ON IDENTIFIED COMMUNITY HEALTH NEEDS, INCL UDING SKIN CANCER AWARENESS AND SUN PROTECTION, ONCOLOGY SUPPORT GROUP, SENIOR FALLS PREV ENTION WORKSHOPS, KEIKI BIKE AND SAFETY DAY, AND ADVANCE CARE PLANNING WORKSHOPS WILCOX ALS O PARTNERED WITH THE OTHER HOSPITALS OF HAWAI'I PACIFIC HEALTH TO OFFER A SERIES OF FREE COMMUNITY HEALTH FORUMS EACH EVENT ADDRESSED A HEALTH TOPIC IDENTIFIED AS AN IMPORTANT C OMMUNITY HEALTH NEED WOMEN'S HEALTH, CANCER CARE, ARTHRITIS AND HEART HEALTH THE CONFERE NCES WERE HELD AT A DOWNTOWN H</p>

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 16A	FINANCIAL ASSISTANCE POLICY https://www.hawaiipacifichealth.org/media/6951/english-fa-policy-august-2017.pdf

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 16B	FINANCIAL ASSISTANCE APPLICATION https://www.hawaii-pacific-health.org/media/4567/1english-fa-letter-04-28-16-corrected.pdf

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 16C	PLAIN LANGUAGE SUMMARY https://www.hawaii-pacific-health.org/media/5115/fin_asst_summary_flier_web.pdf

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 16H	THE HOSPITALS WERE MADE AWARE IN NOVEMBER OF 2017 THAT PROCEDURES WERE NOT IN PLACE TO COMMUNICATE THE FINANCIAL ASSISTANCE POLICY TO MEMBERS OF THE COMMUNITY WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE OUTSIDE OF PATIENTS SERVED BY THE HOSPITAL UPON DISCOVERY IN NOVEMBER OF 2017, THE HOSPITALS IMPLEMENTED A POLICY AND PROCESS TO PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE IN PATIENT ENEWSLETTERS AND PROMOTE THE POLICY AT COMMUNITY EVENTS GOING FORWARD

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)
STRAUB PEARLRIDGE CLINIC 98-151 PALI MOMI STREET SUITE 142 AIEA, HI 96701	CLINIC
PALI MOMI PAVILLIONWOMEN'S CENTER 98-1005 MOANALUA RD FS2 AEIA, HI 96701	CLINIC
PALI MOMI MEDICAL CENTER 98-1079 MOANALUA RD STE 480/590/63 AEIA, HI 96701	CLINIC
STRAUB MILLANI FAMILY HEALTH CENTER 95-1249 MEHEULA PKWY UNIT 187 MILLANI, HI 96789	CLINIC
STRAUB HAWAII KAI FAMILY HEALTH CENTER 7192 KALANIANAOLE HIGHWAY STE A200 HONOLULU, HI 96825	CLINIC
KAPI'OLANI WOMEN'S CENTER 1907 BERETANIA STREET 1ST 5TH FL HONOLULU, HI 96826	CLINIC
DOCS ON CALL - SHERATON 2255 KALAKAUA AVE HONOLULU, HI 96815	CLINIC
STRAUB KANEOHE FAMILY HEALTH CENTER 46-056 KAMEHAMEHA HWY SUITE 221 KANEOHE, HI 96744	CLINIC
STRAUB KAILUA FAMILY HEALTH CENTER 602 KAILUA ROAD SUITE 200 KAILUA, HI 96734	CLINIC
STRAUB CLINIC AT FIRST INSURANCE CENTER 1100 WARD AVE STE 700 HONOLULU, HI 96813	CLINIC
STRAUB LANAI FAMILY HEALTH CENTER 628-B SEVENTH STREET LANAI CITY, HI 96763	CLINIC
PALI MOMI CLINIC 98-1079 MOANALUA ROAD SUITE 600 AIEA, HI 96701	CLINIC
STRAUB KONA CLINIC 75-240 NAKI KAILUA DRIVE SUITE 6B KAILUAKONA, HI 96740	CLINIC
STRAUB CLINIC AT WATERFRONT PLAZA 500 ALA MOANA BLVD TOWER 7 SUITE HONOLULU, HI 96813	CLINIC
DOCS ON CALL - HILTON HAWAIIAN VILLAGE 2005 KALIA ROAD 2ND FLOOR HONOLULU, HI 96815	CLINIC

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)
STRAUB KAPOLEI CLINIC 590 FARRINGTON HIGHWAY SUITE 526A KAPOLEI, HI 96707	CLINIC
PALI MOMI CANCER CENTER 98-1005 MOANALUA RD FS4 AEIA, HI 96701	CLINIC
STRAUB HILO CLINIC 75 PUUHONU PLACE SUITE 207 HILO, HI 96720	CLINIC
KUAKINI CLINIC 321 NORTH KUAKINI ST SUITE 504 HONOLULU, HI 96817	CLINIC
ARTESIAN SATELLITE 1907 BERATANIA ST 5TH FLOOR HONOLULU, HI 96826	CLINIC
WINDWARD HEART CENTER 25 MALUNIU AVE SUITE 201 KAILUA, HI 96734	CLINIC

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number 38-3835105

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?
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

Table with 7 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance

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

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

Additional Data

Software ID:
Software Version:
EIN: 38-3835105
Name: HAWAI'I PACIFIC HEALTH GROUP RETURN

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
CHILD & FAMILY SERVICE 1001 BISHOP STREET STE 780 HONOLULU, HI 96813	99-0073483	501(C)(3)	10,000				GENERAL SUPPORT
GIRL SCOUTS OF HAWAI'I 410 ATKINSON DRIVE STE 2E1 BOX 3 HONOLULU, HI 96814	99-0073488	501(C)(3)	20,000				GENERAL SUPPORT

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
WAHIAWA CENTER FOR COMMUNITY HEALTH PO BOX 860339 WAHIAWA, HI 96786	45-5114944	501(C)(3)	20,000				GENERAL SUPPORT
CENTRAL UNION CHURCH PRESCHOOL 1660 SOUTH BERETANIA STREET HONOLULU, HI 96826	99-0076013	501(C)(3)	6,000				GENERAL SUPPORT

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
HAWAI'I CANCER CONSORTIUM 737 BISHOP ST 2360 HONOLULU, HI 96813	45-2280259	501(C)(3)	500,000				GENERAL SUPPORT
University Clinical EDU & RSRCH Assoc PO Box 31000 Honolulu, HI 96849	99-0307152	501(C)(3)	250,000				GENERAL SUPPORT

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
CATHOLIC CHARITIES HAWAI'I 1822 KEEAUMOKU STREET HONOLULU, HI 96822	99-0073547	501(C)(3)	10,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

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

Name of the organization
HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number
38-3835105

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate 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.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>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.</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No
<p>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:</p> <p>a The organization?</p>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No
<p>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.</p>	7	Yes
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 38-3835105
Name: HAWAI'I PACIFIC HEALTH GROUP RETURN

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 3	SUPPLEMENTAL COMPENSATION INFORMATION THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, HAWAI'I PACIFIC HEALTH, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION SEE SCHEDULE O FORM 990 PART VI, LINE 15A FOR THE PROCESS USED BY HAWAI'I PACIFIC HEALTH TO DETERMINE COMPENSATION

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4A	SEVERANCE PAY THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT FROM A RELATED ORGANIZATION CHARLES A STED - \$179,701

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE RESTORATION PLAN WAS DESIGNED TO RESTORE BENEFITS THAT ARE LOST DUE TO LIMITS IMPOSED BY SECTIONS 401 AND 415 OF THE INTERNAL REVENUE CODE ON COMPENSATION CONSIDERED UNDER SUCH PLANS AMOUNTS PAID OUT DURING THE YEAR BY RELATED ORGANIZATION MARTHA SMITH - \$43,733 JENNIE CHAHANOVICH - \$14,886 RAYMOND P VARA - \$120,716 KENNETH B ROBBINS, MD - \$56,545 ARTHUR GLADSTONE - \$34,916 DAVID OKABE - \$39,702 GAIL LERCH - \$38,829 CHARLES R CHING - \$31,622 STEVEN ROBERTSON - \$32,692 ANNUAL AND LONG TERM INCENTIVE PLAN THE ANNUAL AND LONG TERM INCENTIVE PLAN ARE AFFORDED TO EXECUTIVES BASED ON ANNUAL AND LONG TERM SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS AMOUNT PAID OUT DURING THE YEAR BY RELATED ORGANIZATION MARTHA SMITH - \$257,634 JENNIE CHAHANOVICH - \$219,044 RAYMOND P VARA - \$855,665 KENNETH B ROBBINS, MD - \$291,893 ARTHUR GLADSTONE - \$253,304 DAVID OKABE - \$300,697 GAIL LERCH - \$244,401 CHARLES R CHING - \$226,722 STEVEN ROBERTSON - \$243,631 MELINDA ASHTON, MD - \$78,421 EARL INOUE - \$38,870 WARREN CHAIKO - \$37,599 DAWN CHING - \$33,746 MAVIS NIKAIDO - \$41,783 SUSAN MASUMOTO-NONAKA - \$38,282 PAULA DIAS - \$34,403 GIDGET RUSCETTA - \$49,350 BRIGITTE MCKALE - \$35,501 PATRICIA BOECKMANN - \$67,100 MAUREEN FLANNERY - \$40,440 LORRIE-ANN LUKE - \$24,800 BRANDT FARIAS - \$26,250 THOMAS MUNDELL - \$64,643 MICHAEL ROBINSON - \$31,845 RODNEY WILLIAMS - \$26,563

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS ARE MADE TO EXECUTIVES BASED ON SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID CHO MD Board of Director	(i)	457,649	4,758	18,760	10,600	21,068	512,835	0
	(ii)	0	0	0	0	0	0	0
1 CAROL FUJIYOSHI MD Board of Director	(i)	0	0	0	0	0	0	0
	(ii)	314,286	4,677	22,532	7,695	6,479	355,669	0
2 MONICA PRICE MD Board of Director	(i)	146,706	21,413	26,464	7,574	19,986	222,143	0
	(ii)	0	0	0	0	0	0	0
3 MARTHA SMITH Board of Director, CEO	(i)	0	0	0	0	0	0	0
	(ii)	413,905	282,634	132,852	195,516	14,608	1,039,515	127,314
4 KENNETH B ROBBINS MD BOARD OF DIRECTOR, EVP & CMO	(i)	0	0	0	0	0	0	0
	(ii)	450,245	291,893	167,004	208,210	14,686	1,132,038	338,723
5 RAYMOND P VARA JR BOD, President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	921,344	935,665	347,525	555,554	21,543	2,781,631	827,600
6 JENNIE CHAHANOVICH BOD, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	327,135	219,044	81,523	161,746	12,088	801,536	99,103
7 ARTHUR GLADSTONE BOD, CEO, VP & SYSTEM CNE	(i)	0	0	0	0	0	0	0
	(ii)	425,141	273,304	114,355	193,130	19,603	1,025,533	121,126
8 BEAU NAKAMOTO MD Board of Director, VICE CHAIR	(i)	304,323	15,077	58,065	10,600	435	388,500	0
	(ii)	0	0	0	0	0	0	0
9 RODNEY WILLIAMS MDCMO	(i)	376,923	77,025	48,511	42,238	16,899	561,596	0
	(ii)	0	0	0	0	0	0	0
10 KATIE SHIGEMITSU COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	179,635	0	1,433	17,362	14,142	212,572	0
11 PATRICIA BOECKMANN RN COO	(i)	0	0	0	0	0	0	0
	(ii)	213,232	67,100	40,852	94,636	13,836	429,656	67,100
12 GIDGET RUSCETTA RN COO	(i)	0	0	0	0	0	0	0
	(ii)	238,847	49,350	29,637	73,634	13,695	405,163	49,350
13 GAIL LERCHEVP	(i)	0	0	0	0	0	0	0
	(ii)	382,239	264,401	132,628	185,483	9,064	973,815	270,437
14 STEVEN ROBERTSON EVP & CIO	(i)	0	0	0	0	0	0	0
	(ii)	379,494	263,631	145,414	184,784	15,308	988,631	274,137
15 DAVID OKABE EVP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	471,769	330,697	129,316	217,960	14,308	1,164,050	337,301
16 CHARLES R CHING EVP, GEN COUNSEL & SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	354,634	251,722	127,777	173,039	20,353	927,525	255,185
17 ALAN ITO INFORMATION SECURITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	163,403	0	907	15,610	19,742	199,662	0
18 DAVID FOX PRIVACY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	145,401	0	1,171	15,325	13,664	175,561	0
19 THOMAS MUNDELLSVP	(i)	0	0	0	0	0	0	0
	(ii)	331,634	64,642	52,140	25,686	20,353	494,455	64,643

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 MELINDA ASHTON MD SVP & CQO	(i)	0	0	0	0	0	0	
	(ii)	384,542	93,421	70,612	109,009	14,689	672,273	
1 WARREN CHAIKOV P	(i)	0	0	0	0	0	0	
	(ii)	232,807	47,599	53,393	66,918	22,543	423,260	
2 DAWN CHING VP	(i)	0	0	0	0	0	0	
	(ii)	217,068	43,747	9,248	62,348	21,921	354,332	
3 PAULA DIAS VP	(i)	0	0	0	0	0	0	
	(ii)	224,570	34,403	39,909	62,024	13,693	374,599	
4 BRANDT FARIAS VP	(i)	0	0	0	0	0	0	
	(ii)	181,058	36,250	17,629	41,499	8,633	285,069	
5 MAUREEN FLANNERY VP	(i)	0	0	0	0	0	0	
	(ii)	253,612	40,440	28,731	60,255	14,413	397,451	
6 LORRIE-ANN LUKE VP	(i)	0	0	0	0	0	0	
	(ii)	160,911	24,800	11,305	43,399	22,375	262,790	
7 SUSAN MASUMOTO-NONAKA VP	(i)	0	0	0	0	0	0	
	(ii)	232,088	48,282	42,983	67,622	16,930	407,905	
8 MICHAEL ROBINSON VP	(i)	0	0	0	0	0	0	
	(ii)	196,340	31,845	19,549	48,602	7,923	304,259	
9 BRIGITTE MCKALE VP & CNE	(i)	0	0	0	0	0	0	
	(ii)	226,301	35,501	20,905	64,151	13,395	360,253	
10 MAVIS NIKAI DO VP & CNE	(i)	0	0	0	0	0	0	
	(ii)	257,510	51,783	26,657	71,232	6,632	413,814	
11 EARL INOUE VP & SYSTEM CONTROLLER	(i)	0	0	0	0	0	0	
	(ii)	251,072	38,870	41,550	68,229	14,895	414,616	
12 JESSICA LEWIS ASSISTANT CORPORATE SECRETARY	(i)	0	0	0	0	0	0	
	(ii)	134,343	0	0	10,304	22,197	166,844	
13 SPENCER K CHANG MD PHYSICIAN	(i)	757,574	17,606	29,787	10,600	21,448	837,015	
	(ii)	0	0	0	0	0	0	
14 MARK S GERBER MD PHYSICIAN	(i)	852,904	5,413	50,018	10,600	6,479	925,414	
	(ii)	0	0	0	0	0	0	
15 CURTIS B KAMIDA MD PHYSICIAN	(i)	462,236	25,213	385,173	10,600	40,525	923,747	
	(ii)	0	0	0	0	0	0	
16 KENNETH C LEE MD PHYSICIAN	(i)	758,004	5,213	20,209	10,600	4,126	798,152	
	(ii)	0	0	0	0	0	0	
17 CASS K NAKASONE MD PHYSICIAN	(i)	1,055,763	4,213	36,084	10,600	20,568	1,127,228	
	(ii)	0	0	0	0	0	0	
18 THOMAS J NORDYKE MD FORMER OFFICER	(i)	247,248	16,880	26,823	10,600	18,568	320,119	
	(ii)	0	0	0	0	0	0	
19 CHARLES A STED FORMER OFFICER	(i)	0	0	179,701	0	0	179,701	
	(ii)	0	0	0	0	0	0	

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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
(1) JANNY CHEN	SEE PART V	198,636	PHYSICIAN COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV, COLUMN B	JANNY CHEN IS A FAMILY MEMBER OF DAVID CHO, MD CURRENT BOARD OF DIRECTOR

SCHEDULE O
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION STATEMENT OF ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES HAWAI'I PACIFIC HEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM WITH OVER 70 LOCATIONS STATEWIDE INCLUDING MEDICAL CENTERS, CLINICS, PHYSICIANS AND OTHER CAREGIVERS COMMITTED TO THE ORGANIZATION'S MISSION TO CREATE A HEALTHIER HAWAI'I ITS FOUR MEDICAL CENTERS KAPI'OLANI, PALI MOMI, STRAUB AND WILCOX SPECIALIZE IN INNOVATIVE PROGRAMS IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, CANCER CARE, BONE AND JOINT SERVICES AND MORE HAWAI'I PACIFIC HEALTH IS RECOGNIZED NATIONALLY FOR ITS EXCELLENCE IN PATIENT CARE AND THE USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY AND PATIENT SAFETY

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINES 4A-4D</p>	<p>PROGRAM SERVICE ACCOMPLISHMENTS PROGRAM SERVICE #1 OUTPATIENT OPERATING ROOMS IN FISCAL YE AR 2017, HAWAI'I PACIFIC HEALTH HOSPITALS AND CLINICS SPENT \$58,487,791 IN DIRECT EXPENSES FOR OUTPATIENT OPERATING ROOMS AND SURGICAL PROCEDURES. AS PART OF OUR COMMITMENT TO PROV IDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY PEDIATRIC SURGERIES AT KAPI 'OLANI INCLUDE THORACIC/HEART, CLEFT LIP/PALATE, EAR, NOSE AND THROAT, ORTHOPEDIC, NEUROLO GIC, UROLOGIC, OPHTHALMOLOGIC, GASTROINTESTINAL, PLASTIC AND GENERAL PROCEDURES WOMEN'S S URGERIES INCLUDE BREAST BIOPSIES, LUMPECTOMIES, MASTECTOMIES AND RECONSTRUCTION, HYSTEROSC OPIES, INTERSTIM BLADDER IMPLANT AND SUB URETHRAL SLING TO TREAT INCONTINENCE, TUBAL LIGAT ION AND ENDOMETRIAL ABLATION KAPI'OLANI IS THE ONLY MEDICAL CENTER IN THE STATE PROVIDING DA VINCI ROBOT-AIDED PEDIATRIC SURGERY. ADDITIONALLY, THE ROBOT IS UTILIZED IN PERFORMING GYNECOLOGICAL SURGICAL SERVICES THE MINIMALLY INVASIVE SURGERIES PERFORMED USING THE DA VINCI PROVIDE INCREASED BENEFITS FOR PATIENTS, INCLUDING LESS PAIN, LOWER RISK OF INFECTIO N AND LESS BLOOD LOSS IN FISCAL YEAR 2017, KAPI'OLANI PERFORMED 5,673 OUTPATIENT SURGERIE S PALI MOMI HAS A FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE EQUIPPED WITH TELEM EDICINE CAPABILITY, TOUCHSCREEN CONTROL PANELS AT THE NURSES' STATION, VOICE ACTIVATION SY STEM, AND LIVE VIDEO FEED TO MEDICAL CENTERS AROUND THE WORLD IN FISCAL YEAR 2017, PALI M OMI PERFORMED 3,644 OUTPATIENT SURGERIES PALI MOMI UTILIZES THE DA VINCI FIREFLY ROBOT-AI DED SYSTEM TO ASSIST WITH MINIMALLY INVASIVE SURGERY THE MINIMALLY INVASIVE SURGERIES PER FORMED USING THE DA VINCI PROVIDE INCREASED BENEFITS FOR PATIENTS INCLUDING LESS PAIN, LOW ER RISK OF INFECTION AND LESS BLOOD LOSS STRAUB OFFERS INTEGRATED OUTPATIENT SURGERY IN A 7-ROOM SUITE, 2-ROOM PLASTIC SURGERY SUITE, 2-ROOM GENERAL SURGERY DEPARTMENT, 2-ROOM INT ERVENTIONAL CARDIAC CATHETERIZATION LABORATORY, INTERVENTIONAL RADIOLOGY SUITES, AND ENDOS COPY DEPARTMENT PROCEDURES PERFORMED RANGE FROM MINOR EXCISIONS TO COMPLEX PERIPHERAL INT RAVASCULAR TECHNIQUES IN FISCAL YEAR 2017, STRAUB PERFORMED 3,874 OUTPATIENT SURGERIES WILCOX HAS A STATE-OF-THE-ART SURGICAL CENTER WITH 6 SURGICAL SUITES, 20 SAME-DAY SURGERY B EDS, VOICE-ACTIVATED ROBOTICS AND OTHER COMPUTER-ASSISTED TECHNOLOGIES IN FISCAL YEAR 201 7, WILCOX PERFORMED 3,449 OUTPATIENT SURGERIES ESTIMATED PROGRAM SERVICES REVENUE IS REPO RTED ON PART III, LINE 4 PROGRAM SERVICE #2 PEDIATRICS-NEONATAL SERVICES IN FISCAL YEAR 2 017, HAWAI'I PACIFIC HEALTH SPENT \$54,884,619 IN DIRECT EXPENSES FOR PEDIATRIC-NEONATAL SE RVICES AS PART OF ITS COMMITMENT TO PROVIDE HIGH-QUALITY MEDICAL CARE FOR ALL PATIENTS, RE GARDLESS OF THEIR ABILITY TO PAY KAPI'OLANI IS RECOGNIZED AS HAWAI'I'S PEDIATRIC MEDICAL CENTER AND ALSO PROVIDES CARE THROUGHOUT THE PACIFIC REGION IT HAS THE ONLY OPEN INTENSIV E CARE UNITS IN HAWAI'I TO TREAT CRITICALLY-ILL CHILDREN AND INFANTS IN FISCAL YEAR 2017, KAPI'OLANI OPENED ITS NEW STA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINES 4A-4D</p>	<p>TE-OF-THE-ART DIAMOND HEAD TOWER THAT HOUSES SIGNIFICANTLY EXPANDED UNITS WITH PRIVATE ROOMS FOR PEDIATRIC INTENSIVE CARE AND NEONATAL INTENSIVE CARE THE PEDIATRIC INTENSIVE CARE UNIT SERVES NEARLY 500 CHILDREN EACH YEAR RANGING IN AGE FROM ONE WEEK TO 21 YEARS OF AGE SPECIAL SERVICES DELIVERED BY THE PEDIATRIC INTENSIVE CARE UNIT INCLUDE AN OPEN HEART PROGRAM (FIVE TIMES PER YEAR), ECMO (EXTRACORPOREAL MEMBRANE OXYGENATION), DIALYSIS CRRT (CONTINUOUS RENAL REPLACEMENT THERAPY), AND TRAUMA AND TRANSPLANT COLLABORATION WITH OTHER MEDICAL CENTERS FOR POSTOPERATIVE CARE THE NEONATAL INTENSIVE CARE UNIT CARES FOR MORE THAN 1,000 OF THE TINIEST AND MOST VULNERABLE INFANTS IN HAWAII EACH YEAR SPECIALIZED PROCEDURES INCLUDE ECMO (EXTRACORPOREAL MEMBRANE OXYGENATION) AND WHOLE BODY COOLING KAPI'OLANI A LSO PROVIDES SPECIALTY PEDIATRIC CARE IN CARDIOLOGY, GASTROENTEROLOGY, NEUROLOGY, OPHTHALMOLOGY, UROLOGY, ONCOLOGY, SURGERY, ORTHOPEDICS, REHABILITATION AND OTHER SUPPORT SERVICES IT IS A MAJOR TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE'S PEDIATRIC AND NEONATAL-PERINATAL MEDICINE PROGRAMS IN FISCAL YEAR 2017, KAPI'OLANI PROVIDED SPECIALIZED CARE FOR 3,864 PEDIATRIC-NEONATAL PATIENTS WILCOX MEDICAL CENTER PROVIDES PREVENTIVE CARE AND TREATMENT SERVICES TO MEET THE HEALTH NEEDS OF KAUA'I'S CHILDREN THROUGH KAUA'I MEDICAL CLINIC, WILCOX PROVIDES COMPREHENSIVE PEDIATRIC CARE FOR CHILDREN OF ALL AGES PEDIATRICIANS AT WILCOX ALSO COLLABORATE WITH PHYSICIANS AT KAPI'OLANI OR OTHER HAWAII PACIFIC HEALTH FACILITIES WHEN KAUA'I CHILDREN NEED SPECIALIZED CARE IN FISCAL YEAR 2017, WILCOX PROVIDED SPECIALIZED CARE FOR 217 PEDIATRIC-NEONATAL PATIENTS ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4 PROGRAM SERVICE #3 OUTPATIENT EMERGENCY ROOMS IN FISCAL YEAR 2017, HAWAII PACIFIC HEALTH HOSPITALS SAW 137,022 ER PATIENTS AND SPENT \$54,568,828 IN DIRECT EXPENSES FOR OUTPATIENT ER SERVICES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY THE KAPI'OLANI ER IS THE ONLY ONE IN THE STATE WITH PEDIATRIC SPECIALISTS AVAILABLE 24/7 IT HAS A TEAM FOR ADULTS AND ANOTHER DEDICATED TO PEDIATRICS, WHERE BOARD-CERTIFIED PEDIATRIC EMERGENCY PHYSICIANS CAN QUICKLY DIAGNOSE AND TREAT A FULL RANGE OF MEDICAL CONDITIONS IN BABIES, CHILDREN AND TEENS, FROM RARE INFECTIONS TO SPORTS INJURIES IN FISCAL YEAR 2017, THE KAPI'OLANI ER RECEIVED 43,525 PATIENTS THE PALI MOMI ER IS THE ONLY ONE IN THE STATE THAT USES A TEAM TRIAGE APPROACH, WHERE PATIENTS ARE PROMPTLY EVALUATED BY A PHYSICIAN IN FISCAL YEAR 2017, THE PALI MOMI ER RECEIVED 43,751 PATIENTS THE STRAUB ER HAS BOARD-CERTIFIED EMERGENCY PHYSICIANS ON STAFF 24/7, 365 DAYS A YEAR, WITH WHEELCHAIR TRANSPORT AND VALET SERVICES AVAILABLE IN FISCAL YEAR 2017, THE STRAUB ER RECEIVED 27,946 PATIENTS THE WILCOX 20-BED ER IS THE FIRST NEIGHBOR ISLAND FACILITY TO OBTAIN A LEVEL III TRAUMA DESIGNATION IT IMPLEMENTED A TRIAGE BES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A-4D	T PRACTICE, "RAPID TRIAGE AND IMMEDIATE BED PLACEMENT," TO DECREASE DOOR-TO-BED AND DOOR-TO-DOC TIMES, ALLOW SOME PATIENTS TO BYPASS THE TRIAGE AREA, AND LET NURSE ASSESSMENT AND E R PHYSICIAN EVALUATION OCCUR SIMULTANEOUSLY THIS IMPROVES SERVICE, QUALITY AND SAFETY IN FISCAL YEAR 2017, THE WILCOX ER RECEIVED 21,800 PATIENTS ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINES 4A-4D CONTINUED</p>	<p>PROGRAM SERVICE #4 OTHER PROGRAMS HAWAII PACIFIC HEALTH IS ONE OF THE STATE'S LARGEST HEALTH CARE PROVIDERS WITH FOUR MEDICAL CENTERS, MORE THAN 70 LOCATIONS, 1,600 AFFILIATED PHYSICIANS, MORE THAN 6,700 EMPLOYEES, AND HUNDREDS OF VOLUNTEERS FROM THE COMMUNITY HAWAII RESIDENTS AND VISITORS RELY ON HAWAII PACIFIC HEALTH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES IN FISCAL YEAR 2017, THE MEDICAL CENTERS ADMITTED 32,711 PATIENTS STRAUB CLINICS HAD 875,594 TOTAL CLINIC ENCOUNTERS, KAUA'I MEDICAL CLINIC HAD 343,735 TOTAL CLINIC ENCOUNTERS AND KAPIOLANI MEDICAL SPECIALISTS HAD 83,087 PATIENT VISITS AFFILIATES AND SUBSIDIARIES KAPI'OLANI MEDICAL SPECIALISTS IS A SPECIALTY PHYSICIANS GROUP ORGANIZED TO SUPPORT KAPI'OLANI MEDICAL CENTER THE FOUNDATIONS OF HAWAII PACIFIC HEALTH CONSIST OF KAPI'OLANI HEALTH FOUNDATION, PALI MOMI HEALTH FOUNDATION, STRAUB FOUNDATION AND WILCOX HEALTH FOUNDATION THESE CHARITABLE ENTITIES SUPPORT HEALTH RESEARCH, FACILITY ENHANCEMENTS, TECHNOLOGY INVESTMENTS, EDUCATIONAL PROGRAMS AND OTHER RESOURCES FOR THEIR RESPECTIVE MEDICAL CENTERS HAWAII PACIFIC HEALTH PARTNERS, INC IS A FOR-PROFIT SUBSIDIARY THAT SERVES AS THE JOINT VENTURE PARTNER WHEN HAWAII PACIFIC HEALTH WORKS WITH OTHER PROVIDERS PROVIDERS INSURANCE CORPORATION IS A CAPTIVE INSURANCE COMPANY THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE FOR HAWAII PACIFIC HEALTH-AFFILIATED EMPLOYED PHYSICIANS PATIENT CARE HAWAII PACIFIC HEALTH HAS STRATEGIC INITIATIVES IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, BONE & JOINT SERVICES, AND CANCER CARE IT IS RECOGNIZED NATIONALLY FOR ITS EXCELLENCE IN HEALTH INFORMATION TECHNOLOGY, SPECIFICALLY THE USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY OF CARE AND PATIENT SAFETY THE HAWAII PACIFIC HEALTH SYSTEM INCLUDES THE PACIFIC REGION'S ONLY FULL-SERVICE WOMEN'S AND CHILDREN'S MEDICAL CENTER AND ONLY DEDICATED BURN CENTER, STATE-OF-THE-ART IMAGING CENTER ON KAUA'I, WEST O'AHU'S ONLY CARDIAC CATHETERIZATION LABS, MINIMALLY INVASIVE BONE & JOINT CENTER, SLEEP DISORDERS CENTER, STATE'S FIRST WOMEN'S CENTER, STATE'S ONLY BREAST AND WOMEN'S CANCER CENTERS, AND OTHER SPECIALIZED SERVICES CONSIDERED CRITICAL TO THE REMOTE HAWAIIAN ARCHIPELAGO COMMUNITY ROLE/ACTIVITY AS ONE OF THE STATES LARGEST HEALTH CARE PROVIDERS, HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO IMPROVE THE HEALTH OF HAWAII RESIDENTS AND, THROUGH ITS MISSION, IS COMMITTED TO CREATING A HEALTHIER HAWAII EACH YEAR, IT SPONSORS HEALTH EDUCATION, TEACHING AND RESEARCH, AND SUPPORTS LIKE-MINDED ORGANIZATIONS IN FISCAL YEAR 2017, HAWAII PACIFIC HEALTH SUPPORTED VARIOUS COMMUNITY BENEFIT PROGRAMS, INCLUDING THE KAPI'OLANI SEX ABUSE TREATMENT CENTER, KAPI'OLANI CHILD ADVOCACY AND PROTECTION CENTER, HEART DISEASE PREVENTION, BREAST AND CERVICAL CANCER SCREENING FOR UNINSURED PERSONS, WOMEN AND INFANT HEALTH AND NUTRITION, REHABILITATION SERVICES, SUPPORT GROUPS, FREE GLUCOSE MONITORING AND BLOOD PRESSURE S</p>

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Return Reference	Explanation
FORM 990, PART III, LINES 4A-4D CONTINUED	<p>CREENING, HEMOPHILIA PROGRAMS, AND OTHER EDUCATION AND SCREENINGS FOR HAWAI'I RESIDENTS ON HEALTH, WELLNESS AND DISEASE-PREVENTION STRATEGIES HAWAI'I PACIFIC HEALTH SPECIALISTS DE LIVERED FREE PUBLIC HEALTH EDUCATION PROGRAMS THAT HELPED THOUSANDS OF PEOPLE LEARN WAYS T O PREVENT OR MANAGE HEART ATTACKS, CANCER, ARTHRITIS AND OTHER CHRONIC HEALTH CONDITIONS THESE EVENTS INCLUDE "HPH KIDS FEST," "CANCER CARE," "VALENTINE IN PARADISE,""GETTING A GRI P ON ARTHRITIS " IN FISCAL 2017, HAWAI'I PACIFIC HEALTH SPONSORED OR SUPPORTED NUMEROUS HE ALTH EVENTS, INCLUDING "HPH WOMEN'S 10K," "AHA HEARTWALK," "SUSAN G KOMEN RACE FOR THE CU RE," "ARTHRITIS FOUNDATION'S ARTHRITIS WALK,MORE HAWAI'I PACIFIC HEALTH PARTICIPATED IN S YMPOSIA AND MEETINGS FOR HEALTH CARE PROFESSIONALS, HIRED STUDENTS AS SUMMER INTERNS, AND SPONSORED WORKSHOPS FOR VOLUNTEERS TO TRAIN HEALTH CARE PROVIDERS, HAWAI'I PACIFIC HEALTH HAS ALLIANCES WITH THE UNIVERSITY OF HAWAI'I JOHN A BURNS SCHOOL OF MEDICINE AND HAWAI'I PACIFIC UNIVERSITY HAWAI'I PACIFIC HEALTH INVESTS EACH YEAR IN TEACHING AND RESEARCH AS A PEDIATRIC AND OB-GYN TRAINING FACILITY FOR THE UNIVERSITY OF HAWAI'I HAWAII PACIFIC HEA LTH IS ALSO ACTIVELY INVOLVED IN CLINICAL TRIALS AND RESEARCH THROUGH ITS VAROUS FACILITIE S IN PEDIATRICS, ONCOLOGY, OPHTHALMOLOGY AND CARDIOLOGY PUBLIC POLICY HAWAI'I PACIFIC HEA LTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING H EALTH CARE POLICY AND LEGISLATION HAWAI'I PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS TO RETAIN PHYSICIANS IN THE STATE AND PROVIDE STABILIT Y FOR HEALTH CARE PROVIDERS OTHER HAWAI'I PACIFIC HEALTH MEDICAL CENTERS TREAT ALL PATIEN TS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS A SAFETY NET PROVIDER OF HEALTH CA RE FOR THE COMMUNITY AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES BY WHICH IT IS DE TERMINED IF PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE HAWAI'I PACIFIC HEALTH CONTRIBUT ES MORE THAN \$1 BILLION TO THE STATE ECONOMY EACH YEAR, SUPPORTING ITS 6,700+ EMPLOYEES, T HEIR FAMILIES, AND MANY BUSINESSES THROUGH PURCHASES MADE BY ITS MEDICAL CENTERS AND CLINI CS ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4</p>

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Return Reference	Explanation
FORM 990, PART IV, LINE 10	ENDOWMENT FUNDS KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC), PALI MOMI MEDICAL CENTER (PMMC) AND STRAUB CLINIC & HOSPITAL (SCH) HELD ASSETS IN ENDOWMENT FUNDS WILCOX MEMORIAL HOSPITAL DID NOT HOLD ASSETS IN ENDOWMENT FUNDS FORM 990, PART IV, LINE 11B INVESTMENTS - OTHER SECURITIES 5% OR MORE OF TOTAL ASSETS KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC) AND PALI MOMI MEDICAL CENTER (PMMC) BOTH REPORTED INVESTMENTS IN OTHER SECURITIES GREATER OR EQUAL TO 5% OF TOTAL ASSETS STRAUB CLINIC & HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) BOTH DID NOT REPORT INVESTMENTS IN OTHER SECURITIES GREATER OR EQUAL TO 5% OF TOTAL ASSETS FORM 990, PART IV, LINE 29 NON-CASH CONTRIBUTIONS GREATER THAN \$25,000 KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC) RECEIVED NON-CASH CONTRIBUTIONS GREATER THAN \$25,000 PALI MOMI MEDICAL CENTER (PMMC), STRAUB CLINIC & HOSPITAL (SCH), AND WILCOX MEMORIAL HOSPITAL (WMH) DID NOT RECEIVE NON-CASH CONTRIBUTIONS GREATER THAN \$25,000

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Return Reference	Explanation
FORM 990, PART V, LINE 1A	HAWAI'I PACIFIC HEALTH (HPH), THE ORGANIZATION'S TAX EXEMPT PARENT, PAYS ALL VENDORS THEREFORE, HPH ISSUES FORM 1099S UNDER ITS TAX ID

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FORM 990, PART VI, LINE 6	MEMBERS AND RIGHTS HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER WHO HAS THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD

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Return Reference	Explanation
FORM 990, PART VI, LINE 7A	DESCRIPTION OF CLASSES OF PERSON AND THE NATURE OF THEIR RIGHTS HAWAI' PACIFIC HEALTH IS THE SOLE MEMBER, AND HAS THE POWER TO APPROVE THE ELECTION OF MEMBERS OF THE GOVERNING BODY HAWAI' PACIFIC HEALTH, AS MEMBER, ALSO HAS THE POWER TO ELECT ONE OR MORE EX OFFICIO VOTING MEMBERS OF THE GOVERNING BODY

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Return Reference	Explanation
<p>FORM 990, PART VI, LINE 7B</p>	<p>DESCR CLASSES OF PERSONS, DECISIONS REQ APPROVAL & TYPE OF VOTING RIGHTS HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN AND PALI MOMI MEDICAL CENTER (I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS THE EXECUTIVE VICE PRESIDENT/CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER , OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS, (II) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER BOARD, (III) AMEND THE BYLAWS, (IV) DETERMINE AND EFFECT THE CORPORATION'S PARTICIPATION IN A LL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MIL LION DOLLARS (\$1,000,000) OR MORE, (V) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORY S TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED, (VI) DIRECT, MANAGE AND CONTROL THE CUSTODY , ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATIO N, (VII) DETERMINE AND EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE, (VIII) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATIO N'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS, (IX) FORM A NEW CORPORATION, L IMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE C ORPORATION, (X) CLOSE THE ACUTE CARE HOSPITAL OWNED AND OPERATED BY THE CORPORATION, (XI) AFTER CONSULTING WITH THE BOARD, REMOVE THE EXECUTIVE VICE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, TREASURER, SECRETARY, OTHER EXECUTIV E VICE PRESIDENTS, SENIOR VICE PRESIDENTS, ASSISTANT SECRETARIES, AND/OR ALL VICE PRESIDEN TS EXCEPT THE OPERATING UNIT VICE PRESIDENTS, (XII) AFTER CONSULTING WITH THE BOARD, DEVEL OP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORA TION, AND (XIII) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL , OPERATING, AND CASH FLOW BUDGETS HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING P OWERS RESERVED TO APPROVE THE FOLLOWING WITH RESPECT TO STRAUB CLINIC & HOSPITAL (I) NOMI NATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS THE TREASURER, SECRETARY, EXECUT IVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENTS OTHER THAN THE EXECU TIVE VICE-PRESIDENT/CHIEF EXECUTIVE OFFICER (THE "EVP/CEO") AND THE, EXECUTIVE VICE-PRESID ENT/CHIEF MEDICAL OFFICER (THE "EVP/CMO") OF THE CORPORATION, SENIOR VICE-PRESIDENTS, ASSI STANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE CLINIC AND HOSPITAL UNIT VICE-PRESID ENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS, (II) REMOVE ANY DIRECTOR FROM THE BOARD, PROV IDED, HOWEVER, THAT THE BOARD</p>

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<p>FORM 990, PART VI, LINE 7B</p>	<p>MAY REMOVE ANY DIRECTOR FROM THE BOARD IF APPROVED BY THE MEMBER BOARD, (III) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER BOARD, (IV) AMEND THE BYLAWS, (V) THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLARS (\$1,000,000) OR MORE, (VI) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000), (VII) ACQUIRE SHARES IN ANOTHER CORPORATION, (VIII) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED, (IX) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION, (X) DETERMINE AND EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE, (XI) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS, (XII) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION, (XIII) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY, (XIV) CLOSE THE ACUTE CARE HOSPITAL OR CLINIC FACILITIES OWNED AND OPERATED BY THE CORPORATION, (XV) RELOCATE THE ACUTE CARE HOSPITAL OR CLINIC FACILITIES OWNED AND OPERATED BY THE CORPORATION, (XVI) CONVERT THE ACUTE CARE HOSPITAL OWNED AND OPERATED BY THE CORPORATION INTO A NON-ACUTE CARE FACILITY, (XVII) AFTER CONSULTING WITH THE BOARD, REMOVE THE TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE-PRESIDENTS OTHER THAN THE EVP/CEO AND THE EVP/CMO, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND/OR ALL VICE-PRESIDENTS EXCEPT THE CLINIC AND HOSPITAL UNIT VICE-PRESIDENTS, AND (XVIII) DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION THE FOLLOWING ACTIONS REQUIRE APPROVAL FROM THE MEMBER BOARD (I) ADD ANY DIRECTOR TO THE BOARD, (II) AMEND THE ARTICLES OF INCORPORATION, (III) SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE AMOUNT OF PROPERTY OR ASSETS HELD BY THE ORGANIZATION, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, TO ANY ENTITY THAT IS NOT AN AFFILIATE, EXCEPT THAT IF THE GFS HEALTH PHYSICIAN ADVISORY GROUP (THE "PAG") ELECTS TO INITIATE A SEPARATION ACTION PURSUANT TO ARTICLE XIII OF THE AFFILIATION AGREEMENT BY AND AMONG THE MEMBER, THE ORGANIZATION, AND STRAUB CLINIC AND HOSPITAL, INC, DATED AS OF DECEMBER 23, 2001, THE ORGANIZATION SHALL BE ALLOWED, BY A MAJORITY VOTE OF A QUORUM OF THE BOARD, TO SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE AMOUNT OF THE PROPERTY OR ASSETS HELD BY THE ORGANIZATION, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, AND SHALL NOT BE REQUIRED TO RECEIVE</p>

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FORM 990, PART VI, LINE 7B	E DIRECTION OR APPROVAL TO DO SO FROM THE MEMBER, (IV) IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS, (V) IMPLEMENT INDIVIDUAL PHYSICIAN COMPENSATION ARRANGEMENTS FOR EACH PHYSICIAN OPERATING UNIT IN THE ORGANIZATION, (VI) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE ORGANIZATION WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE ORGANIZATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE, (VII) ISSUE THE ORGANIZATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER, (VIII) MERGE THE ORGANIZATION WITH ANY ENTITY, (IX) DISSOLVE THE ORGANIZATION, AND (X) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE

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FORM 990, PART VI, LINE 7B CONTINUED	<p>HAWAII PACIFIC HEALTH, AS MEMBER, HAS RESERVED POWERS TO APPROVE THE FOLLOWING WITH RESPECT TO WILCOX MEMORIAL HOSPITAL (I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS THE PRESIDENT/CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS, (II) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER BOARD, (III) AMEND THE BYLAWS, (IV) THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLAR (\$1,000,000) OR MORE, (V) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED, (VI) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION, (VII) EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE, (VIII) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS, (IX) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION, (X) EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS OR AS REQUIRED BY THE LAW OF THE STATE OF HAWAII, SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY WILCOX MEMORIAL HOSPITAL, KAUA'I MEDICAL CLINIC AND WILCOX HEALTH FOUNDATION (THE "WILCOX AFFILIATES"), (XI) EXCEPT AS PROVIDED IN THE BYLAWS OR AS REQUIRED BY THE LAWS OF THE STATE OF HAWAII, SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE WILCOX AFFILIATES WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE WILCOX AFFILIATES DURING THE PRIOR FISCAL YEAR, (XII) CLOSE THE CLINICAL FACILITIES OWNED AND OPERATED BY THE CORPORATION, PROVIDED, THAT, AFTER THE EFFECTIVE DATE OF THE BYLAWS, ANY ELIMINATION OF A CLINICAL SERVICE PROVIDED BY THE CORPORATION MUST ALSO BE APPROVED BY THE BOARD, (XIII) CONVERT THE CLINIC OWNED AND OPERATED BY THE CORPORATION INTO A FACILITY NO LONGER OFFERING MEDICAL SERVICES, PROVIDED, THAT, AFTER THE EFFECTIVE DATE OF THE BYLAWS, ANY ELIMINATION OF A CLINICAL SERVICE PROVIDED BY THE CORPORATION MUST ALSO BE APPROVED BY THE BOARD, (XIV) AFTER CONSULTING WITH THE BOARD, REMOVE THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, TREASURER, SECRETARY, OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS, PROVIDED, HO</p>

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FORM 990, PART VI, LINE 7B CONTINUED	<p>WEVER, THAT TO REMOVE OR TERMINATE THE PRESIDENT/CHIEF EXECUTIVE OFFICER WILL REQUIRE THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE MEMBER TO FULLY COLLABORATE AND CONSULT WITH THE BOARD AND SEEK THE BOARD'S ADVANCE CONSENT FOR SUCH REMOVAL OR TERMINATION IF THE BOARD DOES NOT CONCUR WITH THE PROPOSED REMOVAL OR TERMINATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SUCH REMOVAL OR TERMINATION WILL REQUIRE THE APPROVAL OF A MAJORITY OF THE MEMBERS ON THE MEMBER BOARD, (XV) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG RANGE AND STRATEGIC PLANS OF THE CORPORATION, AND (XVI) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS THE CORPORATION SHALL NOT TAKE THE FOLLOWING ACTIONS WITHOUT FIRST OBTAINING MEMBER BOARD APPROVAL (I) ADD ANY DIRECTOR TO THE BOARD, (II) REMOVE ANY DIRECTOR FROM THE BOARD, (III) AMEND THE ARTICLES, (IV) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE, (V) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000), (VI) ACQUIRE SHARES IN ANOTHER CORPORATION, (VII) SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY THE WILCOX AFFILIATES, (VIII) SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE PROPERTY AND ASSETS HELD BY THE CORPORATION TO ANY ENTITY THAT IS NOT AN AFFILIATE, (IX) SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE WILCOX AFFILIATES WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE WILCOX AFFILIATES DURING THE PRIOR FISCAL YEAR, (X) MERGE THE CORPORATION WITH ANY ENTITY, (XI) DISSOLVE OR LIQUIDATE THE CORPORATION, (XII) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER, (XIII) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY, AND (XIV) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE</p>

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

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FORM 990, PART VI, LINE 12C	<p>MONITORING & ENFORCING CONFLICT OF INTEREST POLICY ANNUALLY, EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON 1) RECEIVED A COPY OF THE CONFLICT OF INTEREST ("COI") POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, 3) AGREES TO COMPLY WITH THE POLICY, 4) HAS DISCLOSED ANY CONFLICTS OR POTENTIAL CONFLICTS OR ECONOMIC INTERESTS AS REQUIRED, AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THE IN-HOUSE LEGAL DEPARTMENT DISTRIBUTES THE STATEMENT REQUEST AND REVIEWS THE COI STATEMENTS RETURNED IDENTIFIED CONFLICTS OF INTEREST ARE PRESENTED TO THE BOARD FOR REVIEW, DELIBERATION AND CONFIRMATION/REFUTATION THAT A CONFLICT OF INTEREST EXISTS IF A CONFLICT OF INTEREST HAS BEEN FOUND, THE INDIVIDUAL MAY ADDRESS THE BOARD AND EXPLAIN THE TRANSACTION OR ARRANGEMENT CAUSING THE CONFLICT AFTER THE PRESENTATION, THE INDIVIDUAL IS EXCUSED FROM THE MEETING AND SHALL NOT PARTICIPATE WITH ANY DISCUSSION OR VOTE ON MATTERS PERTAINING TO THE TRANSACTION OR ARRANGEMENT IN MEETINGS WHERE APPLICATION OF THE COI POLICY OCCURS, THE MEETING MINUTES INCLUDE NATURE OF THE FINANCIAL INTEREST/CONFLICT, NAME(S) OF THE PERSON(S) WITH THE POTENTIAL OR ACTUAL CONFLICT, ANY ACTION TAKEN TO ASSIST IN THE DETERMINATION OF WHETHER A CONFLICT EXISTED, INCLUDING ANY DISCUSSION OF ALTERNATIVE ARRANGEMENTS, THE BOARD'S DECISION(S) REGARDING THE CONFLICT AND NAMES OF PERSON PRESENT IN THE DISCUSSION AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>PROCESS OF DETERMINING COMPENSATION THE CEO OF THE ORGANIZATION IS NOT COMPENSATED BY THE FILING ORGANIZATION, BUT RATHER BY THE TAX-EXEMPT PARENT, HPH FOLLOWING IS THE PROCESS THAT THE PARENT ORGANIZATION UNDERTAKES TO APPROVE THE CEO'S COMPENSATION COMPENSATION FOR HAWAII PACIFIC HEALTH ("HPH") EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE INDEPENDENT BOARD MEMBERS OF THE HAWAII PACIFIC BOARD'S COMPENSATION COMMITTEE ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE'S COMPENSATION AND BENEFITS THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS THE COMPENSATION COMMITTEE MAKES FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED ORGANIZATION PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS THIS PROCESS WAS MOST RECENTLY COMPLETED ON MARCH 10, 2017 TO REVIEW PHYSICIAN COMPENSATION AND ON AUGUST 24, 2017 TO REVIEW EXECUTIVE COMPENSATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	DISCLOSURE OF GOV DOCS, CONFLICT OF INTEREST POLICY & FINANCIAL STMTS THE CONFLICT OF INTEREST POLICY AND STANDARD OF CONDUCT ARE AVAILABLE ON THE HAWAI'I PACIFIC HEALTH WEBSITE THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWAI'I PACIFIC HEALTH WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS OBLIGATED GROUP INTERCOMPANY TRANSFERS \$(101,788,980) CHANGE IN INTEREST IN KHFW/WHF \$(29,884,517) CHANGE IN INTEREST IN PERPETUAL TRUSTS \$ 258,016 OTHER CHANGES IN NET ASSETS \$(21,730) ----- TOTAL \$(131,437,211)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN SERVICES TOTAL FEES 29307072

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL SERVICES TOTAL FEES 4682990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 1112862

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REGISTRY SERVICES TOTAL FEES 10026114

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY LABOR ADMIN SERVICES TOTAL FEES 208322

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY LABOR OTHER SERVICES TOTAL FEES 2069160

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY SERVICES TOTAL FEES 4492300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT & RECURRING SERVICES TOTAL FEES 43869766

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES SERVICES TOTAL FEES 1633134

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BUS PASS SERVICES TOTAL FEES 29406

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER SERVICES TOTAL FEES 11904539

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REPAIRS & MAINTENANCE TOTAL FEES 16620852

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INTERNAL SVCS PROVIDED EXPENSE TOTAL FEES 41855094

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER EXPENSE RECOVERY TOTAL FEES -1107761

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PROVIDERS INSURANCE CORPORATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 71-0893000	INSURANCE	HI	501(C)(3)	12B, II	NA	Yes	
(2) KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
(3) KAPI'OLANI MEDICAL SPECIALISTS 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501(C)(3)	10	NA	Yes	
(4) WILCOX HEALTH FOUNDATION 3-3420 KUHIO HIGHWAY LIHUE, HI 96766 99-0204242	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
(5) KAUA'I MEDICAL CLINIC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501(C)(3)	3	NA	Yes	
(6) STRAUB FOUNDATION 55 MERCHANT STREET 26TH FLOOR HONOLULU, HI 96813 99-0109350	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
(7) PALI MOMI FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 38-3840327	FUNDRAISING	HI	501(C)(3)	7	NA	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ASC PACIFIC VENTURES LLC	AMBU SURG C	AL	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)HAWAI'I PACIFIC HEALTH PARTNERS INC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0318588	HOLDING COMPA	HI	NA	C CORP					
(2)STRAUB PHARMACY INC 888 SOUTH KING STREET HONOLULU, HI 96813 99-0145107	INACTIVE	HI	SCH	C CORP	0	4,971,708	100 000 %	Yes	
(3)HICORD INC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0251496	INVESTMENT	HI	NA	C-CORP					
(4)CHARITABLE REMAINDER TRUST (1)			NA						

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
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	
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	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
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 Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART III	RELATED ORG TAXABLE AS PARTNERSHIP ASC PACIFIC VENTURES, LLC EIN 27-0540034 ADDRESS 3000 RIVERCHASE GALLERIA, STE 500 BIRMINGHAM, AL 35244

Schedule Form 2016

Additional Data

Software ID:

Software Version:

EIN: 38-3835105

Name: HAWAI'I PACIFIC HEALTH GROUP RETURN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 71-0893000	INSURANCE	HI	501(C)(3)	12B, II	NA	Yes	
(1) 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
(2) 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501(C)(3)	10	NA	Yes	
(3) 3-3420 KUHIO HIGHWAY LIHUE, HI 96766 99-0204242	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
(4) 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501(C)(3)	3	NA	Yes	
(5) 55 MERCHANT STREET 26TH FLOOR HONOLULU, HI 96813 99-0109350	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
(6) 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 38-3840327	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	

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)	KAPI'OLANI HEALTH FOUNDATION	C	34,918,650	FMV
(1)	KAPI'OLANI HEALTH FOUNDATION	S	28,355,529	FMV
(2)	KAPI'OLANI HEALTH FOUNDATION	S	50,864	FMV
(3)	KAPI'OLANI MEDICAL SPECIALISTS	Q	9,333,267	FMV
(4)	KAPI'OLANI MEDICAL SPECIALISTS	P	102,698	FMV
(5)	KAUA'I MEDICAL CLINIC	P	72,527	FMV
(6)	KAUA'I MEDICAL CLINIC	R	59,972	FMV
(7)	PROVIDERS INSURANCE CORPORATION	R	3,127,972	FMV
(8)	PALI MOMI FOUNDATION	C	460,026	FMV
(9)	PROVIDERS INSURANCE CORPORATION	R	1,347,490	FMV
(10)	WILCOX HEALTH FOUNDATION	C	1,633,420	FMV
(11)	KAUA'I MEDICAL CLINIC	Q	1,059,489	FMV
(12)	KAUA'I MEDICAL CLINIC	S	118,987	FMV
(13)	KAUA'I MEDICAL CLINIC	P	2,741,091	FMV
(14)	PROVIDERS INSURANCE CORPORATION	R	815,772	FMV
(15)	KAPI'OLANI MEDICAL SPECIALIST	P	151,800	FMV
(16)	STRAUB FOUNDATION	C	441,532	FMV
(17)	KAUA'I MEDICAL CLINIC	P	142,415	FMV
(18)	KAUA'I MEDICAL CLINIC	R	232,119	FMV
(19)	PROVIDERS INSURANCE CORPORATION	R	7,086,904	FMV