

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

D Employer identification number
38-3835105

E Telephone number
(808) 535-7401

G Gross receipts \$ 1,389,209,826

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.hawaiihealth.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:
KAP'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)	3	39
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6,411
6 Total number of volunteers (estimate if necessary)	6	665
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	637,391
7b Net unrelated business taxable income from Form 990-T, line 39	7b	38,864

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,990,977	41,949,556
9 Program service revenue (Part VIII, line 2g)	1,303,581,245	1,286,290,946
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,547,760	769,030
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,068,832	7,576,971
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,320,188,814	1,336,586,503
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,107,654	2,345,863
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)	590,867,188	563,104,321
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)	613,448,665	712,337,450
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,206,423,507	1,277,787,634
19 Revenue less expenses. Subtract line 18 from line 12	113,765,307	58,798,869

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	989,731,362	1,068,453,240
21 Total liabilities (Part X, line 26)	173,314,729	325,811,336
22 Net assets or fund balances. Subtract line 21 from line 20	816,416,633	742,641,904

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 2021-05-14

CARRIE ANN TSUTSUI vp & system controll
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____

Check if self-employed PTIN P00634378

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ _____

Firm's address ▶ 4365 EXECUTIVE DR STE 1600 Phone no. (858) 535-7200
SAN DIEGO, CA 92121

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 61,647,411 including grants of \$) (Revenue \$ 82,396,514)
See Additional Data

4b (Code:) (Expenses \$ 58,704,515 including grants of \$) (Revenue \$ 130,680,138)
See Additional Data

4c (Code:) (Expenses \$ 50,683,464 including grants of \$) (Revenue \$ 154,864,569)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 944,813,536 including grants of \$ 2,345,863) (Revenue \$ 924,716,056)

4e Total program service expenses ▶ 1,115,848,926

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 6,411			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a		No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		No	

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



Section A. Governing Body and Management

Table with 3 main columns: Question, Yes, No. Rows include: 1a (39), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed HI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
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	7,166,388		
	e Government grants (contributions)	1e	34,540,985		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	242,183		
	g Noncash contributions included in lines 1a - 1f:\$	1g	103,130		
	h Total. Add lines 1a-1f		41,949,556		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a NET PATIENT REVENUES	622110		1,188,453,026	1,188,453,026		
b INTER-ENTITY SERVICE REVENUE	900099		51,984,229	51,984,229		
c PREMIUM REVENUE	622110		22,142,763	22,142,763		
d OTHER HEALTH CARE REVENUES	622110		19,046,642	19,046,642		
e RENTAL INCOME	531120		4,342,655	4,332,530	10,125	
f All other program service revenue.			321,631	321,631		
g Total. Add lines 2a-2f.			1,286,290,946			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,611,658		2,611,658	
	4 Income from investment of tax-exempt bond proceeds			3,640,344		3,640,344	
	5 Royalties			0			
	6a Gross rents	6a	(i) Real	148,540			
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	148,540	0		
	d Net rental income or (loss)			148,540		148,540	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	46,709,871	42,580		
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	51,979,292	256,132		
		c Gain or (loss)	7c	-5,269,421	-213,552		
	d Net gain or (loss)			-5,482,972	-152,926	-5,330,046	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0			
			8b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities. See Part IV, line 19	9a		0			
			9b	0			
		c Net income or (loss) from gaming activities			0		
	10a Gross sales of inventory, less returns and allowances	10a		669,807			
10b			387,899				
c Net income or (loss) from sales of inventory				281,908		281,908	
Miscellaneous Revenue		Business Code					
11a PARKING REVENUE		812930	3,099,834	3,099,834			
b CAFETERIA REVENUE		722110	2,454,670	2,454,670			
c EXPENSE REIMBURSEMENT		900099	424,902	424,902			
d All other revenue			1,167,117	539,851	627,266		
e Total. Add lines 11a-11d			7,146,523				
12 Total revenue. See instructions			1,336,586,503	1,292,647,152	637,391	1,352,404	

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	2,345,863	2,345,863		
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, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,024,584	1,019,461	5,123	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	292,957	292,957		
7 Other salaries and wages	449,931,483	445,848,560	4,082,923	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	27,439,221	27,145,336	293,885	
9 Other employee benefits	53,812,486	47,048,556	6,763,930	
10 Payroll taxes	30,603,590	30,310,266	293,324	
11 Fees for services (non-employees):				
a Management	0			
b Legal	471	471		
c Accounting	3,434,310		3,434,310	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	557,135		557,135	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	173,212,643	146,637,977	26,574,666	0
12 Advertising and promotion	626,541	42,991	583,550	
13 Office expenses	6,106,247	5,782,069	324,178	
14 Information technology	14,332,747	12,087,492	2,245,255	
15 Royalties	0			
16 Occupancy	32,153,034	30,143,158	2,009,876	
17 Travel	905,234	799,819	105,415	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	210,250	206,789	3,461	
20 Interest	30,293,413	30,292,108	1,305	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	42,633,619	42,633,619		
23 Insurance	10,123,658	9,861,900	261,758	
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	93,794,901		93,794,901	
b OTHER PURCHASES	26,637,706	7,076,243	19,561,463	
c MEDICAL SUPPLIES	186,918,304	186,781,224	137,080	
d INTER-ENTITY PURCHASED SVCS	89,459,275	89,459,275		
e All other expenses	937,962	32,792	905,170	
25 Total functional expenses. Add lines 1 through 24e	1,277,787,634	1,115,848,926	161,938,708	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	-1,399	1	383,274
	2 Savings and temporary cash investments	1,011,933	2	1,431,865
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	160,293,487	4	135,613,760
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	19,691,750	8	21,890,595
	9 Prepaid expenses and deferred charges	2,394,063	9	1,969,245
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,105,329,811		
	b Less: accumulated depreciation	10b 601,131,430	504,324,893	10c 504,198,381
	11 Investments—publicly traded securities	104,014,829	11	82,505,761
	12 Investments—other securities. See Part IV, line 11	89,905,233	12	117,894,162
	13 Investments—program-related. See Part IV, line 11	1,618,557	13	1,618,557
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	106,478,016	15	200,947,640
16 Total assets. Add lines 1 through 15 (must equal line 34)	989,731,362	16	1,068,453,240	
Liabilities	17 Accounts payable and accrued expenses	113,075,929	17	97,024,569
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	60,238,800	25	228,786,767
	26 Total liabilities. Add lines 17 through 25	173,314,729	26	325,811,336
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	777,605,662	27	697,397,688
	28 Net assets with donor restrictions	38,810,971	28	45,244,216
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	816,416,633	32	742,641,904	
33 Total liabilities and net assets/fund balances	989,731,362	33	1,068,453,240	

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	1,336,586,503
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,277,787,634
3	Revenue less expenses. Subtract line 2 from line 1	3	58,798,869
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	816,416,633
5	Net unrealized gains (losses) on investments	5	9,113,541
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	-141,687,139
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	742,641,904

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 38-3835105

Name: HAWAI'I PACIFIC HEALTH GROUP RETURN

Form 990 (2019)

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			
MELINDA ASHTON MD EVP & CQO	6.0 43.3			X				0	852,060	245,672
JENNIE CHAHANOVICH BOD, President & CEO	30.0 26.5	X		X				0	778,113	213,656
CARLOS MORENO MD Physician	40.0 0.0					X		912,562	0	11,889
MARK GERBER MD Physician	40.0 0.0					X		905,249	0	18,500
KENNETH LEE MD Physician	40.0 0.0					X		861,674	0	16,659
RODNEY WILLIAMS MD CMO	34.0 6.0			X				0	558,768	89,420
PATRICK O'DONNELL MD Board of Director	0.3 40.0	X						0	596,000	37,665
DAVID CHO MD Board of Director	40.0 0.0	X						556,035	0	34,839
GERARD LIVAUDAIS MD EVP	0.1 49.9			X				0	476,551	110,606
TODD MILLER MD Board of Director, Vice Chair	40.0 0.0	X		X				548,850	0	18,619

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			
DOUGLAS KWOCK MD Former officer	0.0 40.0						X	0	473,170	90,516
WARREN CHAIKO SVP	25.0 15.0			X				0	386,485	115,152
DAWN DUNBAR SVP	0.1 44.9			X				0	386,847	109,851
EARL INOUYE VP & System Ctrlr (PART YEAR)	10.5 37.5			X				0	362,232	91,604
GIDGET RUSCETTA RN COO	43.0 10.1			X				0	363,352	89,224
SUSAN MASUMOTO-NONAKA VP	31.5 8.5			X				0	357,929	84,899
MAVIS NIKAIIDO VP & CNE	55.0 1.0			X				0	357,784	77,146
AMY CORLISS MD Board of Director	0.2 40.0	X						0	391,465	32,696
BRANDT FARIAS SVP & Chief Marketing Officer	10.0 53.0			X				0	310,735	87,182
MICHAEL ROBINSON VP	0.6 49.4			X				0	310,671	80,378

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			
ANDY LEE MD BoD, Chief of staff	8.0 41.0	X		X				0	346,061	44,713
THOMAS NORDYKE MD Former officer	40.0 0.0						X	366,505	0	24,125
DAWN CHING VP	50.0 3.0			X				0	300,065	86,645
BRIGITTE MCKALE VP & CNE	50.0 0.0			X				0	300,893	71,782
CAROL FUJIYOSHI MD Board of Director	0.2 40.0	X						349,419	0	15,749
TRAVIS CLEGG COO	50.0 0.0			X				0	328,493	20,519
LORRIE-ANN LUKE VP	7.0 34.5			X				0	250,632	84,149
DAVID STUMBAUGH VP	32.0 8.0			X				0	254,650	79,874
JOEL EMPERADOR VP, PART YEAR	40.0 0.0			X				0	279,911	51,627
BEAU NAKAMOTO MD BoD, Vice Chair (PART YEAR)	40.0 0.0	X		X				315,502	0	11,574

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			
MONICA PRICE MD Board of Director	40.0 0.0	X						273,196	0	34,527
MELANIE KIM MD Board of Director	0.2 0.0	X						276,667	0	18,011
JAMES LIN MD VP	0.4 46.2			X				0	256,098	35,794
WILLIAM BURKE VP	16.0 38.0			X				0	226,442	40,220
KATIE SHIGEMITSU Compliance Officer	19.5 20.5			X				0	213,670	36,268
JOHN BELEW Former officer	0.0 0.0						X	0	243,735	0
BARBARA CRAFT COO	46.7 7.3			X				196,105	0	34,962
ALAN ITO INFORMATION SECURITY OFFICER	3.0 37.0			X				0	191,773	32,146
JESSICA LEWIS Assistant Corporate Secretary	14.0 26.0			X				0	160,085	38,697
CARRIE ANN TSUTSUI VP & Controller	13.0 35.0			X				0	168,392	28,870

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 FOX PRIVACY OFFICER	15.2 24.8			X				0	157,023	31,704
MAUREEN FLANNERY Former officer	0.0 40.0						X	0	115,465	8,203
LESLIE CHUN MD EVP	0.4 59.6			X				0	59,212	413
STEPHEN LIN MD BOARD OF DIRECTOR, CHAIR	1.3 0.4	X		X				0	59,088	0
DAWN MIURA MD Board of Director, Vice Chair	0.2 0.0	X		X				0	2,695	0
CARL ACKERMAN Board of Director	0.2 0.0	X						0	0	0
PAUL EAKIN MD BOARD OF DIRECTOR	0.3 0.0	X						0	0	0
MICHELLE HO BOARD OF DIRECTOR	0.3 0.0	X						0	0	0
CLYDE KODANI Board of Director	0.2 0.0	X						0	0	0
EMILY KURAOKA Board of Director	0.2 0.1	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			
ROBERT KURISU BOARD OF DIRECTOR	0.3 0.0	X						0	0	0
SCOTT KUROSAWA Board of Director	0.2 0.0	X						0	0	0
RICHANNE LAM Board of Director	0.2 0.0	X						0	0	0
NEIL MANAGO MD Board of Director	0.2 0.0	X						0	0	0
AVI MANNIS Board of Director	0.2 0.0	X						0	0	0
GERALD MCKENNA MD Board of Director	0.2 0.0	X						0	0	0
ELLIOT MILLS Board of Director (part year)	0.3 0.4	X						0	0	0
EDWARD NISHIOKA Board of Director	0.2 0.0	X						0	0	0
MICHAEL O'MALLEY ESQ Board of Director	0.3 0.0	X						0	0	0
ALANA PAKKALA Board of Director	0.3 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY RICHARDSON Board of Director	0.2 0.0	X						0	0	0
MAYA ROGERS Board of Director	0.3 0.0	X						0	0	0
LYLE TABATA Board of Director	0.2 0.4	X						0	0	0
CLAIRE TAMAMOTO Board of Director	0.2 0.0	X						0	0	0
JASMINE TANIOKA Board of Director	0.2 0.0	X						0	0	0
PAUL TONER Board of Director	0.2 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
GORDON HAMMOND BOD, Chair (PART YEAR)	0.2 0.2	X		X				0	0	0
TAD JACKSON MD Board of Director, Chair	0.2 0.0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE KATAYAMA BoD, Vice Chair (PART YEAR)	0.2	X		X				0	0	0
MARK PITTS MD BOD, Chair (PART YEAR)	0.2 0.0	X		X				0	0	0
JERRY PUPILLO Board of Director, Chair	1.2 0.0	X		X				0	0	0
MICHAEL TAYLOR Board of Director, Chair	1.2 0.0	X		X				0	0	0
MICHAEL YAMANE Board of Director, Vice Chair	0.2 0.4	X		X				0	0	0
SUNSHINE TOPPING SVP	9.0 41.0			X				0	0	0

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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** 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.		0	
3 Excess distributions carryover, if any, to 2019:			
a From 2014. 0			
b From 2015. 0			
c From 2016. 0			
d From 2017. 0			
e From 2018. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2019 distributable amount			0
i Carryover from 2014 not applied (see instructions)	0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2019 from Section D, line 7:			
\$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2015. 0			
b Excess from 2016. 0			
c Excess from 2017. 0			
d Excess from 2018. 0			
e Excess from 2019. 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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of the organization 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-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		38,087
j	Total. Add lines 1c through 1i			38,087
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
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

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	205,962,211	195,030,697	180,123,783	163,374,610	167,123,775
b Contributions	67,736	0	0	0	340,551
c Net investment earnings, gains, and losses	7,620,886	11,008,237	15,061,139	16,944,928	-3,972,004
d Grants or scholarships		0	0	0	
e Other expenditures for facilities and programs	163,252	76,723	154,225	195,755	117,712
f Administrative expenses		0	0		
g End of year balance	213,487,581	205,962,211	195,030,697	180,123,783	163,374,610

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

- a** Board designated or quasi-endowment ▶ 99.240 %
- b** Permanent endowment ▶ 0.760 %
- c** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
3b	Yes	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,720,249		19,720,249
b Buildings		684,369,751	319,617,631	364,752,120
c Leasehold improvements		44,159,628	26,022,871	18,136,757
d Equipment		328,313,453	252,224,517	76,088,936
e Other		28,766,730	3,266,411	25,500,319
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				504,198,381

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	111,639,748	F
(B) INVESTMT IN UNCONSOLIDATED SUB	4,971,708	F
(C) LIMITED PARTNERSHIPS	1,282,706	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	117,894,162	

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.)	200,947,640

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	228,786,767

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
OPERATING & FINANCE LEASE	90,045,178
INT IN NET ASSETS OF FDNS	35,954,439
DUE FROM THIRD PARTY PAYORS	25,962,187
BOARD DESIGNATED INVESTMENTS	18,856,662
OTHER RECEIVABLES	11,637,911
DEPOSITS & NON-CURRENT ASSETS	6,453,181
INTEREST IN PERPETUAL TRUST	4,391,977
DECORATIVE ARTWORK	1,417,316
INTERCOMPANY TRANSFERS	1,249,227
INVESTMENT IN JOINT VENTURES	25,000
KAPI'OLANI MEDICAL SPECIALISTS	4,377,010
KAUA'I MEDICAL CLINIC	201,224
KAPI'OLANI HEALTH FOUNDATION	128,447
STRAUB FOUNDATION	85,717
WILCOX FOUNDATION	65,181
PALI MOMI FOUNDATION	55,029
HONOLULU SURGERY CENTER	25,636
HAWAI'I PACIFIC HEALTH PTRS	8,925
PROVIDERS INSURANCE CORP	7,389
HICORD	4

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

1. (a) Description of Liability	(b) Book Value
OPERATING & FINANCE LEASE LIABILITIES	83,928,409
OTHER LONG TERM LIABILITIES	17,518,774
CURRENT OP & FIN LEASE LIABILITIES	12,507,872
ESCHEAT LIABILITY	280,331
THIRD PARTY PAYORS	98,506,845
HAWAI'I PACIFIC HEALTH MED GROUP	9,367,507
STRAUB PHARMACY INC	4,971,708
PROVIDERS INSURANCE CORP	997,872
HAWAI'I HEALTH PARTNERS	414,467
HAWAI'I PACIFIC HEALTH PARTNERS	118,497

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

1. (a) Description of Liability	(b) Book Value
KEAHONUOKALANI	81,076
KAPI'OLANI MEDICAL SPECIALISTS	56,690
STRAUB FOUNDATION	16,849
WILCOX HEALTH FOUNDATION	10,091
KAPI'OLANI HEALTH FOUNDATION	6,411
HONOLULU SURGERY CENTER	1,830
PALI MOMI FOUNDATION	1,439
KAUA'I MEDICAL CLINIC	99

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.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE COMPANY HAS NOT RECORDED ANY EXPENSE OR ACCRUED FOR ANY RELATED EXPENSE FOR ANY UNCERTAIN TAX POSITIONS. THE COMPANY'S 2016 THROUGH 2019 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR FEDERAL INCOME TAX PURPOSES, WHEREAS THE 2015 THROUGH 2019 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR STATE TAXING JURISDICTIONS IN WHICH THE COMPANY OPERATES.

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.**
 ► **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
 38-3835105

OMB No. 1545-0047
2019
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	Yes	
1b If "Yes," was it a written policy?	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 _____ %	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 _____ %	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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		19,995	5,992,793		5,992,793	0.470 %
b Medicaid (from Worksheet 3, column a)		204,905	271,774,050	225,531,638	46,242,412	3.620 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		224,900	277,766,843	225,531,638	52,235,205	4.090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	40	6,019	10,212,916	1,204,321	9,008,595	0.710 %
f Health professions education (from Worksheet 5)	8	898	11,243,306	2,337,831	8,905,475	0.700 %
g Subsidized health services (from Worksheet 6)	14	471	67,424,098	37,321,178	30,102,920	2.360 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	32		2,237,767		2,237,767	0.180 %
j Total. Other Benefits	94	7,388	91,118,087	40,863,330	50,254,757	3.940 %
k Total. Add lines 7d and 7j	94	232,288	368,884,930	266,394,968	102,489,962	8.030 %

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	3	104	493,541		493,541	0.040 %
9 Other						
10 Total	3	104	493,541		493,541	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	147,455,907
6	Enter Medicare allowable costs of care relating to payments on line 5	6	177,672,727
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-30,216,820
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	No

Part IV Management Companies and Joint Ventures

	(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 _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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: 20 <u>18</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: 20 <u>19</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
b	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:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____% and FPG family income limit for eligibility for discounted care of 400. _____%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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
-----------	---	----	-----

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 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? 26

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES THE HOSPITALS OF HAWAI'I PACIFIC HEALTH ARE COMMITTED TO ATTRACTING AND RETAINING TOP-QUALITY PHYSICIANS TO SERVE HAWAI'I WHICH HAS A DOCUMENTED PHYSICIAN SHORTAGE STATEWIDE FOR MANY 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 FY2020, 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.
SCHEDULE H, PART III, LINES 3 AND 4	PER THE CONSOLIDATED AUDITED FINANCIAL STATEMENT OF HAWAI'I PACIFIC HEALTH ("HPH"): ON JULY 1, 2018, THE COMPANY ADOPTED THE NEW REVENUE STANDARD, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606), AND ELECTED TO USE THE MODIFIED RETROSPECTIVE ADOPTION METHOD. AS A PRACTICAL EXPEDIENT, THE COMPANY UTILIZES A PORTFOLIO APPROACH TO GROUP CONTRACTS WITH SIMILAR CHARACTERISTICS. UNDER THE NEW REVENUE STANDARD, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS THE PROVISION FOR BAD DEBTS IN THE CONSOLIDATED FINANCIAL STATEMENTS OF UNRESTRICTED REVENUES, EXPENSES AND OTHER CHANGES IN NET ASSETS IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS AND IS INCLUDED AS A REDUCTION TO NET PATIENT SERVICE REVENUE FOR THE YEAR ENDED JUNE 30, 2019. PRIOR TO THE ADOPTION OF THE NEW REVENUE STANDARD, THE PROVISION FOR BAD DEBTS WAS PRESENTED CONSISTENT WITH THE PREVIOUS REVENUE RECOGNITION STANDARDS THAT REQUIRED SUCH PROVISION TO BE PRESENTED SEPARATELY AS A COMPONENT OF NET PATIENT SERVICE REVENUE.

990 Schedule H, Supplemental Information

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	PATIENTS WHO QUALIFY FOR CHARITY CARE RECEIVE EITHER 100% DISCOUNT (FREE SERVICES) OR 85% DISCOUNT (PARTIAL CHARITY) ON OUTSTANDING BALANCES. PATIENTS RECEIVING PARTIAL CHARITY THAT HAVE REMAINING ACCOUNT BALANCES AFTER THE CHARITY CARE ADJUSTMENT, FOLLOW THE SAME COLLECTION PROCEDURES AS ALL OTHER PATIENTS. PATIENTS WHO QUALIFY FOR 100% DISCOUNT HAVE THEIR PATIENT ACCOUNT BALANCES FULLY ADJUSTED AND ARE NOT SUBJECT TO ANY COLLECTION PROCEDURES. 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. IN RESPONSE TO ECONOMIC IMPACTS OF THE COVID 19 PANDEMIC, HAWAI'I PACIFIC HEALTH IMPLEMENTED THE FOLLOWING CHANGES TO COLLECTION PROCEDURES ON OUTSTANDING ACCOUNTS: - SUSPENDED FORWARDING ACCOUNTS TO OUTSIDE COLLECTION AGENCIES EFFECTIVE MARCH 27, 2020 - STOPPED SENDING FINAL COLLECTION LETTERS FOR HOSPITAL ACCOUNTS EFFECTIVE MARCH 27, 2020 - REPLACED FINAL NOTICE DUNNING MESSAGE WITH REMINDER NOTICE ON PROFESSIONAL BILLING STATEMENTS EFFECTIVE APRIL 1, 2020.

990 Schedule H, Supplemental Information

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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4</p>	<p>COMMUNITY INFORMATION HAWAII PACIFIC HEALTH'S 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 10.4M VISITORS (2019 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 253 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 2020, KAPI'OLANI HAD 6,049 DELIVERIES (BIRTHS), 46,392 WOMEN'S CENTER PROCEDURES, 37,247 ER VISITS, 53,269 IMAGING PROCEDURES, 547 TRANSFERS AND 14,836 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, AND THE REGION'S ONLY COMPREHENSIVE CANCER 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 2020, PALI MOMI HAD 41,941 ER VISITS, 50,957 WOMEN'S CENTER PROCEDURES, 84,117 IMAGING PROCEDURES AND 5,492 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 NEARLY 100 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 2020, STRAUB HAD 30,077 ER VISITS, 5,747 INPATIENT ADMISSIONS, 100,078 IMAGING PROCEDURES AND 856,560 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 MORE THAN 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 2020, WILCOX HAD 21,852 ER VISITS, 450 DELIVERIES (BIRTHS), 63,677 IMAGING PROCEDURES AND 2,946 INPATIENT ADMISSIONS. WILCOX'S GEOGRAPHIC SERVICE AREA IS THE ISLAND OF KAUA'I. DEMOGRAPHICS OF THE KAUA'I COMMUNITY IN FISCAL YEAR 2020 INCLUDE AN ESTIMATED POPULATION OF APPROXIMATELY 72,293 (2019 CENSUS BUREAU DATA) AND NEARLY 1.4M VISITORS ANNUALLY (2019 DATA). THERE ARE TWO OTHER HOSPITALS IN THE COMMUNITY, AND FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS ARE PRESENT.</p>
<p>SCHEDULE H, PART VI, LINE 5</p>	<p>PROMOTION OF COMMUNITY HEALTH 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, Scheduling Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6</p>	<p>AFFILIATED HEALTH CARE SYSTEM HAWAI'I PACIFIC HEALTH, ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, 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 1,400 AFFILIATED PHYSICIANS AND MORE THAN 7,200 EMPLOYEES. THE MEDICAL CENTERS PROVIDE ACUTE AND SPECIALTY CARE WITH 602 BEDS AND HANDLED 29,021 ADMISSIONS IN FISCAL YEAR 2020. 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 2020, 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 2020, PALI MOMI ALSO HOSTED AND PARTICIPATED IN FREE COMMUNITY HEALTH EVENTS, HEALTH FAIRS AND HEALTH SCREENINGS, VIDEO CONFERENCES FOR EDUCATIONAL SPEAKERS' SERIES AND SUPPORT GROUPS, ALTHOUGH SOME OF ITS REGULAR ANNUAL EVENTS WERE CANCELED DUE TO THE COVID-19 PANDEMIC. 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 2020, STRAUB PROVIDED A VARIETY OF FREE HEALTH EDUCATION PROGRAMS, ACTIVITIES AND EVENTS, ALTHOUGH SOME OF ITS REGULAR ANNUAL EVENTS WERE CANCELED DUE TO THE COVID-19 PANDEMIC WILCOX MEDICAL CENTER IS DEDICATED TO PROVIDING KAUA'I WITH AFFORDABLE AND ACCESSIBLE HEALTH CARE. WILCOX PHYSICIANS OFFER CARE IN 30 SPECIALTIES AND PROGRAMS. WILCOX IS AN ACTIVE COMMUNITY PARTNER. IN FISCAL YEAR 2020, ITS HEALTH EDUCATION, PREVENTION PROGRAMS AND SUPPORT GROUPS FOCUSED ON DIABETES, OBESITY, CANCER, HEART ATTACK/STROKE, IMMUNIZATION, SPORTS MEDICINE, WATER SAFETY, INJURY PREVENTION, AND HEALTH FAIRS. TOGETHER WITH KAUA'I MEDICAL CLINIC, WILCOX HOSTED OR SPONSORED A VARIETY OF COMMUNITY HEALTH EDUCATION EVENTS, AND STAFF SUPPORTED THEIR COMMUNITY BY PARTICIPATING IN ANNUAL CHARITABLE ENDEAVORS. THESE INCLUDED "HAWAI'I PACIFIC HEALTH GREAT ALOHA RUN," "KIDS FEST," "KAUA'I MARATHON," SEVERAL PHYSICIAN-LED COMMUNITY WALKS, "A HEALTHIER YOU" HEALTH AND LIFESTYLE PROGRAM, "KEIKI BIKE AND SKATEBOARD SAFETY DAY," "BACK TO SCHOOL BASH," "WESTSIDE OHANA DAY." THE WILCOX HEALTH ANNUAL "KIDS SUMMER FEST" WAS CANCELED IN FISCAL YEAR 2020 DUE TO THE COVID-19 PANDEMIC.</p>
<p>SCHEDULE H, PART VI, LINE 7</p>	<p>STATE FILING OF COMMUNITY BENEFIT REPORT N/A</p>

Additional Data

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

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

Section A. Hospital Facilities (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	STRAUB CLINIC & HOSPITAL 888 SOUTH KING ST HONOLULU, HI 96813 www.hawaiiipacifichealth.org/straub 32-h	X	X		X			X			A
2	KAPI'OLANI MEDICAL CENTER FOR WOMEN 1319 PUNAHOU STREET HONOLULU, HI 96826 www.hawaiiipacifichealth.org/kapiolani 6-H	X	X	X	X			X			A
3	PALI MOMI MEDICAL CENTER 98-1079 MOANALUA ROAD AIEA, HI 96701 www.hawaiiipacifichealth.org/pali-momi 37-h	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 APOLOANI MEDICAL CENTER FOR WOMEN AND CHILDREN IN CONDUCTING KAPOLOANI'S MOST RECENT CHN A, ISLANDER INSTITUTE CONVENED 21 COMMUNITY MEETINGS ACROSS THE ISLANDS TO ENGAGE EVERYDAY PEOPLE IN DISCUSSIONS AROUND HEALTH IN THEIR COMMUNITIES. A FULL LIST OF COMMUNITY MEETINGS CAN BE FOUND IN APPENDIX D OF THE CHNA. IN ADDITION, ISLANDER CONDUCTED INTERVIEWS WITH 200 "KEY INFORMANTS" WITH EXPERTISE IN COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS. A COMPLETE LIST OF THESE KEY INFORMANTS AND THEIR ORGANIZATIONAL AFFILIATIONS CAN BE FOUND IN APPENDIX E OF THE CHNA. COMMUNITY MEETINGS AND INTERVIEWS TOOK PLACE BETWEEN JANUARY AND DECEMBER, 2018. COMMON THEMES FROM THE COMMUNITY MEETINGS AND KEY INFORMANT INTERVIEWS WERE DISTILLED AND USED TO DEVELOP A "NEW COMMUNITY PRESCRIPTION FOR HEALTH" IN HAWAII DERIVED FROM PEOPLE'S OWN DEFINITIONS OF HEALTH AND THE FACTORS THAT CONTRIBUTE TO ATTAINING AND MAINTAINING THAT HEALTH. THE CHNA REPORT WAS ORGANIZED AROUND THESE FACTORS AND USED TO IDENTIFY PRIORITY HEALTH NEEDS AND DEVELOP A STRATEGY FOR COMMUNITY HEALTH THAT ADDRESSES THE IMPORTANT GAPS AND TAKES ADVANTAGE OF OPPORTUNITIES TO HELP HAWAII'S PEOPLE LIVE HEALTHY, FULFILLING LIVES. STRAUB MEDICAL CENTER IN CONDUCTING STRAUB'S MOST RECENT CHNA, ISLANDER INSTITUTE CONVENED 21 COMMUNITY MEETINGS ACROSS THE ISLANDS TO ENGAGE EVERYDAY PEOPLE IN DISCUSSIONS AROUND HEALTH IN THEIR COMMUNITIES. A FULL LIST OF COMMUNITY MEETINGS CAN BE FOUND IN APPENDIX D OF THE CHNA. IN ADDITION, ISLANDER CONDUCTED INTERVIEWS WITH 200 "KEY INFORMANTS" WITH EXPERTISE IN COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS. A COMPLETE LIST OF THESE KEY INFORMANTS AND THEIR ORGANIZATIONAL AFFILIATIONS CAN BE FOUND IN APPENDIX E OF THE CHNA. COMMUNITY MEETINGS AND INTERVIEWS TOOK PLACE BETWEEN JANUARY AND DECEMBER, 2018. COMMON THEMES FROM THE COMMUNITY MEETINGS AND KEY INFORMANT INTERVIEWS WERE DISTILLED AND USED TO DEVELOP A "NEW COMMUNITY PRESCRIPTION FOR HEALTH" IN HAWAII DERIVED FROM PEOPLE'S OWN DEFINITIONS OF HEALTH AND THE FACTORS THAT CONTRIBUTE TO ATTAINING AND MAINTAINING THAT HEALTH. THE CHNA REPORT WAS ORGANIZED AROUND THESE FACTORS AND USED TO IDENTIFY PRIORITY HEALTH NEEDS AND DEVELOP A STRATEGY FOR COMMUNITY HEALTH THAT ADDRESSES THE IMPORTANT GAPS AND TAKES ADVANTAGE OF OPPORTUNITIES TO HELP HAWAII'S PEOPLE LIVE HEALTHY, FULFILLING LIVES. PALI MOMI MEDICAL CENTER IN CONDUCTING PALI MOMI'S MOST RECENT CHNA, ISLANDER INSTITUTE CONVENED 21 COMMUNITY MEETINGS ACROSS THE ISLANDS TO ENGAGE EVERYDAY PEOPLE IN DISCUSSIONS AROUND HEALTH IN TH</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 3E</p>	<p>EIR COMMUNITIES. A FULL LIST OF COMMUNITY MEETINGS CAN BE FOUND IN APPENDIX D OF THE CHNA. IN ADDITION, ISLANDER CONDUCTED INTERVIEWS WITH 200 "KEY INFORMANTS" WITH EXPERTISE IN COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS. A COMPLETE LIST OF THESE KEY INFORMANTS AND THEIR ORGANIZATIONAL AFFILIATIONS CAN BE FOUND IN APPENDIX E OF THE CHNA. COMMUNITY MEETINGS AND INTERVIEWS TOOK PLACE BETWEEN JANUARY AND DECEMBER, 2018. COMMON THEMES FROM THE COMMUNITY MEETINGS AND KEY INFORMANT INTERVIEWS WERE DISTILLED AND USED TO DEVELOP A "NEW COMMUNITY PRESCRIPTION FOR HEALTH" IN HAWAII DERIVED FROM PEOPLE'S OWN DEFINITIONS OF HEALTH AND THE FACTORS THAT CONTRIBUTE TO ATTAINING AND MAINTAINING THAT HEALTH. THE CHNA REPORT WAS ORGANIZED AROUND THESE FACTORS AND USED TO IDENTIFY PRIORITY HEALTH NEEDS AND DEVELOP A STRATEGY FOR COMMUNITY HEALTH THAT ADDRESSES THE IMPORTANT GAPS AND TAKES ADVANTAGE OF OPPORTUNITIES TO HELP HAWAII'S PEOPLE LIVE HEALTHY, FULFILLING LIVES. WILCOX MEDICAL CENTER IN CONDUCTING WILCOX'S MOST RECENT CHNA, ISLANDER INSTITUTE CONVENED 21 COMMUNITY MEETINGS ACROSS THE ISLANDS TO ENGAGE EVERYDAY PEOPLE IN DISCUSSIONS AROUND HEALTH IN THEIR COMMUNITIES. A FULL LIST OF COMMUNITY MEETINGS CAN BE FOUND IN APPENDIX D OF THE CHNA. IN ADDITION, ISLANDER CONDUCTED INTERVIEWS WITH 200 "KEY INFORMANTS" WITH EXPERTISE IN COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS. A COMPLETE LIST OF THESE KEY INFORMANTS AND THEIR ORGANIZATIONAL AFFILIATIONS CAN BE FOUND IN APPENDIX E OF THE CHNA. COMMUNITY MEETINGS AND INTERVIEWS TOOK PLACE BETWEEN JANUARY AND DECEMBER, 2018. COMMON THEMES FROM THE COMMUNITY MEETINGS AND KEY INFORMANT INTERVIEWS WERE DISTILLED AND USED TO DEVELOP A "NEW COMMUNITY PRESCRIPTION FOR HEALTH" IN HAWAII DERIVED FROM PEOPLE'S OWN DEFINITIONS OF HEALTH AND THE FACTORS THAT CONTRIBUTE TO ATTAINING AND MAINTAINING THAT HEALTH. THE CHNA REPORT WAS ORGANIZED AROUND THESE FACTORS AND USED TO IDENTIFY PRIORITY HEALTH NEEDS AND DEVELOP A STRATEGY FOR COMMUNITY HEALTH THAT ADDRESSES THE IMPORTANT GAPS AND TAKES ADVANTAGE OF OPPORTUNITIES TO HELP HAWAII'S PEOPLE LIVE HEALTHY, FULFILLING LIVES.</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, LINES 6A & 6B	HAWAI'I PACIFIC HEALTH'S FOUR HOSPITAL FACILITIES PARTICIPATED WITH NINETEEN OTHER NONPROFIT HAWAI'I HOSPITALS TO COLLABORATE ON A CHNA IN FISCAL YEAR 2019, LED BY THE HEALTHCARE ASSOCIATION OF HAWAI'I. ISLANDER INSTITUTE, A FIRM SPECIALIZING IN GATHERING AND ANALYZING COMMUNITY INPUT FROM HAWAI'I'S COMMUNITIES, WAS RETAINED TO CONDUCT THE CHNA RESEARCH. PARTICIPATING HOSPITALS WERE: ADVENTIST HEALTH CASTLE, SUTTER HEALTH KAHI MOHALA, KAHUKU MEDICAL CENTER, KAISER PERMANENTE MEDICAL CENTER, KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN, KUAKINI MEDICAL CENTER, KULA HOSPITAL, LANI COMMUNITY HOSPITAL, MAUI MEMORIAL HOSPITAL, 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 QUEEN'S MEDICAL CENTER, THE QUEEN'S 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 & 7B	COMMUNITY HEALTH NEEDS ASSESSMENT WEBSITE HOSPITAL FACILITY'S WEBSITE WHERE THE CHNA IS MADE WIDELY AVAILABLE: HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/ABOUT-US/COMMUNITY/ OTHER WEBSITE WHERE THE CHNA IS MADE AVAILABLE TO THE PUBLIC: HEALTHCARE ASSOCIATION OF HAWAII: HTTP://HAH.ORG/REPORTS-DATA/COMMUNITY-HEALTH-NEEDSASSESSMENT/

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 & CHILDREN IN FISCAL YEAR 2020, KAPIOLANI CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE YEAR ONE OF A THREE-YEAR IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN KAPI'OLANI'S 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: STRENGTHENING FAMILIES, BUILDING GOOD FOOD SYSTEMS, INVESTING IN TEENAGERS AND HEALTHY STARTS, AND PROVIDING ACCESSIBLE PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS. KAPI'OLANI'S 2016 AND 2019 CHNAs AND IMPLEMENTATION STRATEGIES MAY BE VIEWED ONLINE AT: HTTP://WWW.HAWAIIIPACIFICHEALTH.ORG/ABOUT-US/COMMUNITY/ STRENGTHEN FAMILIES HAWAIIAN COMMUNITY ASSETS: KAPI'OLANI PARTNERED WITH HAWAIIAN COMMUNITY ASSETS, A LOCAL COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, TO PROVIDE EMERGENCY MICRO-LOANS, ALONG WITH FINANCIAL COUNSELING, TO AID LOW-INCOME FAMILIES EXPERIENCING HARDSHIP DUE TO THE ECONOMIC IMPACTS OF THE COVID-19 PANDEMIC. KAHAIKI VILLAGE IS AN AFFORDABLE RENTAL COMMUNITY FOR FAMILIES WHO PREVIOUSLY EXPERIENCED HOMELESSNESS. KAPI'OLANI PROVIDES ON-SITE HEALTH EDUCATION, SCREENINGS AND CHECK-UPS FOR RESIDENTS AT COMMUNITY WELLNESS DAY EVENTS. BUILD GOOD FOOD SYSTEMS SNAP DOUBLE-UP FOOD BUCKS INCENTIVE PROGRAM: KAPI'OLANI PARTNERED WITH A MULTISECTOR COALITION TO SUPPORT A FUND THAT OFFERS DOUBLE THE VALUE FOR ALL PURCHASES OF FRESH, LOCAL PRODUCE MADE WITH SNAP-EBT. PROGRAMS SUCH AS THESE ARE DEMONSTRATED TO INCREASE CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY SNAP RECIPIENTS WHILE SUPPORTING LOCAL FARMERS. SUMMER MEALS: KAPI'OLANI DONATED FUNDING TO SUPPORT PACT'S SUMMER MEAL PROGRAM FOR PRE-SCHOOL CHILDREN. FOR MANY CHILDREN, SCHOOL MEALS ARE A PRIMARY SOURCE OF NUTRITION, AND THE GRAB AND GO MEAL PROGRAM PROVIDED ACCESS TO HEALTHY MEALS WHILE SCHOOLS WERE CLOSED. AL OHA HARVEST RESCUES EXCESS COMMERCIALLY-PREPARED FOODS FROM MARKETS AND INSTITUTIONS THAT WOULD OTHERWISE BE THROWN AWAY AND DELIVERS IT TO SOCIAL SERVICE ORGANIZATIONS FEEDING VULNERABLE MEMBERS OF THE COMMUNITY. KAPI'OLANI'S FOOD SERVICE PARTICIPATES IN THIS PROGRAM, DONATING LEFTOVER MEAL ITEMS FROM ITS CAFETERIA. INVEST IN TEENAGERS AND HEALTHY STARTS REIDENTIAL YOUTH SERVICES & EMPOWERMENT (RYSE) IS A YOUTH-SPECIFIC SHELTER PROVIDING TEMPORARY OVERNIGHT SHELTER AND SUPPORT SERVICES TO HELP HOMELESS YOUTH ACHIEVE HOUSING, EMPLOYMENT AND SELF-SUFFICIENCY. KAPI'OLANI, ALONG WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, IS PARTNERING WITH RYSE TO OFFER ELIGIBLE YOUTH FREE ACCESS TO HPH'S MEDICAL CAREERS TRAINING PROGRAMS TO BECOME MEDICAL ASSISTANTS AND NURSE AIDES, PROVIDING ENTRY INTO WELL-PAYING HEALTH CAREERS. HEALTHY WEIGHT AND YOUR CHILD IS AN INTENSIVE, FAMILY-BASED ADOLESCENT WEIGHT MANAGEMENT PROGRAM TO COMBAT CHILDHOOD OBESITY. THE PROGRAM IS 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'</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>AHU WHERE VULNERABLE YOUTH WITH ESPECIALLY HIGH RATES OF OBESITY RESIDE, PARTICULARLY FILIPINOS, NATIVE HAWAIIANS AND PACIFIC ISLANDERS. THE SWEETER CHOICE DIABETIC INTERVENTION PROGRAM TARGETS HIGH-RISK PREGNANT WOMEN TO REDUCE GESTATIONAL AND PRE-GESTATIONAL DIABETES BY HELPING THEM DEVELOP HEALTHY DIET AND EXERCISE HABITS, RESULTING IN A DECREASE IN THE NUMBER OF LOW BIRTH-WEIGHT BABIES. 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 TO OBTAIN LOW- OR NO-COST CHILD SAFETY SEATS. KEIKI INJURY PREVENTION COALITION: KAPI'OLANI SPONSORS THE KEIKI INJURY PREVENTION COALITION (KI PC), WHICH INCLUDES MORE THAN 150 AGENCIES AND STAKEHOLDERS COMMITTED TO IMPROVING CHILD SAFETY. KIPC SUPPORTS COMMUNITY EVENTS AND EDUCATION FOR CHILDREN AND FAMILIES ON WAYS TO PREVENT INJURIES. PROVIDE ACCESSIBLE, PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS 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. 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 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. 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 CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES NEAR TO HOME. HEALTH PROFESSIONALS EDUCATION: MANY AREAS OF HAWAII ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE, AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HAWAII RESIDENTS, KAPI'OLANI PROVIDES CLINICAL TRAINING AND RESIDENCIES FOR MEDICAL</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>STUDENTS AND RESIDENTS, NURSING STUDENTS, AND ALLIED HEALTH PROFESSIONALS. 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. SIGNIFICANT COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN KAPI'OLANI'S 2019 CHNA ARE NOT BEING ADDRESSED IN THE HOSPITAL'S IMPLEMENTATION STRATEGY: ADDRESS FINANCIAL INSECURITY, WORK TOGETHER FOR EQUALITY AND JUSTICE, RESTORE ENVIRONMENT AND SENSE OF PLACE, NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM "SICK CARE, STRENGTHEN TRUST IN HEALTH CARE. THEY WERE NOT SELECTED AS PRIORITIES FOR KAPI'OLANI TO ADDRESS BECAUSE THEY DID NOT MEET SOME OR ALL OF THE FOLLOWING CRITERIA: ALIGNMENT WITH HPH'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE PLANNED AND EXISTING HPH COMMUNITY PARTNERSHIPS AND INITIATIVES, ALIGNMENT WITH HPH'S RESOURCES AND EXPERTISE, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS. COMMUNITY SUPPORT TO ADDRESS PANDEMIC IN FY20, KAPI'OLANI STEPPED UP TO PROVIDE SIGNIFICANT COMMUNITY SUPPORT TO ADDRESS THE COVID PUBLIC HEALTH EMERGENCY, INCLUDING FREE RESPIRATORY EVALUATION CLINICS, A DRIVE-UP COVID TESTING SITE, ASSISTANCE TO LONG TERM CARE HOMES AND OTHER HEALTH CARE FACILITIES, SPECIALIZED TRAINING FOR HEALTH CARE WORKERS, AND PROVISION OF PUBLIC HEALTH INFORMATION. PALI MOMI MEDICAL CENTER IN FISCAL YEAR 2020, PALI MOMI CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE YEAR ONE OF A THREE-YEAR IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN PALI MOMI'S 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: STRENGTHENING FAMILIES, BUILDING GOOD FOOD SYSTEMS, INVESTING IN TEENAGERS AND HEALTHY STARTS, AND PROVIDING ACCESSIBLE PROACTIVE SUPPORT FOR THOSE WITH HIGH NEEDS. PALI MOMI'S 2016 AND 2019 CHNAs AND IMPLEMENTATION STRATEGIES MAY BE VIEWED ONLINE AT: HTTP://WWW.HAWAII-PACIFIC-HEALTH.ORG/ABOUT-US/COMMUNITY/ STRENGTHEN FAMILIES HAWAIIAN COMMUNITY ASSETS: PALI MOMI PARTNERED WITH HAWAIIAN COMMUNITY ASSETS, A LOCAL COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, TO PROVIDE EMERGENCY MICRO-LOANS, ALONG WITH FINANCIAL COUNSELING, TO AID LOW-INCOME FAMILIES EXPERIENCING HARDSHIP DUE TO THE ECONOMIC IMPACTS OF THE COVID-19 PANDEMIC. KAHAIKI VILLAGE IS AN AFFORDABLE RENTAL COMMUNITY FOR FAMILIES WHO PREVIOUSLY EXPERIENCED HOMELESSNESS. PALI MOMI PROVIDES ON-SITE HEALTH EDUCATION, SCREENINGS AND CHECK-UPS FOR RESIDENTS AT COMMUNITY WELLNESS DAY EVENTS. BUILD GOOD FOOD SYSTEMS SNAP DOUBLE-UP FOOD BUCKS INCENTIVE PROGRAM: PALI MOMI PARTNERED WITH A MULTI SECTOR COALITION TO SUPPORT A FUND THAT OFFERS DOUBLE THE VALUE FOR ALL PURCHASES OF FRESH, LOCAL PRODUCE MADE WITH SNAP-EBT. PROGRAMS SUCH AS THESE ARE DEMONSTRATED TO INCREASE CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY SNAP RECIPIENTS, WHILE SUPPORTING LOCAL FARMERS. SUMMER MEALS: PALI MO</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 ST SUITE 142 AIEA, HI 96701	CLINIC
1 PALI MOMI MEDICAL CENTER 98-1079 MOANLUA RD STE 480/590/630/ AIEA, HI 96701	CLINIC
2 PALI MOMI PAVILIONWOMEN'S CENTER 98-1005 MOANALUA ROAD FS4 AIEA, HI 96701	CLINIC
3 STRAUB MILILANI FAMILY HEALTH CENTER 95-1249 MEHEULA PKWY UNIT 187 MILILANI, HI 96789	CLINIC
4 STRAUB HAWAII KAI FAMILY HEALTH CENTER 7192 KALANIANAOLE HIGHWAY SUITE A20 HONOLULU, HI 96825	CLINIC
5 KAPIOLANI WOMENS CENTER 1907 BERETANIA STREET 1st 5th FL HONOLULU, HI 96826	CLINIC
6 STRAUB KANEOHE FAMILY HEALTH CENTER 46-056 KAMEHAMEHA HWY SUITE 221 KANEOHE, HI 96744	CLINIC
7 STRAUB KAPOLEI CLINIC 590 FARRINGTON HIGHWAY SUITE 526A KAPOLEI, HI 96707	CLINIC
8 STRAUB CLINIC AT FIRST INSURANCE CENTER 1100 WARD AVE STE 700 HONOLULU, HI 96813	CLINIC
9 STRAUB KAILUA FAMILY HEALTH CENTER 602 KAILUA ROAD SUITE 200 KAILUA, HI 96734	CLINIC
10 PALI MOMI CANCER CENTER 98-1005 MOANALUA RD STE 4010 AIEA, HI 96701	CLINIC
11 DOCS ON CALL - SHERATON 2255 KALAKAUA AVE MANOR WING 1 HONOLULU, HI 96815	CLINIC
12 WARD VILLAGE PRIMARY CARE CLINIC 1001 QUEEN ST SUITE 102 HONOLULU, HI 96813	CLINIC
13 ARTESIAN SATELLITE 1907 BERETANIA ST 1ST FLOOR HONOLULU, HI 96826	CLINIC
14 STRAUB CLINIC AT WATERFRONT PLAZA 500 ALA MOANA BLVD TOWER 7 SUITE HONOLULU, HI 96813	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 CLINIC 98-1079 MOANALUA ROAD SUITE 600 AIEA, HI 96701	CLINIC
1 HPH CANCER CTR AT PALI MOMI MEDICAL CTR 98-1005 MOANALUA ROAD AIEA, HI 96701	CLINIC
2 STRAUB LANAI FAMILY HEALTH CENTER 628-B SEVENTH STREET LANAI CITY, HI 96763	CLINIC
3 OBGYN SATELLITE 1525 KALAKAUA AVE HONOLULU, HI 96814	CLINIC
4 STRAUB DOCTORS ON CALL - HILTON HAWAIIAN 2005 KALIA ROAD 2ND FLOOR HONOLULU, HI 96815	CLINIC
5 KUAKINI CLINIC 321 NORTH KUAKINI ST SUITE 504 HONOLULU, HI 96817	CLINIC
6 STRAUB CLINIC -SOUTH KING STREET 826 SOUTH KING STREET HONOLULU, HI 96813	CLINIC
7 KAPIOLANI MED CTR WOMEN & CHILD OBGYN 1319 PUNAHOU STREET STE 500 HONOLULU, HI 96826	CLINIC
8 STRAUB HILO CLINIC 75 PUUHONU PLACE SUITE 207 HILO, HI 96720	CLINIC
9 KAHULUI CLINIC 33 LONO AVENUE SUITE 250 KAHULUI, HI 96732	CLINIC
10 STRAUB KONA CLINIC 75-240 NANI KAILUA DRIVE SUITE 6B KAILUAKONA, HI 96740	CLINIC

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 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.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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) & 501(C)(6) ORGANIZATIONS ON AN ANNUAL BASIS. NO FURTHER MONITORING IS DONE FOR DONATIONS 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
Assistance Dogs of Hawai'i POBox 1803 STE 2E1 BOX 3 Makawao, HI 96768	99-0353694	501(C)(3)	10,000				General Support
Girl Scouts of Hawaii 410 Atkinson Drive Suite 2E1 Box Honolulu, HI 96814	99-0073488	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
Make A Wish HAWAI'I 223 S KING ST STE 100 Honolulu, HI 96813	99-0220777	501(C)(3)	10,000				General Support
UNIVERSITY OF HAWAI'I FOUNDATION 2444 Dole Street BACHMAN HALL 105 Honolulu, HI 96822	99-0085260	501(C)(3)	729,095				Scholarship Pledge

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAI'I Cancer Consortium 737 BISHOP ST STE 2360 Honolulu, HI 96813	45-2280259	501(C)(3)	1,000,000				General Support
Ho'Ola Na Pua PO Box 22551 Honolulu, HI 96823	46-5139164	501(c)(3)	7,500				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
Chaminade University 3140 Waialae Avenue Honolulu, HI 96816	99-0272261	501(c)(3)	21,500				General Support
UNIVERSAL CLINICAL EDUCATION & RSRCH ASSOC PO Box 31000 Honolulu, HI 96813	99-0307152	501(c)(3)	250,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Kaua'i Marathon PO Box 573 Koloa, HI 96756	26-4084075	501(c)(3)	8,000				General Support
HOSPICE HAWAI'I INC 860 Iwilei Road Honolulu, HI 96817	99-0203930	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
HAWAI'I ISLAND'S FOOD BANK 40 HOLOMUA STREET HILO, HI 96720	26-0349475	501(C)(3)	20,000				GENERAL SUPPORT
HAWAIIAN COMMUNITY ASSETS 200 North Vineyard Blvd HONOLULU, HI 96817	99-0348767	501(C)(3)	87,000				SUPPORT LOW INCOME HOUSEHOLDS

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
PARENTS & CHILDREN TOGETHER 1485 Linapuni Street Suite 105 HONOLULU, HI 96819	99-0119678	501(C)(3)	15,000				GENERAL SUPPORT
NA LEI WILI AHEC INC 4442 Hardy St Ste 205 LIHUE, HI 96766	99-0337948	501(C)(3)	8,300				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
HONOLULU FIREFIGHTERS FOUNDATION 1253 South Beretania Street 3301 HONOLULU, HI 96814	94-3432887	501(C)(3)	6,000				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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

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 idemnification 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 on 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 on 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?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
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, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION THE ORGANIZATION'S PRESIDENT IS PAID BY ITS TAX EXEMPT PARENT, HAWAI'I PACIFIC HEALTH ('HPH'), 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 HPH TO DETERMINE COMPENSATION.
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAY THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING THE YEAR: JOHN BELEW - \$214,149
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. AMOUNT PAID OUT DURING THE YEAR BY RELATED ORGANIZATIONS: RAYMOND P. VARA JR. - \$173,419 KENNETH B. ROBBINS, MD - \$77,851 DAVID OKABE - \$72,787 GAIL LERCH - \$53,324 ARTHUR GLADSTONE - \$52,068 MARTHA SMITH - \$50,243 CHARLES R. CHING - \$44,640 STEVEN ROBERTSON - \$49,104 JENNIE CHAHANOVICH - \$28,100 MELINDA ASHTON - \$41,490 ANNUAL AND LONG TERM INCENTIVE PLAN THE ANNUAL AND LONG TERM INCENTIVE PLANS 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. - \$1,093,254 DAVID OKABE - \$381,003 KENNETH B. ROBBINS, M.D. - \$357,670 GAIL LERCH - \$308,486 CHARLES R. CHING - \$297,161 ARTHUR GLADSTONE - \$358,340 MARTHA SMITH - \$341,791 JENNIE CHAHANOVICH - \$264,221 STEVEN ROBERTSON - \$309,367 MELINDA ASHTON, M.D. - \$262,410 GERARD LIVAUDAIS, M.D. - \$78,124 RODNEY WILLIAMS, M.D. - \$51,731 GIDGET RUSCETTA, R.N. - \$53,512 WARREN CHAIKO - \$65,480 BRANDT FARIAS - \$55,675 EARL INOUE - \$51,409 MICHAEL ROBINSON - \$48,215 SUSAN NONAKA - \$49,921 LORRIE-ANN LUKE - \$37,827 MAVIS NIKAIDO - \$44,165 DAWN CHING - \$37,174 BRIGITTE MCKALE - \$31,684 DAWN DUNBAR - \$71,604 DAVID STUMBAUGH - \$38,164 JOEL EMPERADOR - \$35,733 DOUGLAS KWOCK - \$50,350

(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 DOUGLAS KWOCK MD Former officer	(i)	0	0	0	0	0	0	
	(ii)	387,236	50,350	35,584	69,758	20,758	563,686	
1 WARREN CHAIKO SVP	(i)	0	0	0	0	0	0	
	(ii)	253,695	80,480	52,310	89,168	25,984	501,637	
2 DAWN DUNBAR SVP	(i)	0	0	0	0	0	0	
	(ii)	281,633	71,604	33,610	86,358	23,493	496,698	
3 EARL INOUYE VP & System Ctrlr (PART YEAR)	(i)	0	0	0	0	0	0	
	(ii)	268,741	51,409	42,082	76,325	15,279	453,836	
4 GIDGET RUSCETTA RN COO	(i)	0	0	0	0	0	0	
	(ii)	276,175	53,512	33,665	75,445	13,779	452,576	
5 SUSAN MASUMOTO-NONAKA VP	(i)	0	0	0	0	0	0	
	(ii)	263,169	49,921	44,839	74,967	9,932	442,828	
6 MAVIS NIKAI DO VP & CNE	(i)	0	0	0	0	0	0	
	(ii)	282,247	44,165	31,372	69,712	7,434	434,930	
7 AMY CORLISS MD Board of Director	(i)	0	0	0	0	0	0	
	(ii)	279,934	1,347	110,184	11,200	21,496	424,161	
8 BRANDT FARIAS SVP & Chief Marketing Officer	(i)	0	0	0	0	0	0	
	(ii)	225,772	55,675	29,288	77,419	9,763	397,917	
9 MICHAEL ROBINSON VP	(i)	0	0	0	0	0	0	
	(ii)	241,022	48,215	21,434	70,610	9,768	391,049	
10 ANDY LEE MD BoD, Chief of staff	(i)	0	0	0	0	0	0	
	(ii)	286,964	34,959	24,138	21,000	23,713	390,774	
11 THOMAS NORDYKE MD Former officer	(i)	334,962	2,695	28,848	11,200	12,925	390,630	
	(ii)	0	0	0	0	0	0	
12 DAWN CHING VP	(i)	0	0	0	0	0	0	
	(ii)	232,153	37,174	30,738	62,495	24,150	386,710	
13 BRIGITTE MCKALE VP & CNE	(i)	0	0	0	0	0	0	
	(ii)	244,588	31,684	24,621	58,003	13,779	372,675	
14 CAROL FUJIYOSHI MD Board of Director	(i)	300,693	7,317	41,409	8,456	7,293	365,168	
	(ii)	0	0	0	0	0	0	
15 TRAVIS CLEGG COO	(i)	0	0	0	0	0	0	
	(ii)	267,926	25,000	35,567	0	20,519	349,012	
16 LORRIE-ANN LUKE VP	(i)	0	0	0	0	0	0	
	(ii)	197,053	37,827	15,752	59,354	24,795	334,781	
17 DAVID STUMBAUGH VP	(i)	0	0	0	0	0	0	
	(ii)	200,279	38,164	16,207	57,649	22,225	334,524	
18 JOEL EMPERADOR VP, PART YEAR	(i)	0	0	0	0	0	0	
	(ii)	220,932	35,733	23,246	42,905	8,722	331,538	
19 BEAU NAKAMOTO MD BoD, Vice Chair (PART YEAR)	(i)	190,494	10,517	114,491	11,200	374	327,076	
	(ii)	0	0	0	0	0	0	

(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				
41MONICA PRICE MD Board of Director	(i)	205,562	10,432	57,202	10,756	23,771	307,723	0
	(ii)	0	0	0	0	0	0	0
1MELANIE KIM MD Board of Director	(i)	2,140	29,078	245,449	10,711	7,300	294,678	0
	(ii)	0	0	0	0	0	0	0
2JAMES LIN MD VP	(i)	0	0	0	0	0	0	0
	(ii)	231,984	18,638	5,476	10,161	25,633	291,892	0
3WILLIAM BURKE VP	(i)	0	0	0	0	0	0	0
	(ii)	205,642	20,800	0	23,943	16,277	266,662	0
4KATIE SHIGEMITSU Compliance Officer	(i)	0	0	0	0	0	0	0
	(ii)	207,349	0	6,321	21,837	14,431	249,938	0
5JOHN BELEW Former officer	(i)	0	0	0	0	0	0	0
	(ii)	0	0	243,735	0	0	243,735	19,256
6BARBARA CRAFT COO	(i)	188,314	5,000	2,791	20,393	14,569	231,067	0
	(ii)	0	0	0	0	0	0	0
7ALAN ITO INFORMATION SECURITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	176,197	13,027	2,549	18,050	14,096	223,919	0
8JESSICA LEWIS Assistant Corporate Secretary	(i)	0	0	0	0	0	0	0
	(ii)	160,085	0	0	13,865	24,832	198,782	0
9CARRIE ANN TSUTSUI VP & Controller	(i)	0	0	0	0	0	0	0
	(ii)	155,055	13,337	0	17,786	11,084	197,262	0
10DAVID FOX PRIVACY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	152,341	0	4,682	16,130	15,574	188,727	0
11MAUREEN FLANNERY Former officer	(i)	0	0	0	0	0	0	0
	(ii)	83,034	0	32,431	3,340	4,863	123,668	0

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	96,232	PHYSICIAN COMPENSATION		No
(2) HAWAI'I BIO WASTE	SEE PART V	189,399	WASTE MGMT SERVICES		No
(3) MARK GERBER	SEE PART V	453,730	PHYSICIAN COMPENSATION		No
(4) JOY MATSUYAMA	SEE PART V	218,358	DIRECTOR 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. MICHELLE HO, CURRENT BOARD OF DIRECTOR, OWNS MORE THAN 35% DIRECTLY AND INDIRECTLY OF HAWAI'I BIO WASTE. MARK GERBER IS A FAMILY MEMBER OF MELANIE KIM, MD CURRENT BOARD OF DIRECTOR. JOY MATSUYAMA IS A FAMILY MEMBER OF DAWN DUNBAR, CURRENT STRAUB OFFICER.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 ▶ See Additional Data				
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 isn't 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 didn't 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.

Additional Data

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

Part I, Lines 25-28

	(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
Other ► (BOOKS)	X	1	80	FMV
Other ► (CLOTHING & HOUSEHOLD GOOD)	X	11	8,646	FMV
Other ► (FOOD)	X	2	2,693	FMV
Other ► (MEDICAL SUPPLIES)	X	4	20,444	FMV
Other ► (OTHER- GIFTCARDS, TOYS)	X	17	25,751	FMV
Other ► (COVID-19 SUPPLIES)	X	12	43,365	FMV
Other ► (BOOKS & DOLLS)	X	2	1,020	FMV
Other ► (CANVAS PAINTINGS)	X	2	931	FMV
Other ► (NEWBORN BEANIES)	X	1	200	FMV

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

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 2020, HAWAI'I PACIFIC HEALTH HOSPITALS AND CLINICS SPENT \$61,647,411 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 2020, KAPI'OLANI PERFORMED 3,299 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 2020, PALI M OMI PERFORMED 3,551 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 2020, STRAUB PERFORMED 3,546 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 202 0, WILCOX PERFORMED 3,091 OUTPATIENT SURGERIES. ESTIMATED PROGRAM SERVICES REVENUE IS REPO RTED ON PART III, LINE 4. PROGRAM SERVICE #2 OUTPATIENT EMERGENCY ROOMS IN FISCAL YEAR 202 0, HAWAI'I PACIFIC HEALTH HOSPITALS SAW 108,196 OUTPATIENT ER CASES AND SPENT \$58,704,515 IN DIRECT EXPENSES FOR OUTPATIENT ER SERVICES, AS PART OF OUR COMMITMENT TO PROVIDE CARE F OR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. IN FISCAL YEAR 2020, KAPI'OLANI CELEB RATED THE SECOND ANNIVERSARY OF ITS NEWLY EXPANDED EMERGENCY DEPARTMENT IN THE DIAMOND HEA D TOWER. AT MORE THAN TWICE THE SIZE OF THE PREVIOUS SPACE, THE NEW ED FEATURES 24 PRIVATE TREATMENT ROOMS, INCLUDING TW</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINES 4A-4D</p>	<p>O TRAUMA ROOMS AND TWO TRIAGE ROOMS; 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 2020, KAPI'OLANI HAD 26, 558 OUTPATIENT ER CASES. 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 2020, THE PALI MOMI ER HAD 36,438 OUTPATIENT ER CASES. 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 2020, THE STRAUB ER HAD 25,859 OUTPATIENT ER CASES. 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 2020, THE WILCOX ER HAD 19,341 OUTPATIENT ER CASES. ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4. PROGRAM SERVICE #3 PEDIATRICS-NEONATAL SERVICES IN FISCAL YEAR 2020, HAWAII PACIFIC HEALTH SPENT \$50,683,464 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A-4D	BURNS SCHOOL OF MEDICINE'S PEDIATRIC AND NEONATAL-PERINATAL MEDICINE PROGRAMS. IN FISCAL YEAR 2020, KAPI'OLANI PROVIDED SPECIALIZED CARE FOR 3,724 PEDIATRIC-NEONATAL PATIENTS. WILCOX MEDICAL CENTER PROVIDES PREVENTIVE CARE AND TREATMENT SERVICES TO MEET THE HEALTH NEEDS OF KAUAI'S CHILDREN. THROUGH KAUAI MEDICAL CLINIC, WILCOX PROVIDES COMPREHENSIVE PEDIATRIC CARE FOR CHILDREN OF ALL AGES. PEDIATRICIANS AT WILCOX ALSO COLLABORATE WITH PHYSICIANS AT KAPI'OLANI OR OTHER HAWAII PACIFIC HEALTH FACILITIES WHEN KAUAI CHILDREN NEED SPECIALIZED CARE. IN FISCAL YEAR 2020, WILCOX PROVIDED SPECIALIZED CARE FOR 150 PEDIATRIC-NEONATAL PATIENTS. ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.

990 Schedule O, Optional 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 SYSTEMS WITH FOUR MEDICAL CENTERS, MORE THAN 70 LOCATIONS, 1,400+ AFFILIATED PHYSICIANS, MORE THAN 7,200 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 2020, THE MEDICAL CENTERS ADMITTED 29,021 PATIENTS. STRAUB CLINICS HAD 856,560 TOTAL CLINIC ENCOUNTERS, KAUA'I MEDICAL CLINIC HAD 320,270 TOTAL CLINIC ENCOUNTERS AND KAPI'OLANI MEDICAL SPECIALISTS HAD 85,771 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 AND COMPREHENSIVE CANCER CENTER, MINIMALLY INVASIVE BONE & JOINT 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 STATE'S LARGEST HEALTH CARE SYSTEMS, 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 2020, 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 AN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINES 4A-4D CONTINUED</p>	<p>D CERVICAL 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, ALTHOUGH MANY OF ITS REGULAR ANNUAL PROGRAMS WERE CANCELED DUE TO THE COVID-19 PANDEMIC. IN FISCAL YEAR 2020, HAWAII PACIFIC HEALTH SPONSORED OR SUPPORTED NUMEROUS HEALTH EVENTS, INCLUDING "AHA HEARTWALK," "SUSAN G. KOMEN RACE FOR THE CURE, MORE. HAWAII PACIFIC HEALTH ALSO PROVIDED MEDICAL SUPPORT, INCLUDING CLINICAL AND NON-CLINICAL VOLUNTEERS, SUPPLIES AND OTHER SERVICES, FOR THE GREAT ALOHA RUN AND KE IKI 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. SOME OF HAWAII PACIFIC HEALTH'S REGULAR ANNUAL PROGRAMS AND EVENTS, SUCH AS THE "WOMEN'S 10K AND 5K FUN RUN," WERE CANCELED DUE TO THE COVID-19 PANDEMIC. 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 MORE THAN 7,200 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 8	COLLECTION OF WORKS OF ART, HISTORICAL TREASURES OR SIMILAR KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC) MAINTAIN WORKS OF ART. PALI MOMI MEDICAL CENTER (PMMC), STRAUB CLINIC & HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) DID NOT MAINTAIN WORKS OF ART. 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.

990 Schedule O, Supplemental Information

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

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'I PACIFIC HEALTH IS THE SOLE MEMBER, AND HAS THE POWER TO APPROVE THE ELECTION OF MEMBERS OF THE GOVERNING BODY. HAWAI'I PACIFIC HEALTH, AS MEMBER, ALSO HAS THE POWER TO ELECT ONE OR MORE EX OFFICIO VOTING MEMBERS OF THE GOVERNING BODY.

990 Schedule O, Supplemental 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 A LL 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 RESERVED POWERS 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 OF THE CORPORATION WHO IS THE CHIEF MEDICAL OFFICER OF THE MEMBER (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, HOWEVE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 7B</p>	<p>R, THAT THE BOARD 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) CAUSE 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; (XVIII) DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION; (XIX) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS; AND (XX) IMPLEMENT INDIVIDUAL PHYSICIAN COMPENSATION ARRANGEMENTS FOR EACH PHYSICIAN OPERATING UNIT IN 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; (IV) 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; (V) ISSUE THE ORGANIZATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER; (VI) MERGE THE ORGANIZATION WITH ANY ENTITY; (VII) DISSOLVE THE ORGANIZATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	NIZATION; AND (VIII) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 7B CONTINUED</p>	<p>HAWAII PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS 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) CAUSE 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 A MOUNT, 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, HOWEVER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B CONTINUED	<p>, THAT TO REMOVE OR TERMINATE THE PRESIDENT/CHIEF EXECUTIVE OFFICER WILL REQUIRE THE 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	<p>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 (HAWAII 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.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>PROCESS OF DETERMINING COMPENSATION THE CEO OF THE ORGANIZATION IS NOT COMPENSATED BY THE FILING ORGANIZATION, BUT RATHER BY THE TAX-EXEMPT PARENT, HPH. FOLLOWING IS THE PROCESS THAT THE PARENT ORGANIZATION UNDERTAKES TO APPROVE THE CEO'S COMPENSATION. COMPENSATION FOR HAWAII PACIFIC HEALTH ("HPH") EXECUTIVES (VICE PRESIDENT AND ABOVE) IS SET BY THE INDEPENDENT BOARD MEMBERS OF THE HAWAII PACIFIC BOARD'S COMPENSATION COMMITTEE. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE'S COMPENSATION AND BENEFITS. THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING. INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS. THE COMPENSATION COMMITTEE MAKES FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT. COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED. CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED ORGANIZATION. PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS. THIS PROCESS WAS MOST RECENTLY COMPLETED ON MARCH 13, 2019 TO REVIEW PHYSICIAN COMPENSATION AND ON AUGUST 22, 2019 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 \$(147,839,197) NET ASSETS RELEASED FROM RESTRICTION \$(3,921,112) EQUITY TRANSFERS \$(124,018) CHANGE IN INTEREST IN PERPETUAL TRUSTS \$(415,415) CHANGE IN INTEREST IN KHFW/WHF \$ 6,646,160 RESTRICTED GRANTS AND CONTRIBUTIONS \$ 3,966,446 ROUNDING \$(3) ----- TOTAL \$ (141,687,139)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN SERVICES TOTAL FEES:28340644

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MEDICAL SERVICES TOTAL FEES:6576629

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING SERVICES TOTAL FEES:937804

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:REGISTRY SERVICES TOTAL FEES:5722598

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TEMPORARY LABOR ADMIN SERVICES TOTAL FEES:44681

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TEMPORARY LABOR OTHER SERVICES TOTAL FEES:1950253

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:LAUNDRY SERVICES TOTAL FEES:4700126

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACT & RECURRING SERVICES TOTAL FEES:47758703

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION FEES SERVICES TOTAL FEES:873014

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER SERVICES TOTAL FEES:15761815

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:REPAIRS & MAINTENANCE TOTAL FEES:10898874

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:INTERNAL SVCS PROVIDED EXPENSE TOTAL FEES:49875062

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER EXPENSE RECOVERY TOTAL FEES:-228100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:FUNDRAISING SERVICES TOTAL FEES:540

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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	HPH	Yes	
(2) KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501(C)(3)	7	HPH	Yes	
(3) KAPI'OLANI MEDICAL SPECIALISTS 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501(C)(3)	10	HPH	Yes	
(4) WILCOX HEALTH FOUNDATION 3-3420 KUHIO HIGHWAY LIHUE, HI 96766 99-0204242	FUNDRAISING	HI	501(C)(3)	7	HPH	Yes	
(5) KAUA'I MEDICAL CLINIC 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501(C)(3)	3	HPH	Yes	
(6) STRAUB FOUNDATION 55 MERCHANT STREET 26TH FLOOR HONOLULU, HI 96813 99-0109350	FUNDRAISING	HI	501(C)(3)	7	HPH	Yes	
(7) PALI MOMI FOUNDATION 55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 38-3840327	FUNDRAISING	HI	501(C)(3)	7	HPH	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 3000 riverchase galleria ste 500 birmingham, AL 35244 27-0540034	AMBU. SURG. CTR	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) HAWAII 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		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		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)	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: 55 MERCHANT STREET, 27TH FLOOR, HONOLULU, HI 96813

Additional Data

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

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	2,659,884	FMV
KAPI'OLANI HEALTH FOUNDATION	P	97,770	FMV
KAPI'OLANI HEALTH FOUNDATION	S	631,767	FMV
KAPI'OLANI MEDICAL SPECIALISTS	O	5,439,623	FMV
KAPI'OLANI MEDICAL SPECIALISTS	P	10,026,661	FMV
KAPI'OLANI MEDICAL SPECIALISTS	Q	53,466,227	FMV
KAPI'OLANI MEDICAL SPECIALISTS	R	4,634,881	FMV
KAPI'OLANI MEDICAL SPECIALISTS	S	9,830,147	FMV
KAUA'I MEDICAL CLINIC	P	2,019,992	FMV
KAUA'I MEDICAL CLINIC	Q	763,378	FMV
KAUA'I MEDICAL CLINIC	R	843,339	FMV
KAUA'I MEDICAL CLINIC	S	699,134	FMV
PALI MOMI FOUNDATION	C	353,342	FMV
PROVIDERS INSURANCE CORPORATION	Q	967,129	FMV
PROVIDERS INSURANCE CORPORATION	R	10,024,322	FMV
STRAUB FOUNDATION	C	1,344,168	FMV
WILCOX HEALTH FOUNDATION	C	259,373	FMV