

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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 \$ 1,326,077,921

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)	44
4 Number of independent voting members of the governing body (Part VI, line 1b)	31
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	6,059
6 Total number of volunteers (estimate if necessary)	876
7a Total unrelated business revenue from Part VIII, column (C), line 12	872,851
7b Net unrelated business taxable income from Form 990-T, line 34	285,094

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	38,200,792	3,856,374
9 Program service revenue (Part VIII, line 2g)	1,189,562,447	1,249,080,035
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,146,921	10,428,932
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,151,712	7,352,177
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,242,061,872	1,270,717,518
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	910,702	2,208,285
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)	549,366,323	569,666,914
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)	552,383,400	583,739,215
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,102,660,425	1,155,614,414
19 Revenue less expenses Subtract line 18 from line 12	139,401,447	115,103,104

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	914,346,914	959,035,227
21 Total liabilities (Part X, line 26)	147,252,420	162,162,015
22 Net assets or fund balances Subtract line 21 from line 20	767,094,494	796,873,212

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: 2019-05-09
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: 2019-05-10
Check if self-employed PTIN: P00634378
Firm's name: ▶ ERNST & YOUNG US LLP
Firm's address: ▶ 4365 EXECUTIVE DR STE 1600
SAN DIEGO, CA 92121
Firm's EIN: _____
Phone no: (858) 535-7200

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 \$ 65,200,571 including grants of \$ 0) (Revenue \$ 91,951,245)
See Additional Data

4b (Code) (Expenses \$ 56,741,705 including grants of \$ 0) (Revenue \$ 146,452,098)
See Additional Data

4c (Code) (Expenses \$ 50,854,285 including grants of \$ 0) (Revenue \$ 153,831,059)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 826,926,010 including grants of \$ 2,208,285) (Revenue \$ 862,850,817)

4e Total program service expenses ▶ 999,722,571

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)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, 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 Enter the number of voting members of the governing body at the end of the tax year (44); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (HI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANN HO 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 (808) 527-2520

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	3,635,608			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	220,766			
	g Noncash contributions included in lines 1a-1f \$ _____	35,891				
	h Total. Add lines 1a-1f		3,856,374			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUES	622110	1,214,123,757	1,214,123,757		
	b PREMIUM REVENUE	622110	16,069,600	16,069,600		
	c OTHER HEALTHCARE REVENUE	622110	12,435,291	12,435,291		
	d RENTAL INCOME	531120	3,787,832	3,753,911	33,921	
	e INTER-ENTITY SERVICE REVENUE	900099	1,959,275	1,959,275		
	f All other program service revenue		704,280	704,280		
g Total. Add lines 2a-2f		1,249,080,035				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,690,556		2,690,556	
	4 Income from investment of tax-exempt bond proceeds		538,855		538,855	
	5 Royalties		0			
	6a Gross rents	(i) Real				
		178,981				
		b Less rental expenses	(ii) Personal			
		0				
	c Rental income or (loss)	178,981	0			
	d Net rental income or (loss)		178,981		178,981	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		61,349,559	(ii) Other	717,648		
		b Less cost or other basis and sales expenses	54,844,144	23,542		
		c Gain or (loss)	6,505,415	694,106		
	d Net gain or (loss)		7,199,521	-10,396	7,209,917	
	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		b				
c Net income or (loss) from fundraising events		0		0		
9a Gross income from gaming activities See Part IV, line 19	a					
	0					
	b Less direct expenses	b				
c Net income or (loss) from gaming activities		0	0	0		
10a Gross sales of inventory, less returns and allowances	a					
	811,403					
	b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory		318,686		318,686		
Miscellaneous Revenue	Business Code					
11a CAFETERIA REVENUE	722110	2,651,108	2,651,108			
b PARKING REVENUE	812930	2,587,184	2,587,184			
c EXPENSE REIMBURSEMENT	900099	337,245	337,245			
d All other revenue		1,278,973	440,043	838,930		
e Total. Add lines 11a-11d		6,854,510				
12 Total revenue. See Instructions		1,270,717,518	1,255,051,298	872,851	10,936,995	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,208,285	2,208,285		
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	1,743,901	1,735,181	8,720	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	977,619	569,323	408,296	
7 Other salaries and wages	459,303,958	455,490,279	3,813,679	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	24,125,683	23,913,765	211,918	
9 Other employee benefits	52,433,817	43,594,906	8,838,911	
10 Payroll taxes	31,081,936	30,810,153	271,783	
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,410	1,410		
c Accounting	3,135,698		3,135,698	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	550,975		550,975	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	172,402,471	146,761,154	25,641,317	
12 Advertising and promotion	768,058	262,387	505,671	
13 Office expenses	179,543,010	179,091,179	451,831	
14 Information technology	6,370,616	4,240,348	2,130,268	
15 Royalties	0			
16 Occupancy	28,460,814	27,440,048	1,020,766	
17 Travel	1,531,882	1,358,553	173,329	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	181,261	165,305	15,956	
20 Interest	19,580,499	19,580,499		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	41,645,043	41,645,043		
23 Insurance	13,525,146	13,773,609	-248,463	
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	88,388,756		88,388,756	
b OTHER PURCHASES	26,390,527	6,983,028	19,407,499	
c AFFILIATE EXPENSES	1,105,502		1,105,502	
d SPECIFIC PURPOSE DONATION	3,176	3,176		
e All other expenses	154,371	94,940	59,431	
25 Total functional expenses. Add lines 1 through 24e	1,155,614,414	999,722,571	155,891,843	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	-579,135	1	-119,862
	2 Savings and temporary cash investments	949,037	2	715,962
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	149,461,558	4	156,552,335
	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	17,846,426	8	19,873,741
	9 Prepaid expenses and deferred charges	2,419,339	9	2,587,378
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,023,942,814		
	b Less accumulated depreciation	527,367,593		
	11 Investments—publicly traded securities	487,666,889	10c	496,575,221
	12 Investments—other securities See Part IV, line 11	105,219,613	11	107,731,627
	13 Investments—program-related See Part IV, line 11	63,970,832	12	75,633,832
	14 Intangible assets	1,618,557	13	1,618,557
	15 Other assets See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	85,773,798	15	97,866,436	
	914,346,914	16	959,035,227	
Liabilities	17 Accounts payable and accrued expenses	96,653,942	17	105,335,088
	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	50,598,478	25	56,826,927
	26 Total liabilities. Add lines 17 through 25	147,252,420	26	162,162,015
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	739,105,520	27	766,324,300
	28 Temporarily restricted net assets	17,911,891	28	20,339,510
	29 Permanently restricted net assets	10,077,083	29	10,209,402
	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	767,094,494	33	796,873,212
	34 Total liabilities and net assets/fund balances	914,346,914	34	959,035,227

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	1,270,717,518
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,155,614,414
3	Revenue less expenses Subtract line 2 from line 1	3	115,103,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	767,094,494
5	Net unrealized gains (losses) on investments	5	5,360,680
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	-90,685,066
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	796,873,212

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 (2017)

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			
DAVID CHO MD Board of Director	40 0	X						500,054	0	33,242
AMY CORLISS Board of Director	0 2	X						0	358,405	30,740
PAUL EAKIN MD Board of Director	40 0 0 3	X						0	0	0
CHRIS ELDRIDGE Board of Director	0 3 0 0	X						0	0	0
CAROL FUJIYOSHI MD Board of Director	0 2 40 0	X						0	344,377	14,575
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
MICHELLE HO Board of Director	0 3 0 0	X						0	0	0
BETH HOBAN RN Board of Director (PART YEAR)	0 2 0 1	X						0	0	0
CLYDE KODANI 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			
EMILY KURAOKA Board of Director	0 2	X						0	0	0
DOUGLAS KWOCK MD Board of Director	0 3	X						0	270,031	31,701
RICHANNE LAM Board of Director	0 2	X						0	0	0
NEIL MANAGO MD Board of Director	0 2	X						0	0	0
AVI MANNIS Board of Director	0 2	X						0	0	0
GERALD MCKENNA MD Board of Director	0 2	X						0	0	0
PETER MCNALLY MD Board of Director	0 3	X						0	0	0
TODD MILLER Board of Director	4 0	X						614,311	0	17,700
ELLIOT MILLS Board of Director	0 3	X						0	0	0
DAWN MIURA MD Board of Director	0 2	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			
GORDON NIHEI Board of Director (PART YEAR)	0 2	X						0	0	0
MICHAEL O'MALLEY ESQ Board of Director	0 3	X						0	0	0
FRED PAINE Board of Director	0 2	X						0	0	0
ALANA PAKKALA Board of Director	0 3	X						0	0	0
MONICA PRICE MD Board of Director	0 2	X						215,798	0	30,127
KATHY RICHARDSON Board of Director	0 2	X						0	0	0
LYLE TABATA Board of Director	0 2	X						0	0	0
CLAIRE TAMAMOTO Board of Director	0 6	X						0	0	0
JASMINE TANIOKA Board of Director	0 2	X						0	0	0
MICHAEL TAYLOR Board of Director	0 2	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			
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
JENNIE CHAHANOVICH BOD, PRESIDENT & CEO	30 0 26 5	X		X				0	564,557	194,002
ARTHUR GLADSTONE BOD, CEO VP AND SYSTEM CNE	43 2 12 2	X		X				0	785,819	279,189
GORDON HAMMOND Board of Director, Chair	1 2 0 0	X		X				0	0	0
TAD JACKSON MD Board of Director, Chair	1 2 0 0	X		X				0	0	0
WAYNE KATAYAMA BOARD OF DIRECTOR, VICE CHAIR	0 2 0 0	X		X				0	0	0
STEPHEN LIN MD BOARD OF DIRECTOR, CHAIR	1 3 0 0	X		X				0	7,512	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			
BEAU NAKAMOTO MD Board of Director, Vice Chair	40 0	X		X				312,642	0	11,182
MARK PITTS MD Board of Director, Chair	12 0	X		X				0	0	0
JERRY PUPILLO Board of Director, Vice Chair	2 0	X		X				0	0	0
KENNETH B ROBBINS MD Board of Director, EVP & CMO	21 6	X		X				0	793,702	312,183
MARTHA SMITH Board of Director, CEO	50 0	X		X				0	774,689	268,061
RAYMOND P VARA JR Board of Director & President	8 0	X		X				0	2,029,978	874,907
MELINDA ASHTON MD EVP & CQO	6 0			X				0	585,804	129,787
JOHN BELEW coo	40 0			X				0	220,872	12,504
WARREN CHAIKO SVP	30 0			X				0	330,980	93,204
DAWN CHING VP	50 0			X				0	291,630	87,229

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			
CHARLES R CHING EVP, Gen Counsel & Secretary	12 0 28 0			X				0	677,419	251,375
DAWN DUNBAR SVP	0 1 44 9			X				0	52,816	3,841
JOEL EMPERADOR VP	40 0 0 0			X				0	270,171	61,178
BRANDT FARIAS SVP & Chief Marketing Officer	4 0 51 0			X				0	265,836	60,185
MAUREEN FLANNERY VP	50 0 5 0			X				0	342,364	78,223
DAVID FOX Privacy Officer	16 5 23 5			X				0	148,299	31,417
EARL INOUYE VP & System Controller	10 5 37 5			X				0	341,558	86,237
ALAN ITO Information Security Officer	3 0 37 0			X				0	174,922	37,605
GAIL LERCH EVP	8 0 42 5			X				0	713,515	279,569
JESSICA LEWIS Assistant Corporate Secretary	16 0 24 0			X				0	138,454	37,263

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			
LORRIE-ANN LUKE VP	7 0 43 7			X				0	222,650	74,131
BRIGITTE MCKALE VP & CNE	50 0 1 0			X				0	297,447	82,597
MAVIS NIKAIIDO vp & CNE	49 0 1 0			X				0	345,786	81,166
SUSAN MASUMOTO-NONAKA VP	31 5 8 5			X				0	339,685	85,692
DAVID OKABE EVP, CFO & Treasurer	9 0 41 0			X				0	835,619	339,264
STEVEN ROBERTSON EVP & CIO	9 5 41 2			X				0	699,378	262,517
MICHAEL ROBINSON VP	0 6 49 4			X				0	261,111	64,808
GIDGET RUSCETTA RN coo	43 0 10 1			X				0	340,578	94,980
KATIE SHIGEMITSU Compliance Officer	21 0 19 0			X				0	193,030	33,703
DAVID STUMBAUGH VP	32 0 8 0			X				0	158,699	39,353

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			
RODNEY WILLIAMS MD CMO	40 0 0 0			X				0	568,860	121,746
PAULA DIAS VP (PART YEAR)	48 0 3 0			X				0	345,992	82,214
JOHN J CHO Physician	40 0 0 0					X		839,170	0	22,194
SCOTT N CRAWFORD Physician	40 0 0 0					X		803,949	0	30,734
MARK S GERBER Physician	40 0 0 0					X		903,404	0	17,701
KENNETH C LEE Physician	40 0 0 0					X		821,392	0	14,944
CASS K NAKASONE Physician	40 0 0 0					X		1,128,346	0	30,742
THOMAS MUNDELL Former Officer	0 0 0 0						X	0	427,274	37,658
THOMAS J NORDYKE MD Former Officer	40 0 0 0						X	320,122	0	26,394

TY 2017 Affiliate Listing**Name:** HAWAII PACIFIC HEALTH GROUP RETURN**EIN:** 38-3835105**TY 2017 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

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) 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 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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>		
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>		
		1	No
		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?		
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>		
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>		
		1	No
		2	No
		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>		
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>		
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>		
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>		
		2a	
		2b	
		3a	
		3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0
2	Recoveries of prior-year distributions	2	0
3	Other gross income (see instructions)	3	0
4	Add lines 1 through 3	4	0
5	Depreciation and depletion	5	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)	6	0
7	Other expenses (see instructions)	7	0
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	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)	1	
a	Average monthly value of securities	1a	0
b	Average monthly cash balances	1b	0
c	Fair market value of other non-exempt-use assets	1c	0
d	Total (add lines 1a, 1b, and 1c)	1d	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	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. 0			
c From 2014. 0			
d From 2015. 0			
e From 2016. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2017 distributable amount			0
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2017 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 Excess distributions carryover to 2018. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2013. 0			
b Excess from 2014. 0			
c Excess from 2015. 0			
d Excess from 2016. 0			
e Excess from 2017. 0			

Additional Data

Software ID:

Software Version:

EIN: 38-3835105

Name: HAWAI'I PACIFIC HEALTH GROUP RETURN

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
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.

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2017
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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		25,441
j Total. Add lines 1c through 1i			25,441
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)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
HAWAII 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ► \$ _____ 1,370,219

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	180,123,783	163,374,610	167,123,775	170,982,165	151,507,463
b Contributions	0	0	340,551	564,521	418,132
c Net investment earnings, gains, and losses	15,061,139	16,944,928	-3,972,004	-4,243,274	19,077,175
d Grants or scholarships	0	0		0	0
e Other expenditures for facilities and programs	154,225	195,755	117,712	167,884	0
f Administrative expenses	0			11,753	20,605
g End of year balance	195,030,697	180,123,783	163,374,610	167,123,775	170,982,165

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 99 170 %
 - b** Permanent endowment ▶ 0 830 %
 - c** Temporarily restricted endowment ▶ 0 %
- 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		19,720,248		19,720,248
b Buildings		632,878,463	267,375,360	365,503,103
c Leasehold improvements		31,697,509	21,367,478	10,330,031
d Equipment		303,054,806	235,721,671	67,333,135
e Other		36,591,788	2,903,084	33,688,704
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				496,575,221

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	69,844,765	F
(B) INVESTMT IN UNCONSOLIDATED SUB	4,971,708	F
(C) LIMITED PARTNERSHIPS	817,359	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	75,633,832	

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.)	97,866,436

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.)	56,826,927

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
INT IN NET ASSETS OF FDNS	20,819,919
BOARD DESIGNATED INVESTMENTS	17,895,527
DEPOSITS & NON-CURRENT ASSETS	13,287,875
OTHER RECEIVABLES	7,884,280
INTEREST IN PERPETUAL TRUST	4,866,190
DECORATIVE ARTWORK	1,370,219
INVESTMENT IN JOINT VENTURES	25,000
DUE FROM THIRD PARTY PAYORS	27,610,578
DUE FROM KAPI'OLANI HLTH FDN	3,000,779
HAWAI'I HEALTH PARTNERS	585,669
KAUA'I MEDICAL CLINIC	238,439
PROVIDER INSURANCE CORP	81,481
STRAUB FOUNDATION	74,537
PALI MOMI FOUNDATION	63,398
WILCOX HEALTH FOUNDATION	49,273
KAPI'OLANI MEDICAL SPECIALISTS	7,220
HAWAI'I PACIFIC HEALTH PTNRS	6,004
HICORD	48

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

1 (a) Description of Liability	(b) Book Value
OTHER LONG TERM LIABILITIES	24,863,973
DEFERRED TIA	2,280,028
ESCHEAT LIABILITY	720,737
DEFERRED STRAIGHT LINE RENT	84,560
THIRD PARTY PAYORS	22,087,349
STRAUB PHARMACY INC	4,555,887
KAPI'OLANI MEDICAL SPECIALISTS	1,027,022
HAWAI'I HEALTH PARTNERS	692,675
HAWAI'I PACIFIC HEALTH PARTNERS	414,890
KEAHONUOKALANI	60,372

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

1 (a) Description of Liability	(b) Book Value
STRAUB FOUNDATION	17,321
WILCOX HEALTH FOUNDATION	10,090
KAPI'OLANI HEALTH FOUNDATION	8,268
HPHPI	3,596
PALI MOMI FOUNDATION	159

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
2017
 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 free 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)		23,442	4,865,607	0	4,865,607	0 420 %
b Medicaid (from Worksheet 3, column a)		208,806	272,967,603	254,640,581	18,327,022	1 590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs		232,248	277,833,210	254,640,581	23,192,629	2 010 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	57	62,315	2,212,603	247,350	1,965,253	0 170 %
f Health professions education (from Worksheet 5)	10	1,065	11,044,347	1,876,504	9,167,843	0 790 %
g Subsidized health services (from Worksheet 6)	12	327	38,502,339	14,938,314	23,564,025	2 040 %
h Research (from Worksheet 7)		0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	18	0	2,263,591	0	2,263,591	0 200 %
j Total. Other Benefits	97	63,707	54,022,880	17,062,168	36,960,712	3 200 %
k Total. Add lines 7d and 7j	97	295,955	331,856,090	271,702,749	60,153,341	5 210 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	2	39	516,088		516,088	0.040 %
9 Other						
10 Total	2	39	516,088		516,088	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?		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.		
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.		
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	146,907,585
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	170,284,207
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-23,376,622
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	No
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

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

Community Health Needs Assessment		Yes	No
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?		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		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)	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 of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	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	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)	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	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>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
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?	14 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)	15 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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V SECTION C</u>		
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 checked="" 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 nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <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)	19	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)	21	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? 22

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

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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

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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

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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 SPECIALITIES 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 MEDICAL ASSISTANT TRAINING PROGRAM AT WAIPAHAU HIGH SCHOOL
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 MANAGER'S 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 HAWAII 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 HAWAII 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 HAWAII 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 HAWAII STATE MEDICAL ASSISTANCE APPLICATION THIS IS THE APPLICATION FOR THE HAWAII 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 HAWAII 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>

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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 9.4M VISITORS (2017 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 2018, KAPI'OLANI HAD 6,229 DELIVERIES (BIRTHS), 48,323 WOMEN'S CENTER PROCEDURES, 45,093 ER VISITS, 57,659 IMAGING PROCEDURES, 615 TRANSPORTS AND 16,008 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 UNITS, 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 2018, PALI MOMI HAD 47,984 ER VISITS, 51,049 WOMEN'S CENTER PROCEDURES, 88,075 IMAGING PROCEDURES AND 5,699 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 2018, STRAUB HAD 33,317 ER VISITS, 6,753 INPATIENT ADMISSIONS, 97,940 IMAGING PROCEDURES AND 865,851 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 KAUA'I FOR NEARLY 80 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 2018, WILCOX HAD 24,970 ER VISITS, 501 DELIVERIES (BIRTHS), 67,442 IMAGING PROCEDURES AND 3,412 INPATIENT ADMISSIONS WILCOX'S GEOGRAPHIC SERVICE AREA IS THE ISLAND OF KAUA'I DEMOGRAPHICS OF THE KAUA'I COMMUNITY IN FISCAL YEAR 2018 INCLUDE AN ESTIMATED POPULATION OF APPROXIMATELY 72,000 (2017 CENSUS BUREAU DATA) AND NEARLY 1.3M VISITORS ANNUALLY (2017 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM HAWAI'I 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 HAWAI'I AND THE PACIFIC REGION. THE HAWAI'I PACIFIC HEALTH SYSTEM INCLUDES FOUR MEDICAL CENTERS, 70 LOCATIONS, MORE THAN 1,700 AFFILIATED PHYSICIANS AND NEARLY 7,000 EMPLOYEES. THE MEDICAL CENTERS PROVIDE ACUTE AND SPECIALTY CARE WITH 592 BEDS, AND HANDLED 31,872 ADMISSIONS IN FISCAL YEAR 2018. KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS THE PRIMARY PEDIATRIC AND OBSTETRIC TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE. KAPI'OLANI SUPPORTS THE TRAINING AND TEACHING OF HAWAI'I'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 ACTIVELY SUPPORTS COMMUNITY ORGANIZATIONS AND EVENTS THAT ARE IN LINE WITH ITS MISSION, INCLUDING THE GREAT ALOHA RUN AND KEIKI GREAT ALOHA RUN, SUSAN G. KOMEN BREAST CANCER FOUNDATION, MARCH OF DIMES, HAWAI'I 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 SEX ABUSE TREATMENT CENTER OF HAWAI'I, WHICH PROVIDES TREATMENT SERVICES FOR SURVIVORS OF SEXUAL ASSAULT, PROMOTES PREVENTION AND EDUCATION, AND ENGAGES IN PUBLIC POLICY ACTIVITIES RELATING TO SEXUAL ASSAULT, 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 2018, PALI MOMI CONTINUED TO PROVIDE SERVICES AS A DESIGNATED LEVEL III TRAUMA CENTER BY THE STATE OF HAWAI'I. 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 2018, PALI MOMI ALSO HOSTED AND PARTICIPATED IN FREE COMMUNITY HEALTH EVENTS, SUCH AS HPH KIDS FEST, HEALTH FAIRS AND HEALTH SCREENINGS, VIDEO CONFERENCES FOR EDUCATIONAL SPEAKERS' SERIES AND SUPPORT GROUPS. 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 2018, STRAUB PROVIDED FREE HEALTH EDUCATION PROGRAMS AND EVENTS ON HEART HEALTH, CANCER, ARTHRITIS, ASTHMA, ALLERGIES, HEALTHY LIFESTYLES AND INJURY PREVENTION. EVENTS INCLUDED "HPH KIDS FEST," "CANCER CARE," "VALENTINE IN PARADISE," "GETTING A GRIP ON ARTHRITIS," "HPH WOMEN'S 10K," HAWAI'I'S PREMIER FEMALE-ONLY FITNESS EVENT, WHICH CELEBRATED ITS 41ST YEAR. WILCOX MEDICAL CENTER IS DEDICATED TO PROVIDING KAUAI WITH AFFORDABLE AND ACCESSIBLE HEALTH CARE. WILCOX PHYSICIANS OFFER CARE IN 30 SPECIALTIES AND PROGRAMS. WILCOX IS AN ACTIVE COMMUNITY PARTNER. IN FISCAL YEAR 2018, 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 KAUAI 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," "DIABETES AWARENESS EXPO," "CANCER CARE VIDEO TELECONFERENCE," "VALENTINE IN PARADISE CARDIOLOGY VIDEO TELECONFERENCE," "GETTING A GRIP ON ARTHRITIS COMMUNITY HEALTH EVENT" "OLD KOLOA SUGAR MILL RUN."</p>
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT N/A

Schedule H (Form 990) 2017

Additional Data

Software ID:
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Name: HAWAII PACIFIC HEALTH GROUP RETURN

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 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.hawaiiipacifichealth.org/kapiolani 6-H	X	X	X	X			X			A
2	PALI MOMI MEDICAL CENTER 98-1079 MOANALUA ROAD AIEA, HI 96701 www.hawaiiipacifichealth.org/pali-momi 37-H	X	X					X			A
3	STRAUB CLINIC & HOSPITAL 888 SOUTH KING ST HONOLULU, HI 96813 www.hawaiiipacifichealth.org/straub 32-H	X	X		X			X			A
4	WILCOX MEMORIAL HOSPITAL 3-3420 KUHIO HIGHWAY LIHUE, HI 967661099 www.hawaiiipacifichealth.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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E</p>	<p>THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA SCHEDULE H, PART V, SECTION B, LINE 5 K API'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN IN CONDUCTING KAPI'OLANI'S MOST RECENT CHN A, INTERVIEWS WERE HELD IN AUGUST 2015 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, INTERVIEWS WERE HELD IN SEPTEMBER 2015 WITH 15 COMMUNITY REPRESENTATIVES WITH PUBLIC HEALTH EXPERTISE IN THE TOP TEN HEALTH TOPIC 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 O</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	<p>FFICE ON AGING, GOVERNOR'S OFFICE, HAWAI'I DENTAL SERVICE, HAWAI'I MEDICAL SERVICE ASSOCIA TION, HAWAI'I PRIMARY CARE ASSOCIATION, STATE HOMELESS PROGRAMS OFFICE, JOHN A BURNS SCHOO L OF MEDICINE, HAWAI'I STATE SENATE PALI MOMI MEDICAL CENTER IN CONDUCTING PALI MOMI'S MO ST RECENT CHNA, INTERVIEWS WERE HELD IN SEPTEMBER 2015 WITH 24 COMMUNITY REPRESENTATIVES W ITH 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 INTERVIE WS WAS TAKEN INTO ACCOUNT IN THE CHNA IN THE FOLLOWING WAYS A SUMMARY QUALITATIVE ANALYSI S 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 REP RESENTATIVES, AND RELEVANT INPUT WAS SUMMARIZED UNDER EACH HEALTH TOPIC AREA ANALYZED IN T HE CHNA AND FACTORED INTO THE QUALITATIVE EVALUATION OF THE HEALTH NEED COMMUNITY REPRES E NTATIVES WHO PROVIDED INPUT WERE FROM THE FOLLOWING AGENCIES AND ORGANIZATIONS ALOHA UNIT ED 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 HOUS E OF REPRESENTATIVES, HAWAI'I STATE SENATE, INSTITUTE FOR HUMAN SERVICES, PALI MOMI MEDICA L CENTER, KAHI MOHALA, WAHIAWA CENTER FOR COMMUNITY HEALTH, UNIVERSITY WOMENS HEALTH SPECI ALISTS, WAIANAE COAST COMPREHENSIVE HEALTH CENTER, WAIKIKI HEALTH CENTER, WAIMANALO HEALTH CENTER WILCOX MEDICAL CENTER IN CONDUCTING WILCOX'S MOST RECENT CHNA, INTERVIEWS WERE HE LD FROM SEPTEMBER TO NOVEMBER 2015 WITH 14 COMMUNITY REPRESENTATIVES WITH PUBLIC HEALTH EX PERTISE IN THE TOP TEN HEALTH AREAS IDENTIFIED FOR THE ISLAND OF KAUA'I AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, ME NTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS THE INPUT FROM THE INTERVIEWS WAS TAKEN IN TO 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 AREA S TO IDENTIFY THE MOST COMMON THEMES AND TOPICS RAISED BY THE COMMUNITY REPRESENTATIVES, A ND RELEVANT INPUT WAS SUMMARIZED UNDER EACH HEALTH TOPIC AREA ANALYZED IN THE CHNA AND FAC TORED INTO THE QUALITATIVE EVALUATION OF THE HEALTH NEED COMMUNITY REPRESENTATIVES WHO PR OVIDED 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 MAYOR'S OFFICE, MCKENNA RECOVE RY CENTER, OHANA PACIFIC MANAG</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	EMENT COMPANY, STAY AT HOME HEALTH SERVICES, SUGIHARA PLANNING AND CONSULTING, WILCOX 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	COMMUNITY HEALTH NEEDS ASSESSMENT WEBSITE KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN https://www.hawaiipacifichealth.org/about-us/community/ PDFPALI MOMI MEDICAL CENTER https://www.hawaiipacifichealth.org/about-us/community/ STRAUB CLINIC & HOSPITAL https://www.hawaiipacifichealth.org/about-us/community/ WILCOX MEMORIAL HOSPITAL https://www.hawaiipacifichealth.org/about-us/community/ 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	IMPLEMENTATION STRATEGY PLAN WEBSITE KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN https://www.hawaiipacifichealth.org/about-us/community/ PALI MOMI MEDICAL CENTER https://www.hawaiipacifichealth.org/about-us/community/ STRAUB CLINIC & HOSPITAL https://www.hawaiipacifichealth.org/about-us/community/ WILCOX MEMORIAL HOSPITAL https://www.hawaiipacifichealth.org/about-us/community/

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

Form and Line Reference	Explanation
<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 2018 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 TWO TO EXECUTE A THREE-YEAR IMPLEMENTATION STRATEGY KAPI'OLANI'S 2013 AND 2016 CHNAs AND IMPLEMENTATION STRATEGIES MAY BE VIEWED ON LINE 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 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 KAPI'OLANI ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS TO ATTEND THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE CANCER RESEARCH CENTER OF HAWAII KAPI'OLANI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE UNIVERSITY OF HAWAII'S CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII, SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES NEAR TO HOME DIABETES THE SWEETER CHOICE DIABETIC INTERVENTION PROGRAM TARGETS HIGH-RISK PREGNANT WOMEN TO REDUCE GESTATIONAL AND PRE-GESTATIONAL DIABETES B</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>Y 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 HEALTHY WEIGHT AND YOUR CHILD PROGRAM (HWYC) IS AN ADOLESCENT WEIGHT MANAGEMENT PROGRAM CONDUCTED IN PARTNERSHIP WITH THE YMCA OF HONOLULU HWYC IS AN INTENSIVE, FAMILY-BASED PROGRAM TO COMBAT CHILDHOOD OBESITY, A LEADING CAUSE OF DIABETES, BASED ON BEST PRACTICES IDENTIFIED BY THE CDC THE YMCA OF HONOLULU AND KAPI'OLANI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII 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 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 HAVE 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 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 2018 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 TWO TO EXECUTE A THREE-YEAR IMPLEMENTATION STRATEGY PALI MOMI'S 2013 AND 2016 CHNAs AND IMPLEMENTATION STRATEGIES MAY BE VIEWED ONLINE AT HTTP://WWW HAWAII IPACIFICHEALTH ORG/ABOUT-US/CO</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>COMMUNITY/ ACCESS TO HEALTH SERVICES HEALTH PROFESSIONALS EDUCATION PALI MOMI PROVIDED CLINICAL TRAINING AND RESIDENCIES FOR MEDICAL STUDENTS SPECIALIZING IN FAMILY PRACTICE, AND SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS TO ATTEND THE UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE 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 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 FY18, PALI MOMI SUCCESSFULLY RECRUITED EIGHT NEW PHYSICIANS WITH MUCH NEEDED SPECIALTIES IN RADIOLOGY, UROLOGY, NEUROLOGY, SURGERY, AND SPORTS MEDICINE CANCER RESEARCH CENTER OF HAWAII PALI MOMI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE UNIVERSITY OF HAWAII'S CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII, SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES NEAR TO HOME DIABETES CHILD AND ADOLESCENT WEIGHT MANAGEMENT HEALTHY WEIGHT AND YOUR CHILD (HWYC) IS AN INTENSIVE, FAMILY-BASED PROGRAM TO COMBAT CHILDHOOD OBESITY, A LEADING CAUSE OF DIABETES, BASED ON BEST PRACTICES IDENTIFIED BY THE CDC THE YMCA OF HONOLULU AND PALI MOMI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII 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 INDIVIDUALS 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 FOR PALI MOMI, BASED ON THE FOLLOWING CRITERIA PALI MOMI'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 MATERNAL, FETAL AND INFANT HEALTH, RESPIRATORY DISEASES, AND TEEN AND ADOLESCENT HEALTH STRAUB MEDICAL CENTER STRAUB MEDICAL CENTER (STRAUB) CONDUCTED THE FOLLOWING ACTIVITIES IN FISCAL YEAR 2018 TO ADDRESS THE TWO PRIORITY COMMUNITY HEALTH</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	FINANCIAL ASSISTANCE POLICY https://www.hawaiipacifichealth.org/patients-visitors/financial-assistance-program/

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B	FINANCIAL ASSISTANCE APPLICATION https://www.hawaiipacifichealth.org/patients-visitors/financial-assistance-program/

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16C	PLAIN LANGUAGE SUMMARY https://www.hawaiipacifichealth.org/patients-visitors/financial-assistance-program/

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)
1 STRAUB PEARLRIDGE CLINIC 98-151 PALI MOMI STREET SUITE 142 AIEA, HI 96701	CLINIC
1 PALI MOMI PAVILLIONWOMEN'S CENTER 98-1005 MOANALUA RD FS2 AEIA, HI 96701	CLINIC
2 PALI MOMI MEDICAL CENTER 98-1079 MOANALUA RD STE 480/590/63 AEIA, HI 96701	CLINIC
3 STRAUB MILLANI FAMILY HEALTH CENTER 95-1249 MEHEULA PKWY UNIT 187 MILLANI, HI 96789	CLINIC
4 STRAUB HAWAII KAI FAMILY HEALTH CENTER 7192 KALANIANA'OLE HIGHWAY STE A200 HONOLULU, HI 96825	CLINIC
5 KAPI'OLANI WOMEN'S CENTER 1907 BERETANIA STREET 1ST 5TH FL HONOLULU, HI 96826	CLINIC
6 DOCS ON CALL - SHERATON 2255 KALAKAUA AVE HONOLULU, HI 96815	CLINIC
7 STRAUB KANEOHE FAMILY HEALTH CENTER 46-056 KAMEHAMEHA HWY SUITE 221 KANEOHE, HI 96744	CLINIC
8 STRAUB KAILUA FAMILY HEALTH CENTER 602 KAILUA ROAD SUITE 200 KAILUA, HI 96734	CLINIC
9 STRAUB CLINIC AT FIRST INSURANCE CENTER 1100 WARD AVE STE 700 HONOLULU, HI 96813	CLINIC
10 STRAUB LANA'I FAMILY HEALTH CENTER 628-B SEVENTH STREET LANAI CITY, HI 96763	CLINIC
11 PALI MOMI CLINIC 98-1079 MOANALUA ROAD SUITE 600 AIEA, HI 96701	CLINIC
12 STRAUB CLINIC AT WATERFRONT PLAZA 500 ALA MOANA BLVD TOWER 7 SUITE HONOLULU, HI 96813	CLINIC
13 DOCS ON CALL - HILTON HAWAIIAN VILLAGE 2005 KALIA ROAD 2ND FLOOR HONOLULU, HI 96815	CLINIC
14 STRAUB KAPOLEI CLINIC 590 FARRINGTON HIGHWAY SUITE 526A KAPOLEI, HI 96707	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)

- | | |
|---------------------------------------------------------------------------------------------|--------|
| 16 PALI MOMI CANCER CENTER
98-1005 MOANALUA RD SUITE 4010
AEIA, HI 96701 | CLINIC |
| 1 ARTESIAN SATELLITE
1907 BERETANIA ST 1ST FLOOR
HONOLULU, HI 96826 | CLINIC |
| 2 STRAUB HILO CLINIC
75 PUUHONU PLACE SUITE 207
HILO, HI 96720 | CLINIC |
| 3 STRAUB KONA CLINIC
75-240 NANI KAILUA DRIVE SUITE 6B
KAILUAKONA, HI 96740 | CLINIC |
| 4 KUAKINI CLINIC
321 NORTH KUAKINI ST SUITE 504
HONOLULU, HI 96734 | CLINIC |
| 5 WINDWARD HEART CENTER
25 MALUNIU AVE SUITE 201
KAILUA, HI 96734 | CLINIC |
| 6 HPH CANCER CTR AT PALI MOMI MEDICAL CTR
98-1005 MOANALUA ROAD
AIEA, HI 96701 | CLINIC |

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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 8 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 (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 9
3 Enter total number of other organizations listed in the line 1 table. 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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
GIRL SCOUTS OF HAWAI'I 410 ATKINSON DRIVE STE 2E1 BOX 3 HONOLULU, HI 96814	99-0073488	501(C)(3)	10,000				GENERAL SUPPORT
HAWAI'I CANCER CONSORTIUM 737 BISHOP ST STE 2360 HONOLULU, HI 96813	45-2280259	501(C)(3)	1,000,000				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
UNIVERSITY CLINICAL EDU & RSRCH ASSOC PO Box 31000 Honolulu, HI 96849	99-0307152	501(C)(3)	250,000				GENERAL SUPPORT
AAP HAWAI'I CHAPTER 1319 PUNAHOU ST STE 735 HONOLULU, HI 96826	99-0226184	501(C)(3)	11,000				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
UNIVERSITY OF HAWAI'I FOUNDATION 2444 DOLE ST BACHMAN HALL 105 HONOLULU, HI 96822	99-0085260	501(C)(3)	691,794				SCHOLARSHIP PLEDGE
ARTHRITIS FOUNDATION 2752 WOODLAWN DR STE 5-204B HONOLULU, HI 96822	58-1341679	501(C)(3)	10,000				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
HOSPICE HAWAI'I 860 IWILEI ROAD HONOLULU, HI 96817	99-0203930	501(C)(3)	20,000				GENERAL SUPPORT
BOYS & GIRLS CLUB OF HAWAI'I 345 QUEEN STREET STE 900 HONOLULU, HI 96813	99-6055407	501(c)(3)	6,200				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
THE KAUA'I MARATHON PO BOX 573 KOLOA, HI 96756	26-4084075	501(c)(3)	10,000				GENERAL SUPPORT

Schedule J
(Form 990)

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

2017

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 Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	Yes Yes No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5a 5b	No No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6a 6b	No No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 3	SUPPLEMENTAL COMPENSATION INFORMATION THE ORGANIZATION'S PRESIDENT 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.
SCHEDULE J, PART I, QUESTION 4A	SEVERANCE PAY THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT FROM A RELATED ORGANIZATION: THOMAS MUNDELL - \$252,000
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: RAYMOND P VARA JR - \$193,669 DAVID OKABE - \$75,026 CHARLES R CHING - \$55,730 MARTHA SMITH - \$59,907 JENNIE CHAHANOVICH - \$35,591 KENNETH B ROBBINS, MD - \$79,809 ARTHUR GLADSTONE - \$60,055 GAIL LERCH - \$64,691 STEVEN ROBERTSON - \$63,844 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 ORGANIZATIONS: RAYMOND P VARA JR - \$397,727 DAVID OKABE - \$146,256 EARL INOUYE - \$43,382 CHARLES R CHING - \$110,275 MARTHA SMITH - \$141,687 JENNIE CHAHANOVICH - \$107,085 RODNEY WILLIAMS, MD - \$82,192 KENNETH B ROBBINS MD - \$138,975 ARTHUR GLADSTONE - \$145,230 GAIL LERCH - \$118,419 STEVEN ROBERTSON - \$118,046 MELINDA ASHTON, MD - \$94,332 WARREN CHAIKO - \$44,681 SUSAN MASUMOTO-NONAKA - \$43,266 DAWN CHING - \$39,460 GIDGET RUSCETTA, RN - \$63,270 MAUREEN FLANNERY - \$48,938 MAVIS NIKAIDO - \$50,413 BRIGITTE MCKALE - \$44,018 JOEL EMPERADOR - \$38,868
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

Additional Data

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

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)	475,815	5,476	18,763	10,800	22,442	533,296	0
	(ii)	0	0	0	229,595	0	229,595	0
1 AMY CORLISS Board of Director	(i)	0	0	0	0	0	0	0
	(ii)	271,691	0	86,714	10,800	19,940	389,145	0
2 CAROL FUJIYOSHI MD Board of Director	(i)	0	0	0	0	0	0	0
	(ii)	315,309	4,231	24,837	7,674	6,901	358,952	0
3 DOUGLAS KWOCK MD Board of Director	(i)	0	0	0	0	0	0	0
	(ii)	269,820	0	211	12,141	19,560	301,732	0
4 TODD MILLER Board of Director	(i)	522,159	366	91,786	10,800	6,900	632,011	0
	(ii)	0	0	0	0	0	0	0
5 MONICA PRICE MD Board of Director	(i)	170,915	549	44,334	8,430	21,697	245,925	0
	(ii)	0	0	0	0	0	0	0
6 JENNIE CHAHANOVICH BOD, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	335,722	107,085	121,750	180,963	13,039	758,559	105,277
7 ARTHUR GLADSTONE BOD, CEO VP AND SYSTEM CNE	(i)	0	0	0	0	0	0	0
	(ii)	455,088	180,230	150,501	257,118	22,071	1,065,008	124,936
8 BEAU NAKAMOTO MD Board of Director, Vice Chair	(i)	242,690	9,665	60,287	10,800	382	323,824	0
	(ii)	0	0	0	0	0	0	0
9 KENNETH B ROBBINS MD Board of Director, EVP & CMO	(i)	0	0	0	0	0	0	0
	(ii)	461,691	138,974	193,037	295,724	16,459	1,105,885	139,998
10 MARTHA SMITH Board of Director, CEO	(i)	0	0	0	0	0	0	0
	(ii)	443,205	176,687	154,797	252,502	15,559	1,042,750	126,614
11 RAYMOND P VARA JR Board of Director & President	(i)	0	0	0	0	0	0	0
	(ii)	948,892	497,727	583,359	851,629	23,278	2,904,885	389,984
12 MELINDA ASHTON MD EVP & CQO	(i)	0	0	0	0	0	0	0
	(ii)	403,706	109,332	72,766	114,014	15,773	715,591	80,859
13 JOHN BELEW coo	(i)	0	0	0	0	0	0	0
	(ii)	154,804	42,052	24,016	0	12,504	233,376	0
14 WARREN CHAIKO SVP	(i)	0	0	0	0	0	0	0
	(ii)	239,729	44,681	46,570	68,926	24,278	424,184	38,768
15 DAWN CHING VP	(i)	0	0	0	0	0	0	0
	(ii)	222,736	39,460	29,434	63,636	23,593	378,859	34,795
16 CHARLES R CHING EVP, Gen Counsel & Secretary	(i)	0	0	0	0	0	0	0
	(ii)	368,738	140,275	168,406	229,595	21,780	928,794	107,869
17 JOEL EMPERADOR VP	(i)	0	0	0	0	0	0	0
	(ii)	208,548	38,868	22,755	0	0	270,171	0
18 BRANDT FARIAS SVP & Chief Marketing Officer	(i)	0	0	0	0	0	0	0
	(ii)	197,165	48,129	20,542	51,000	9,185	326,021	27,066
19 MAUREEN FLANNERY VP	(i)	0	0	0	0	0	0	0
	(ii)	263,520	48,938	29,906	62,784	15,439	420,587	41,697

(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 DAVID FOX Privacy Officer	(i)	0	0	0	0	0	0	
	(ii)	146,804	0	1,495	15,529	15,888	179,716	
1 EARL INOUYE VP & System Controller	(i)	0	0	0	0	0	0	
	(ii)	255,688	43,382	42,488	0	0	341,558	
2 ALAN ITO Information Security Officer	(i)	0	0	0	0	0	0	
	(ii)	168,811	3,500	2,611	16,463	21,142	212,527	
3 GAIL LERCH EVP	(i)	0	0	0	0	0	0	
	(ii)	394,947	148,419	170,149	270,029	9,540	993,084	
4 JESSICA LEWIS Assistant Corporate Secretary	(i)	0	0	0	0	0	0	
	(ii)	138,454	0	0	12,067	25,196	175,717	
5 LORRIE-ANN LUKE VP	(i)	0	0	0	0	0	0	
	(ii)	175,436	32,490	14,724	49,450	24,681	296,781	
6 BRIGITTE MCKALE VP & CNE	(i)	0	0	0	0	0	0	
	(ii)	232,218	44,018	21,211	68,323	14,274	380,044	
7 MAVIS NIKAI DO vp & CNE	(i)	0	0	0	0	0	0	
	(ii)	267,733	50,413	27,640	0	0	345,786	
8 SUSAN MASUMOTO- NONAKA VP	(i)	0	0	0	0	0	0	
	(ii)	242,091	53,266	44,328	67,640	18,052	425,377	
9 DAVID OKABE EVP, CFO & Treasurer	(i)	0	0	0	0	0	0	
	(ii)	485,359	181,256	169,004	324,005	15,259	1,174,883	
10 STEVEN ROBERTSON EVP & CIO	(i)	0	0	0	0	0	0	
	(ii)	391,948	143,046	164,384	246,258	16,259	961,895	
11 MICHAEL ROBINSON VP	(i)	0	0	0	0	0	0	
	(ii)	204,754	37,673	18,684	55,605	9,203	325,919	
12 GIDGET RUSCETTA RN coo	(i)	0	0	0	0	0	0	
	(ii)	253,055	63,269	24,254	80,406	14,574	435,558	
13 KATIE SHIGEMITSU Compliance Officer	(i)	0	0	0	0	0	0	
	(ii)	191,175	0	1,855	18,484	15,219	226,733	
14 DAVID STUMBAUGH VP	(i)	0	0	0	0	0	0	
	(ii)	149,738	8,961	0	15,319	24,034	198,052	
15 RODNEY WILLIAMS MD CMO	(i)	0	0	0	0	0	0	
	(ii)	432,436	82,192	54,232	102,989	18,757	690,606	
16 JOHN J CHO Physician	(i)	815,357	366	23,447	0	0	839,170	
	(ii)	0	0	0	0	0	0	
17 SCOTT N CRAWFORD Physician	(i)	704,328	183	99,438	0	0	803,949	
	(ii)	0	0	0	0	0	0	
18 MARK S GERBER Physician	(i)	853,008	366	50,030	0	0	903,404	
	(ii)	0	0	0	0	0	0	
19 KENNETH C LEE Physician	(i)	798,021	183	23,188	0	0	821,392	
	(ii)	0	0	0	0	0	0	

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				
41 CASS K NAKASONE Physician	(i)	1,092,075	183	36,088	0	0	1,128,346	0
	(ii)	0	0	0	0	0	0	0
1 THOMAS MUNDELL Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	175,274	0	252,000	16,988	20,670	464,932	0
2 THOMAS J NORDYKE MD Former Officer	(i)	293,090	366	26,666	0	0	320,122	0
	(ii)	0	0	0	0	0	0	0
3 PAULA DIAS VP (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	228,847	53,684	63,461	67,640	14,574	428,206	35,473

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.**

2017

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	185,070	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 M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS, BOOKS, GAMES)	X	2	35,891 FMV	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2017

Open to Public Inspection

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.

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 2018, HAWAI'I PACIFIC HEALTH HOSPITALS AND CLINICS SPENT \$65,200,571 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 2018, KAPI'OLANI PERFORMED 5,770 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 2018, PALI M OMI PERFORMED 3,854 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 2018, STRAUB PERFORMED 3,779 OUTPATIENT SURGERIES W ILCOX 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 8, WILCOX PERFORMED 3,571 OUTPATIENT SURGERIES ESTIMATED PROGRAM SERVICES REVENUE IS REPO RTED ON PART III, LINE 4 PROGRAM SERVICE #2 OUTPATIENT EMERGENCY ROOMS IN FISCAL YEAR 201 8, HAWAI'I PACIFIC HEALTH HOSPITALS SAW 151,364 ER VISITS AND SPENT \$56,741,705 IN DIRECT EXPENSES FOR OUTPATIENT ER SERVICES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PAT IENTS, REGARDLESS OF THEIR ABILITY TO PAY IN FISCAL YEAR 2018, KAPI'OLANI COMPLETED ITS N EWLY EXPANDED EMERGENCY DEPARTMENT IN THE DIAMOND HEAD TOWER AT MORE THAN TWICE THE SIZE OF THE PREVIOUS SPACE, THE NEW ED FEATURES 24 PRIVATE TREATMENT ROOMS, INCLUDING TWO TRAUM A ROOMS AND TWO TRIAGE ROOMS,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINES 4A-4D</p>	<p>THREE ROOMS EQUIPPED AS NEGATIVE-PRESSURE ISOLATION ROOMS, ON-SITE SATELLITE RADIOLOGY SUITE FOR PLAIN X-RAYS, SEPARATE ADULT AND PEDIATRIC WAITING AREAS, CHILD-FRIENDLY DCOR, AND A CENTRAL, OPEN BUSINESS CENTER KAPI'OLANI'S 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 2018, KAPI'OLANI HAD 45,093 ER VISITS 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 2018, THE PALI MOMI ER RECEIVED 42,695 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 2018, THE STRAUB ER RECEIVED 33,317 PATIENTS THE WILCOX 20-BED ER IS THE FIRST NEIGHBOR ISLAND FACILITY TO OBTAIN A LEVEL III TRAUMA DESIGNATION IT IMPLEMENTED A TRIAGE BEST 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 ER PHYSICIAN EVALUATION OCCUR SIMULTANEOUSLY THIS IMPROVES SERVICE, QUALITY AND SAFETY IN FISCAL YEAR 2018, THE WILCOX ER RECEIVED 22,212 PATIENTS ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4 PROGRAM SERVICE #3 PEDIATRICS-NEONATAL SERVICES IN FISCAL YEAR 2018, HAWAII PACIFIC HEALTH SPENT \$50,854,285 IN DIRECT EXPENSES FOR PEDIATRIC-NEONATAL SERVICES AS PART OF ITS COMMITMENT TO PROVIDE HIGH-QUALITY MEDICAL CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY KAPI'OLANI IS RECOGNIZED AS HAWAII'S PEDIATRIC MEDICAL CENTER AND ALSO PROVIDES CARE THROUGHOUT THE PACIFIC REGION IT HAS THE ONLY INTENSIVE CARE UNITS IN HAWAII TO TREAT CRITICALLY-ILL CHILDREN AND INFANTS 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 ALSO 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 MEDIC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A-4D	INE PROGRAMS IN FISCAL YEAR 2018, KAPI'OLANI PROVIDED SPECIALIZED CARE FOR 3,866 PEDIATRI C-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 PROV IDES COMPREHENSIVE PEDIATRIC CARE FOR CHILDREN OF ALL AGES PEDIATRICIANS AT WILCOX ALSO C OLLABORATE WITH PHYSICIANS AT KAPI'OLANI OR OTHER HAWAI'I PACIFIC HEALTH FACILITIES WHEN K AUA'I CHILDREN NEED SPECIALIZED CARE IN FISCAL YEAR 2018, WILCOX PROVIDED SPECIALIZED CAR E FOR 182 PEDIATRIC-NEONATAL PATIENTS ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON P ART 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, 1,700+ AFFILIATED PHYSICIANS, NEARLY 7,000 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 2018, THE MEDICAL CENTERS ADMITTED 3,187 PATIENTS STRAUB CLINICS HAD 865,851 TOTAL CLINIC ENCOUNTERS, KAUA'I MEDICAL CLINIC HAD 348,578 TOTAL CLINIC ENCOUNTERS AND KAPI'OLANI MEDICAL SPECIALISTS HAD 85,763 PATIENT VISITS AFFILIATES AND SUBSIDIARIES HAWAII HEALTH PARTNERS IS A PHYSICIAN-LED ACCOUNTABLE CARE ORGANIZATION WITH THE GOAL OF PROVIDING HIGH-QUALITY CARE, INCREASED EFFICIENCY AND OPTIMAL PATIENT HEALTH 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 DISORDER 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 2018, 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 CERVIC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINES 4A-4D CONTINUED</p>	<p>AL CANCER SCREENING FOR UNINSURED PERSONS, WOMEN AND INFANT HEALTH AND NUTRITION, REHABILITATION SERVICES, SUPPORT GROUPS, FREE GLUCOSE MONITORING AND BLOOD PRESSURE SCREENING, HEMOPHILIA PROGRAMS, AND OTHER EDUCATION AND SCREENINGS FOR HAWAII RESIDENTS ON HEALTH, WELLNESS AND DISEASE-PREVENTION STRATEGIES HAWAII PACIFIC HEALTH SPECIALISTS DELIVERED FREE PUBLIC HEALTH EDUCATION PROGRAMS THAT HELPED THOUSANDS OF PEOPLE LEARN WAYS TO 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 GRIP ON ARTHRITIS " IN FISCAL YEAR 2018, HAWAII PACIFIC HEALTH SPONSORED OR SUPPORTED NUMEROUS HEALTH EVENTS, INCLUDING "HPH WOMEN'S 10K," "AHA HEARTWALK," "SUSAN G KOMEN RACE FOR THE CURE," "ARTHRITIS FOUNDATION'S ARTHRITIS WALK, MORE HAWAII PACIFIC HEALTH ALSO PROVIDED MEDICAL SUPPORT, INCLUDING CLINICAL AND NON-CLINICAL VOLUNTEERS, SUPPLIES AND OTHER SERVICES, FOR THE GREAT ALOHA RUN AND KEIKI GREAT ALOHA RUN MORE THAN 20,000 PEOPLE PARTICIPATE IN THE GREAT ALOHA RUN EACH YEAR, WHICH IS AN 8.1-MILE RACE FROM ALOHA TOWER TO ALOHA STADIUM PROCEEDS FROM THE EVENT BENEFIT MORE THAN 150 NONPROFIT ORGANIZATIONS IN HAWAII HAWAII PACIFIC HEALTH ALSO PARTICIPATED IN SYMPOSIA AND MEETINGS FOR HEALTH CARE PROFESSIONALS, HIRED STUDENTS AS SUMMER INTERNS, AND SPONSORED WORKSHOPS FOR VOLUNTEERS TO TRAIN HEALTH CARE PROVIDERS, HAWAII PACIFIC HEALTH HAS ALLIANCES WITH THE UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE AND HAWAII PACIFIC UNIVERSITY HAWAII PACIFIC HEALTH INVESTS EACH YEAR IN TEACHING AND RESEARCH AS A PEDIATRIC AND OB-GYN TRAINING FACILITY FOR THE UNIVERSITY OF HAWAII HAWAII PACIFIC HEALTH IS ALSO ACTIVELY INVOLVED IN CLINICAL TRIALS AND RESEARCH THROUGH ITS VARIOUS FACILITIES IN PEDIATRICS, ONCOLOGY, OPHTHALMOLOGY AND CARDIOLOGY PUBLIC POLICY HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION HAWAII PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS FOR VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSICIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS OTHER HAWAII PACIFIC HEALTH MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS A SAFETY NET PROVIDER OF HEALTH CARE FOR THE COMMUNITY AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES BY WHICH IT IS DETERMINED IF PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE HAWAII PACIFIC HEALTH CONTRIBUTES MORE THAN \$1 BILLION TO THE STATE ECONOMY EACH YEAR, SUPPORTING ITS NEARLY 7,000 EMPLOYEES, THEIR FAMILIES, AND MANY BUSINESSES THROUGH PURCHASES MADE BY ITS MEDICAL CENTERS AND CLINICS 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	HAWAII PACIFIC HEALTH (HPH), THE ORGANIZATION'S TAX EXEMPT PARENT, PAYS ALL VENDORS THEREFORE, HPH ISSUES FORM 1099S UNDER ITS TAX ID

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

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

990 Schedule O, Optional Information

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 ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION 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 CORPORATION, (VII) DETERMINE AND 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, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION, (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 EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, ASSISTANT SECRETARIES, AND/OR ALL VICE PRESIDENTS EXCEPT THE OPERATING UNIT VICE PRESIDENTS, (XII) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION, 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 POWERS RESERVED TO APPROVE THE FOLLOWING WITH RESPECT TO STRAUB CLINIC & HOSPITAL (I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS THE TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENTS OTHER THAN THE EXECUTIVE VICE-PRESIDENT/CHIEF EXECUTIVE OFFICER (THE "EVP/CEO") AND THE, EXECUTIVE VICE-PRESIDENT/CHIEF MEDICAL OFFICER (THE "EVP/CMO") OF THE CORPORATION, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE CLINIC AND HOSPITAL UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS, (II) REMOVE ANY DIRECTOR FROM THE BOARD, PROVIDED, HOWEVER, THAT THE BOARD</p>

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Return Reference	Explanation
<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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Return Reference	Explanation
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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Return Reference	Explanation
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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Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	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

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 HAWAI'I PACIFIC HEALTH ("HPH") EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE INDEPENDENT BOARD MEMBERS OF THE HAWAI'I 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 16, 2018 TO REVIEW PHYSICIAN COMPENSATION AND ON AUGUST 21, 2018 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 \$ (90,579,411) CHANGE IN TEMPORARY RESTRICTED NET ASSETS \$ (2,239,374) NET ASSETS RELEASED FROM RESTRICTION \$ (943,112) EQUITY TRANSFERS \$ (148,135) CHANGE IN INTEREST IN KHF/WHF \$ 2,242,135 RESTRICTED GRANTS AND CONTRIBUTIONS \$ 922,112 CHANGE IN INTEREST IN PERPETUAL TRUSTS \$ 60,719 ----- TOTAL \$ (90,685,066)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN SERVICES TOTAL FEES 31717856

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL SERVICES TOTAL FEES 5085355

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 1040192

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REGISTRY SERVICES TOTAL FEES 3584608

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY LABOR ADMIN SERVICES TOTAL FEES 91298

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY LABOR OTHER SERVICES TOTAL FEES 1345242

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY SERVICES TOTAL FEES 4501871

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT & RECURRING SERVICES TOTAL FEES 46132642

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION FAMILY FUND SERVICES TOTAL FEES 4033

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES SERVICES TOTAL FEES 986785

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REPAIRS & MAINTENANCE TOTAL FEES 16700969

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INTERNAL SVCS PROVIDED EXPENSE TOTAL FEES 45836230

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER EXPENSE RECOVERY TOTAL FEES -686130

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BUS PASS SERVICES TOTAL FEES 37095

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER SERVICES TOTAL FEES 16024425

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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 COMPANY	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					

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	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	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 990

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
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 71-0893000	INSURANCE	HI	501(C)(3)	12B, II	NA	Yes	
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501(C)(3)	10	NA	Yes	
3-3420 KUHIO HIGHWAY LIHUE, HI 96766 99-0204242	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501(C)(3)	3	NA	Yes	
55 MERCHANT STREET 26TH FLOOR HONOLULU, HI 96813 99-0109350	FUNDRAISING	HI	501(C)(3)	7	NA	Yes	
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
KAPI'OLANI HEALTH FOUNDATION	C	1,866,954	FMV
KAPI'OLANI HEALTH FOUNDATION	S	1,711,185	FMV
KAPI'OLANI HEALTH FOUNDATION	P	98,524	FMV
KAPI'OLANI MEDICAL SPECIALISTS	Q	12,439,717	FMV
KAPI'OLANI MEDICAL SPECIALISTS	P	249,917	FMV
KAUA'I MEDICAL CLINIC	P	78,378	FMV
PROVIDERS INSURANCE CORPORATION	R	1,415,716	FMV
STRAUB FOUNDATION	C	305,748	FMV
PALI MOMI FOUNDATION	C	301,822	FMV
PROVIDERS INSURANCE CORPORATION	R	780,987	FMV
WILCOX HEALTH FOUNDATION	C	382,312	FMV
KAUA'I MEDICAL CLINIC	Q	979,047	FMV
KAUA'I MEDICAL CLINIC	S	87,604	FMV
KAUA'I MEDICAL CLINIC	P	2,497,466	FMV
KAPI'OLANI MEDICAL SPECIALISTS	S	61,164	FMV
KAPI'OLANI MEDICAL SPECIALISTS	P	52,250	FMV
KAUA'I MEDICAL CLINIC	R	272,571	FMV
PROVIDERS INSURANCE CORPORATION	R	8,001,020	FMV
PROVIDERS INSURANCE CORPORATION	R	3,968,065	FMV