DLN: 93493136036720 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable THE QUEEN'S MEDICAL CENTER ☐ Address change 99-0073524 ☐ Name change % CLINTON YEE ☐ Initial return Doing business as ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1301 PUNCHBOWL STREET ☐ Amended return ☐ Application pending (808) 538-9011 City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI  $\,$  96813  $\,$ G Gross receipts \$ 1,645,148,163 Name and address of principal officer H(a) Is this a group return for JILL HOGGARD GREEN □Yes ☑No subordinates? 1301 PUNCHBOWL STREET H(b) Are all subordinates HONOLULU, HI 96813 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW QUEENSMEDICALCENTER NET L Year of formation 1859  ${f M}$  State of legal domicile HI K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO FÜLFILL THE INTENT OF QUEEN EMMA AND KING KAMEHAMEHA IV TO PROVIDE QUALITY HEALTHCARE TO IMPROVE THE WELL-BEING OF NATIVE HAWAIIANS AND ALL THE PEOPLE OF HAWAII Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5,849 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 8,714,667 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 71,504,792 58,025,207 8 Contributions and grants (Part VIII, line 1h) . . 1,081,549,811 9 Program service revenue (Part VIII, line 2g) . 1,118,237,520 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 16,166,041 32,483,732 20,491,658 20,967,773 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,189,712,302 1,229,714,232 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 3,179,151 3,320,519 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 530,161,399 544,192,128 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶283,823 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 574,790,188 561,402,203 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,108,130,738 1,108,914,850 19 Revenue less expenses Subtract line 18 from line 12 . 81,581,564 120,799,382 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 1,820,754,936 2,117,525,376 1,137,700,085 21 Total liabilities (Part X, line 26) . 955,667,992 22 Net assets or fund balances Subtract line 21 from line 20 . 865,086,944 979,825,291 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 2020-05-08 Signature of officer Sign Here MICHEL RICCIONI TREASURER Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check I If P00634378 Paid self-employed Firm's name FRNST & YOUNG US LLF Firm's EIN ▶ Preparer Use Only Firm's address ► 4365 EXECUTIVE DR 1600 Phone no (858) 535-7200 SAN DIEGO, CA 92121 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)						Page <b>2</b>
Pa	rt III Sta	tement of Program Se	rvice Accomplis	hments			
	Che	ck if Schedule O contains a r	esponse or note to	any line in this Part III .			. 🗸
1		cribe the organization's missi					
		QMC IS TO FULFILL THE INT VICES TO IMPROVE THE WE			EHA IV TO PROVIDE, IN PERPET THE PEOPLE OF HAWAII	UITY, QUALITY	
2	Did the org	anızatıon undertake any sıgr	nıfıcant program ser	vices during the year wh	nich were not listed on		
	the prior Fo	orm 990 or 990-EZ?				☐ Yes 🖸	☑ No
	If "Yes," de	scribe these new services or	Schedule O				
3	Did the org	anization cease conducting,	or make significant	changes in how it condu	cts, any program		
						☐ Yes	☑ No
4	Describe th Section 501	e organization's program se	rvice accomplishmer zations are required	to report the amount of	argest program services, as mea f grants and allocations to others		es
4a	(Code	) (Expenses \$	1,057,055,826	including grants of \$	3,320,519 ) (Revenue \$	1,131,735,916 )	
	See Additiona						
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)	
4d	Other progr	ram services (Describe in Sc \$	hedule O ) ıncludıng grants of	\$	) (Revenue \$	)	
4e	Total prog	ram service expenses ▶	1,057,055,8	26			

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete ۷۵٥ 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 🔒 🗀 Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 . . . . . . . . . . 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 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a No b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 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 14b Nο Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Yes b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

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0

0

1c

1a

1b

No

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

Part V

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Nο 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 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h 

10a

10b

11a

11b

12b

13b

13c

8

9a

9h

12a

13a

14a

14b

15

No

No

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Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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 . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Pa	rt VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI.	ıle O	See instructions	" respo	onse to	lines 🗸
Se	ction	A. Governing Body and Management					
						Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	25			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	21			
2		ny officer, director, trustee, or key employee have a family relationship or a busines r, director, trustee, or key employee?	s rela	cionship with any other	2		No
3	Did th of off	ne organization delegate control over management duties customarily performed by icers, directors or trustees, or key employees to a management company or other p	or un erson	der the direct supervision	3		No
4	Did th	ne organization make any significant changes to its governing documents since the p	orior F	orm 990 was filed? .	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organ	ızatıoı	n's assets? .	5		No
6	Did th	ne organization have members or stockholders?			6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to bers of the governing body?			7a	Yes	
b	Are a perso	ny governance decisions of the organization reserved to (or subject to approval by) ons other than the governing body?	meml	ers, stockholders, or	7b	Yes	
8		ne organization contemporaneously document the meetings held or written actions tollowing	ındert	aken during the year by			
а	The g	overning body?			8a	Yes	
Ь	Each	committee with authority to act on behalf of the governing body?			8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who conzation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenue	Code	⊋.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		es," did the organization have written policies and procedures governing the activitie oranches to ensure their operations are consistent with the organization's exempt pu			10b		
11a		he organization provided a complete copy of this Form 990 to all members of its gov		g body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13 $\cdot$ .			12a		No
Ь		officers, directors, or trustees, and key employees required to disclose annually intects?	erests • •	that could give rise to	12b		
С		ne organization regularly and consistently monitor and enforce compliance with the dule O how this was done			12c		
13	Did th	ne organization have a written whistleblower policy?	-		13		No
14	Did th	ne organization have a written document retention and destruction policy?			14		No
15		ne process for determining compensation of the following persons include a review a ins, comparability data, and contemporaneous substantiation of the deliberation and					
а	The o	rganızatıon's CEO, Executive Director, or top management official			15a	'	No
	Othor	officers on key employees of the eventuation			456		Na

Other officers or key employees of the organization . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

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

16a

16b

Yes

Yes

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status with respect to such arrangements? . . . . . Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ 17 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

policy, and financial statements available to the public during the tax year

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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Part VII Section A. Officers, Dire	ctors, Trustees	s, Key	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, u ın off	t che inles ficer	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	101	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										

compensated					
oloyee					
rnal Tourtes					
al trustee tor					
	See Additional Data Table				
	See Additiona				

1b Sub-To	otal	 				<b>&gt;</b>					
	rom continuation sheets to Pa					▶□					
d Total (	add lines 1b and 1c)	 				▶		6,371,848	5,615,150		945,750
	number of individuals (including portable compensation from the		e liste	ed al	bove	e) who	rece	eived more than \$1	00,000		
										Yes	No

	ļ.	i '	1	'	'	1										
1b 9	Sub-Total			<del></del>			<b>&gt;</b>				•					
c T	<b>Total from continuation sheets to</b> Pa	rt VII <b>, Section</b>	Α.				▶[									
_ d 7	Total (add lines 1b and 1c)			<u></u>			<b>&gt;</b>		6,371,848	3		5,	,615,150	)		945,750
2	Total number of individuals (including of reportable compensation from the c			ie liste	ed al	bove	∍) who	rece	eived more tha	n \$1	00,00	0			Yes	No
3	Did the organization list any <b>former</b> oline 1a? <i>If "Yes," complete Schedule J</i>							_			-		on	3	Yes	
4	For any individual listed on line 1a, is a organization and related organizations individual	greater than \$									the			4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization?												.	5		No

	Fotal from continuation sheets to Part VII, Section A       ▶       6,371,848       5,615,1         Fotal (add lines 1b and 1c)	50		945,750
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,781	•		
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	4	Yes	

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,781			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	·		
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of conform the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpens	ation	
	(A) (B)		(0	:)

	ındıvıdual		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received m from the organization. Report compensation for the calendar year ending with or within the org		mpensa	ation	
	(A) Name and business address	(B) Description of services		(C Comper	

	from the organization. Report compensation for the calendar year ending with or within the or	rgariization s tax year					
	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0							

Form **990** (2018)

Part	VII												
		Check if Schedul	le O contains a	respo	onse or note to ar		hıs Part VIII <b>A)</b>		 (B)		(C)		<u> </u>
							revenue		ated or xempt		nrelated usiness	۵۷	Revenue cluded from
								fu	nction		evenue	tax ı	ınder sections
	1	a Federated campaig	ns	1a				re	venue				512 - 514
tributions, Gifts, Grants Other Similar Amounts		<b>b</b> Membership dues	j	<b>1</b> b		-							
Gra mo		c Fundraising events		1c	806,039	-							
īš, Ā		d Related organization	ons	1d	51,004,948	-							
ija Ila		e Government grants (c	ontributions)	1e	3,065,362	<del>-</del> !							
Sin		f All other contributions and similar amounts n				_							
uti. Per ani		above	locinciaaca	1f	3,148,858	<u>-</u>							
돌		g Noncash contribution in lines 1a - 1f \$	ons included	37	,610								
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a			<del></del>		58,025,207						
					Busine	ss Code	30,023,207						
Program Service Revenue	2a	a NET PATIENT REVENUE				622110	1,099,	781,812	1,099,78	1,812		0	0
Pe v.	Ŀ	INTERCOMPANY PURCH	ASED SERVICES			561000	14,	743,946	14,74	3,946		0	0
l e l	c	PATHOLOGY LABS				621500	3,	711,762		0	3,711,	762	0
ζer	c	d											
m (	6			_									
ogra	f	f All other program se	ervice revenue										
₫.	g	JTotal. Add lines 2a-2	2f		<b>▶</b> 1,11	8,237,520							
		Investment income (i similar amounts) .			interest, and othe	ir_	8,574,64	-6			81,449		8,493,197
		Income from investm			ond proceeds	<b>-</b>		0			·		· ·
	5	Royalties				▶		0					
		_	(ı) Real		(II) Personal								
	6a	a Gross rents	2,6	18,157									
	ı	<b>b</b> Less rental expenses											
		c Rental income or	2.6	18,157		0							
		(loss)											
	•	d Net rental income o			(u) Obligati		2,618,15	17					2,618,157
	7 <i>a</i>	a Gross amount	(ı) Securit	ies	(II) Other	$\dashv$							
		from sales of assets other	438,9	87,615	148,	705							
		than inventory											
	ı	b Less cost or other basis and	414,2	89,446	937,	788							
		sales expenses  C Gain or (loss)	24,6	98,169	-789,0	083							
		<b>d</b> Net gain or (loss)			<u> </u>	_	23,909,08	16					23,909,086
<b>a</b> .	88	a Gross income from f (not including \$	undraising eve 806,039										
Revenue		contributions reporte	ed on line 1c)		]								
eve		See Part IV, line 18		a									
۳.		<b>b</b> Less direct expense <b>c</b> Net income or (loss)		<b>b</b> ıng ev		37	-70,23	16					-70,236
Other		a Gross income from g	gamıng actıvıtı										
0		See Part IV, line 19		а		0							
	ı	<b>b</b> Less direct expense	es	b		0							
	•	<b>c</b> Net income or (loss)	from gaming	activit	ies			0					
	10	aGross sales of invent returns and allowand											
				a		0							
	ı	<b>b</b> Less cost of goods s	sold	b		0							
	•	Net income or (loss)		ınveni				0					
	11	Miscellaneous  1aOTHER SERVICES	Revenue		Business Code		6,998,03	18	5,561,720		1,436,318		0
		OTHER SERVICES					, 100		, <b>,</b> , <b>_</b>		, , , 5 . 5		v
	ı	<b>b</b> RESEARCH			621	500	2,119,63	19	2,119,639		0		0
		CIPN INCOME			621	500	3,485,13	18	0		3,485,138		0
	•	d All other revenue .					5,817,03	17	5,817,037				0
	•	<b>e Total.</b> Add lines 11a	-11d		•		18,419,85	52					
	12	<b>2 Total revenue.</b> See	Instructions				1,229,714,23		1,128,024,154		8,714,667		34,950,204
							. , , , , , , , , ,		, .,,=0 !		.,,		m <b>990</b> (2018)

Part IV, line 22

key employees .

**4** Benefits paid to or for members

section 4958(c)(3)(B) .

9 Other employee benefits . 10 Payroll taxes . . . . .

a Management . . . .

11 Fees for services (non-employees)

f Investment management fees .

12 Advertising and promotion . **13** Office expenses . .

14 Information technology

**20** Interest . . . .

15 Royalties .

**17** Travel .

16 Occupancy .

23 Insurance .

c TAXES

7 Other salaries and wages

and 16

**b** Legal .

c Accounting .

Chahamant of Franchismal Franchisman

domestic governments See Part IV, line 21

2 Grants and other assistance to domestic individuals. See

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

22 Depreciation, depletion, and amortization .

19 Conferences, conventions, and meetings

21 Payments to affiliates . . .

expenses on Schedule O ) a MEDICAL SUPPLIES

**b** INTERCOMPANY EXPENSES

d DUES AND SUBSCRIPTIONS

e All other expenses

g Other (If line 11g amount exceeds 10% of line 25, column

Partix Statement of Functional Expenses										
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other org	ganı	zation	s m	ust c	om	plete	col	umn	ı (A)	
Check if Schedule O contains a response or note to any line in this Part IX										
										$\overline{}$

 $\overline{\mathbf{V}}$ 

Do not include amounts reported on lines 6b, (A)

1.429.762

6,193,636

1,458,672

402,290

380,940

400,591

53.877

740,394

23,044

280,345

309,458

33.228

22,595

208,005

9,089,369

10,413,313

632,855

847,674

2,119,113

51,575,201

13,264,513

426

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2,978,122

292,979

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553,532

400 591

53,877

740,394

546,876

4,589,070

1,481,426

21,867,421

1.048.419

1,241,388

13,264,513

41,455,413

9,207,836

177,609,773

122,390,652

28,235,883

1,766,834

4,517,508

0

1,108,914,850

0

0

130,430,797

1,429,762

430,142,010

29,523,706

53,849,602

29,247,048

(B) Program service Management and

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281,320

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2,503

283,823

Form 990 (2018)

(D) Total expenses Fundraisingexpenses

0

0

0 0

0

423,948,374

29,230,727

52,390,930

28,844,758

172,592

127,452,675

523,832

4,308,725

1,481,000

21,557,963

1,015,191

1,218,793

41,247,408

177,609,773

111.696.019

27,603,028

919,160

2,395,892

1,057,055,826

118,467

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7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and 3,320,519 3,320,519

Page **11** 

504,656,124

604.012

0

0

23,073,065

573.995.122

979,825,291

2,117,525,376

Form **990** (2018)

Form 990 (2018)

12

13

23

24

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31

32

33

34

Net

Investments-other securities See Part IV, line 11

Investments—program-related, See Part IV, line 11

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Total net assets or fund balances

and other liabilities not included on lines 17 - 24)

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Unsecured notes and loans payable to unrelated third parties

check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

		Beginning of year		End of year
1 Cash-	non-interest-bearing	113,733	1	17,779
<b>2</b> Savın	gs and temporary cash investments	15,214,474	2	8,315,274
<b>3</b> Pledg	es and grants receivable, net	0	3	0
4 Accou	ints receivable, net	177,165,803	4	161,153,762
	and other receivables from current and former officers, directors, es, key employees, and highest compensated employees. Complete	0	5	0

		ricages and grants receivable, net		•	,		1
	4	Accounts receivable, net			177,165,803	4	161,153,762
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	0	5	0		
its	6	Loans and other receivables from other disqualities section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	0	6	0		
Assets	8	Inventories for sale or use			14,988,746	8	12,993,753
A	9	Prepaid expenses and deferred charges			8,972,497	9	8,913,782
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	960,235,115			
	ь	Less accumulated depreciation	<b>10</b> b	596,301,529	357,086,950	<b>10</b> c	363,933,586
	11	Investments—publicly traded securities .	•		402,305,347	11	383,510,233

	1.5	investments—program-related See Fartiv, line 11	0,100,022	13	00-,012
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	386,545,832	15	673,427,071
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,820,754,936	16	2,117,525,376
	17	Accounts payable and accrued expenses	253,904,398	17	206,194,393
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	355,484,190	20	334,437,505
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			

455,196,032

3.165.522

22,810,757

323,468,647

865,086,944

1,820,754,936

23

24

25

30

31 32

33

34

12

955,667,992 1.137.700.085 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 842.114.187 957.010.662 27 Unrestricted net assets 27 17,021,943 28 16,863,815 28 Temporarily restricted net assets

Assets or Fund Balances 29 Permanently restricted net assets 5.950.814 29 5.950.814 Organizations that do not follow SFAS 117 (ASC 958),

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

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

Audit Act and OMB Circular A-133?

2c

3a

3b

Yes

Yes

Yes Form 990 (2018)

## **Additional Data**

Software ID: Software Version:

**EIN:** 99-0073524

Name: THE QUEEN'S MEDICAL CENTER

Form 990 (2018)

Form 990, Part III, Line 4a:

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

(A) Name and Title (B) (D) (E) (F) (C) Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation

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

and Independent Contractors

TRUSTEE

TRUSTEE

ROBERT HONG MD

TRUSTEE - PART YEAR

KEAWE KAHOLOKULA PHD

	any hours	and	a dır	recto	r/tr	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MAENETTE BENHAM EDD TRUSTEE	1 0	×						0	0	C
GARY CAUFIELD TRUSTEE	1 0	×						0	0	C
	1 0									

TRUSTEE	3 0	×			ď	U	
GARY CAUFIELD	1 0	×			0	0	
TRUSTEE	2 0	^			9	3	
DIANE CECCHETTINI RN TRUSTEE	1 0	×			0	0	
PATRICK CHING TRUSTEE	1 0	×			0	0	
KAI E CHOCK	2 0 1 0						

DIANE CECCHETTINI RN		<sub>*</sub>				_	0	
TRUSTEE	2 0	_ ^						
PATRICK CHING	1 0	×				0	0	
TRUSTEE	2 0	''					0	
KYLE CHOCK	1 0	×				0	0	
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PATRICK CHING		×			0	n	1
TRUSTEE	2 0	· ·			7	)	, and the second
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CHRISTINE GAYAGAS	1 0	v				0	0	0
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PETER HALFORD MD	3 0	×				0	9,798	
		I ^	1 1		1 1	l a	3,730	U

CHRISTINE GAYAGAS	1 0	×			0	0	0
TRUSTEE	1 0						
PETER HALFORD MD	3 0	×			0	9,798	0
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PETER HANASHIRO	1 0	¥			0	0	

457,873

19,666

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

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

and Independent Contractors

TRUSTEE

TRUSTEE

**TRUSTEE** 

ROBB OHTANI MD

JAMES STEINWASCHER

NADINE TENN SALLE MD

TRUSTEE/CHIEF OF PEDIATRICS

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	any hours	and	a dır	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KAMANI KUALA'AU TRUSTEE	1 0	×						0	0	0
STANLEY KURIYAMA TRUSTEE	1 0	×						0	0	0

STAINLET KURITAMA		l <sub>x</sub>			۱ ،	l n	
TRUSTEE	2 0						
KRISTI LEFFORGE	1 0					0	
TRUSTEE	1 0	^				0	
SHERRY MENOR-MCNAMARA	1 0	×			0	0	
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ROBERT MOMSEN	1 0	_			·		9	0	

SHERRY MENOR-MCNAMARA	1 0	×			0	0	c
TRUSTEE	2 0	,			9	3	,
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ROBERT MOMSEN	1 0	×			0	0	a
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CAMERON NEKOTA	1 0	×			0	0	0

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CAMERON NEKOTA	1 0						_
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STEVEN NISHIDA MD	1 0						_

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

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

and Independent Contractors

TRUSTEE

JIM YATES

TRUSTEE

JOELLE TANABE

MICHEL RICCIONI

SUSAN MURRAY

JASON CHANG

EVP/COO

**TREASURER** 

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ASSISTANT SECRETARY

VP/COO - QMC WEST OAHU

	any hours	and	a dır	ecto	r/tr	ustee)	1	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	10	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ARTHUR USHIJIMA TRUSTEE/PRESIDENT	25 0 40 0	×		x				0	1,602,592	91,312
ALLEN UYEDA TRUSTEE	1 0	×						0	0	0

		Ιx		ΙxΙ	l		l o	1,602,592
TRUSTEE/PRESIDENT	40 0	l '''		,,			_	_,,,
ALLEN UYEDA	1 0							
TRUSTEE	1 0	^					0	
JENAI WALL	1 0	v		<b>Y</b>			0	
TRUSTEE/CHAIR	3 0	^		^			9	
LESLIE WILCOX	1 0							
		ΙV			ı	ı	 ι	1 6

		ı x	I			 1 1)	(1)	
TRUSTEE	1 0	,,					,	
JENAI WALL	1 0	×		Х		0	C	
TRUSTEE/CHAIR	3 0	,,					,	
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ALLEN UYEDA		l x			0	0	,
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59,031

75,908

55,780

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

(W- 2/1099-

1,077,064

1,235,681

705,899

813,698

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745,842

63,258

60,681

57,567

31,216

82,474

(W- 2/1099-

organization and

for related

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60 0

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

	organizations below dotted line)	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
JOHN NITAO  VP/GENERAL COUNSEL	2 0		х				0	570,144	65,816
SHARLENE TSUDA SECRETARY	2 0		х				0	354,997	61,435
CLINTON YEE ASSISTANT TREASURER	37 0 18 0		х				0	210,786	45,331
WHITNEY LIMM MD SENIOR VICE PRESIDENT	12 0 48 0		×				0	855,609	113,462
JEFFREY MING SHAN LAU MD	50 0				х		731,508	0	26,745

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**PHYSICIAN** 

SUNG BAE LEE MD

JEFFREY LOH MD

TODD SETO MD

MAHDI VEILLET-CHOWDHURY MD

**PHYSICIAN** 

**PHYSICIAN** 

PHYSICIAN

**PHYSICIAN** 

ERIC MARTINSON

FORMER TREASURER

and Independent Contractors

etii	e GR	APHIC prii	1t - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493136036720
SCHEDULE A (Form 990 or cor 990EZ)			Com		Charity Staturganization is a sect 4947(a)(1) nonexe	<b> </b>	2018		
		f the Treasury		► Go to	www.irs.gov/Form				Open to Public Inspection
lam	e of tl	<del>nie Service</del> <b>he organiza</b> S MEDICAL CEN						Employer identific	<u> </u>
ı⊏ Q	OEEN 3	MEDICAL CEN	IIEK					99-0073524	
	rt I				<b>us</b> (All organization e it is (For lines 1 thro			See instructions.	
1			•		ssociation of churches	•		(Δ)(i).	
2		,		,	1)(A)(ii). (Attach Sch			(,(-,-	
3	<b>□</b>				vice organization desc	,	, ,	iii).	
4		·	·	·	ed in conjunction with			•	nter the hospital's
_		name, city,	_		h -6 II				
5	Ш	-	ition operated (iv). (Comple		t of a college or unive	rsity owned or of	perated by a gov	ernmental unit descri	bed in <b>Section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7				mally receives <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	ınıt or from the gener	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
0		from activit	ies related to income and i	ıts exempt fur ınrelated busır	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	See section 509	(a)(4).	
2		more public	ly supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(a	
a		<b>Type I.</b> A so	supporting org n(s) the powe	janization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio				ited with, its
d		Type III n	on-function	ally integrate he organizatio	ions) You must com d. A supporting organ n generally must satis rt IV, Sections A and	Ization operated fy a distribution	in connection wi	th its supported orgai	
е		Check this	<i>,</i> box if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			on-functionally organizations	integrated supporting	organization			
g				_	upported organization(	s)			
	1 (i)	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			Ţ						
ota									
or F		work Reduc or 990-EZ.	tion Act Not	ice, see the I	nstructions for	Cat No 11285	F :	Schedule A (Form 9	90 or 990-EZ) 2018

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
5	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						
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
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							
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and <b>stop here</b>	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
<b>16</b> a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and <b>stop here.</b> The organization qualif						··►□
Ŀ	<b>33 1/3% support test—2017.</b> If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
<b>17</b> a	10%-facts-and-circumstances test-	<b>–2018.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	▶□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	<b>F</b> L
TΩ	Trivate roundation, if the organization	ii ala not check e	* 20V OIL IIIIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(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							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
_	<u> </u>			
	ection 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?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

## **Additional Data**

## Software ID:

Software Version: EIN: 99-0073524

Name: THE QUEEN'S MEDICAL CENTER

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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)

Instructions)

Facts And Circumstances Test

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493136036720

Internal Revenue Service

2

3

1

3

3

5

2

5

SCHEDULE C (Form 990 or 990-

EZ) Open to Public ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE QUEEN'S MEDICAL CENTER 99-0073524 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

Grassroots lobbying expenditures

expenditure next year?

Return Reference

Part IV

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

activity

(b)

Amount

(a)

No

Yes

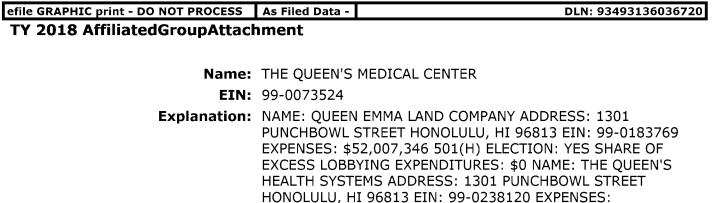
<u>4</u>

### During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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 Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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

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

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying



\$120,629,105 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: \$0 NAME: THE QUEEN'S MEDICAL CENTER ADDRESS: 1301 PUNCHBOWL STREET HONOLULU, HI 96813 EIN: 99-0073524 EXPENSES: \$1,057,055,826 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: \$0 NAME: MOLOKAI GENERAL HOSPITAL ADDRESS: P.O. BOX 408 KAUNAKAKAI MOLOKAI, HI 96748 EIN: 99-0251372 EXPENSES: \$11,352,731 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: \$0 NAME: QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL ADDRESS: 67-1125 MAMALAHOA

HIGHWAY KAMUELA, HI 96743-8496 EIN: 99-0260423 EXPENSES: \$49,406,204 501(H) ELECTION: NO SHARE OF

EXCESS LOBBYING EXPENDITURES: \$0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493136036720 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** THE QUEEN'S MEDICAL CENTER 99-0073524 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t 1111	Organizations Ma	aintaining Coll	ections of Art	, Histori	cal T	reası	ıres, oı	Other	Similar As	sets (cont	inued)	
3		g the organization's acqu s (check all that apply)	uisition, accession	, and other recor	ds, check	any of	the fo	llowing t	hat are a	sıgnıfıcant u	se of its col	lection	
а		Public exhibition			d		Loan	or excha	ange prog	rams			
b		Scholarly research			е		Othe	r					
С		Preservation for future	generations										
4	Provi Part )	de a description of the o	organization's coll	ections and expla	ain how the	ey furtl	ner the	e organız	ation's ex	empt purpo	se in		
5		ng the year, dıd the orga s to be sold to raise fun								ılar	☐ Yes	□ N-	o
Pai	rt IV	Escrow and Custon Complete of the organization (Complete of the Organization)			Form 990	, Part	IV, lı	ne 9, oi	reporte	d an amou	nt on Forr	า 990,	Part
1a		e organization an agent, ded on Form 990, Part X		n or other intern	nediary for	contri	bution	s or othe	er assets i	not	☐ Yes	□ N	o
ь	If "Y∈	es," explain the arrange	ment in Part XIII	and complete the	e following	table				Aı	mount		_
c		nning balance		·	-			l	1c				_
d	_	ions during the year						l	1d				_
е	Dıstrı	butions during the year							1e				_
f	Endın	ng balance							1f				_
2a	Did tl	he organization include	an amount on Fo	rm 990. Part X. lı	ne 21. for	escrow	or cu	Istodial a	ccount lia	bility?	☐ Yes	□ N-	_ n
		es," explain the arrange									_		· ·
	rt V	Endowment Fund											
		Endownient rune	13. Complete ii	(a)Current year		rior yea			ears back	(d)Three yea		Four year	s back
<b>1</b> a	Beginn	ning of year balance .		7,677,3		8,236		. , ,	7,336,646		186,419		061,260
b	Contrib	butions		1,0	00	2	2,500		1,000		1,000		1,000
С	Net inv	vestment earnings, gain	s, and losses	442,4	55	657	7,875		905,766	-:	135,813	- :	128,985
d	Grants	or scholarships		89,6	72	82	2,401		5,948		14,000		19,000
е		expenditures for facilitie	es	587,6	58	1,137	7,297		745		960	(	685,826
f	Admını	istrative expenses .											
g	End of	year balance		7,443,5	21	7,677	7,396		8,236,719	7,3	336,646	7,4	486,419
2	Provi	de the estimated percer	ntage of the curre	nt year end balar	nce (line 1	g, colu	mn (a	)) held a	s				
а	Board	d designated or quasi-er	ndowment 🟲										
b	Perm	anent endowment 🟲	80 000 %										
c	Temp	porarily restricted endow	vment ► 20 0	00 %									
		percentages on lines 2a,	•										
3а		here endowment funds	not in the possess	sion of the organi	zation tha	t are h	eld an	d admını	stered for	r the			
	-	nization by nrelated organizations									3a(i)	Yes	No No
	• •	related organizations .				•					3a(ii)	+	No
b		es" on $3a(\pi)$ , are the relation				dule R	?				3b		
4		ribe in Part XIII the inte											
Pai	rt VI	Land, Buildings,											
		Complete of the org											
	Descri	iption of property	(a) Cost or oth (ınvestmei		ost or other	Dasis (	other)	(c) Acc	umulated d	epreciation	(d) E	ook value	e 
1a	Land					43,32	23,615					43	,323,615
b	Buildin	ngs [				608,95	53,991			369,898,699		239	,055,292
c	Leaseh	nold improvements				15,84	40,909			12,119,323		3	,721,086
d	Equipn	ment				271,33	34,874			214,283,007		57	,051,867

20,781,726

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

20,781,726

363,933,586

Part VII Investments—Other Securities. Complete if the	ne organization answ	ered "Yes" on Form 990,	Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b) Book value	(c) Method	of valuation
(including name of security)	(B) Book value		ear market value
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other(A) POOLED INVESTMENTS-NON PUBLIC	504,656,124	F	=
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	504,656,124		
Part VIII Investments—Program Related.		00 11c Soo Form 000 Pr	ort V. Juno 13
Complete if the organization answered 'Yes' on F  (a) Description of investment	(b) Book value	(c) Method	of valuation
(1)		Cost or end-of-y	ear market value
(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	L'Veel on Form 200 Par	+ IV   line 11d   Coe Ferm 000	O Dowle V June 15
(a) Description	r res on rollin 990, Par	tiv, mie ilu See ionn 990	(b) Book value
(1) DUE FROM AFFILIATES (2) OTHER ASSETS-RESTRICTED FOR LT			672,365,079 952,572
(3) DEFERRED RENT			109,420
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities. Complete if the organization a			673,427,071
See Form 990, Part X, line 25.			01 111.
1. (a) Description of liability (1) Federal income taxes	<b>(b)</b> Bo	ook value	
DUE TO AFFILIATES		0 550,571,607	
DUE TO GOVERNMENT		23,423,515	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>▶</b>	573,995,122	
2. Liability for uncertain tax positions. In Part XIII, provide the text of			·

Schedule D (Form 990) 2018

Page 4

	Complete if the organi	ization answered 'Yes' on Form 990, Part	: IV, I	ne 12a.		_
1	Total revenue, gains, and other si	upport per audited financial statements	•		1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ities	2b			
С	Recoveries of prior year grants		<b>2</b> c			
d	Other (Describe in Part XIII ) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included	d 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 4d	c. (This must equal Form 990, Part I, line 12 )			5	
Par		penses per Audited Financial Statem Ization answered 'Yes' on Form 990, Part			Retur	n.
1		dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ities	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18	) .		5	
Pai	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9, Part III, lines 1a and as 2d and 4b Also complete this part to provide			t V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					
						_

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software ID:

Software Version: EIN: 99-0073524

Name: THE QUEEN'S MEDICAL CENTER

## Supplemental Information

## ion

# Return Reference Explanation SCHEDULE D, PART V, LINE 4 INTENDED USE OF ENDOWMENT FUNDS THE QUEEN'S MEDICAL CENTER USES THE EARNING

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS THE QUEEN'S MEDICAL CENTER USES THE EARNINGS ON PERMANENTL
Y ENDOWED INVESTMENTS FOR THE PURPOSES INTENDED BY THE DONORS OF THESE FUNDS

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE QHS EVALUATES ITS UNCERTAIN TAX POSITIONS AND HAS NO MATERIAL UNRECOGNIZED TAX POSITIONS AS OF JUNE 30, 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

DLN: 93493136036720

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

**Employer identification number** THE QUEEN'S MEDICAL CENTER 99-0073524 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136036720 OMB No 1545-0047 SCHEDULE H **Hospitals** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. Department of the ▶ Attach to Form 990. Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Name of the organization **Employer identification number** THE QUEEN'S MEDICAL CENTER 99-0073524 Part I Financial Assistance and Certain Other Community Benefits at Cost Yes No Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a 1a Yes If "Yes," was it a written policy? **1**b Yes If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ✓ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities Generally tailored to individual hospital facilities 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 Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care Yes 3а ☐ 100% ☑ 150% ☐ 200% ☐ Other b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care 3b Yes □ 200% ☑ 250% □ 300% □ 350% □ 400% □ Other c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 4 Yes Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5a Yes b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? Yes 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? 5c Nο Did the organization prepare a community benefit report during the tax year? Y<u>es</u> 6a b If "Yes," did the organization make it available to the public? 6b Yes Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Financial Assistance and Certain Other Community Benefits at Cost **Financial Assistance and** (a) Number of (b) Persons served (c) Total community (d) Direct offsetting (e) Net community (f) Percent of activities or programs Means-Tested (optional) benefit expense revenue benefit expense total expense (optional) **Government Programs** Financial Assistance at cost (from Worksheet 1) 2,991,000 2,991,000 0 270 % Medicaid (from Worksheet 3, column a) 117,429,000 61,048,000 56,381,000 5 080 % c Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs 120,420,000 61,048,000 59,372,000 5 350 % Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) 15,975,000 15,975,000 1 440 % Health professions education (from Worksheet 5) 17,233,000 17,233,000 1 550 % Subsidized health services (from 6,571,000 Worksheet 6) 8,617,000 2.046.000 0 180 % Research (from Worksheet 7) 692,000 692,000 0 060 % Cash and in-kind contributions for community benefit (from Worksheet 8) 3,246,000 3,246,000 0 290 % j Total. Other Benefits 45,763,000 6,571,000 39,192,000 3 530 % k Total. Add lines 7d and 7j 67,619,000 166,183,000 98,564,000 8 890 % For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50192T Schedule H (Form 990) 2018

Sch	edule H (Form 990) 2018									F	Page <b>2</b>
Pa	during the tax year communities it ser	r, and describe in									ities
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total commun building expense		<b>(d)</b> Direct of revenu		(e) Net commune building expenses		(f) Pero total ex	
1	Physical improvements and housing										
2	Economic development			9,0	000			9	,000		0 %
	Community support										
	Environmental improvements  Leadership development and								$\dashv$		
	training for community members										
	Coalition building										
<i>-</i>	Community health improvement advocacy										
8_	Workforce development								_		
	Other T-1-1				200				000		0.0/
	Total  rt IIII Bad Debt, Medica	are, & Collection	Practices	9,0	000			9	,000		0 %
1	tion A. Bad Debt Expense  Did the organization report b No 15?				Mana •	gement As	sociatio	n Statement	1	Yes Yes	No
2	Enter the amount of the orga methodology used by the org					2		53,921,000			
3	Enter the estimated amount	of the organization's	bad debt expense	attributable to pai	ents			33,321,000			
	eligible under the organization methodology used by the organization				v fo	-					
	including this portion of bad				19, 10	ˈ <sub>3</sub>		53,921,000			
4	Provide in Part VI the text of				at de	scribes ba	d debt e	xpense or the			
<b>.</b>	page number on which this f	ootnote is contained	in the attached fina	ancial statements							
<b>5е</b> с	tion B. Medicare  Enter total revenue received	from Medicare (incli	iding DSH and IME)			5		281,340,100			
6	Enter Medicare allowable cos	,	-			6		314,860,092			
7	Subtract line 6 from line 5 T	<del>-</del>				7		-33,519,992			
8	Describe in Part VI the exten Also describe in Part VI the o Check the box that describes	osting methodology						t			
	☐ Cost accounting system	☐ Cost	to charge ratio	<b>☑</b> c	ther						
Sec	tion C. Collection Practices										
9a b	If "Yes," did the organization	s collection policy th	at applied to the la	rgest number of i	ts pat	tients durir			9a	Yes	
Pa	contain provisions on the col Describe in Part VI Irt IV Management Com	<u> </u>	<u> </u>			<u>: : .</u>			9b	Yes	-tions)
	(a) Name of entity		Description of primary			anization's		Officers, directors,		) Physic	
			activity of entity			or stock rship %	emp	ustees, or key doyees' profit % ock ownership %		ofit % or wnershi	
1											
2											
3 ——											
4											
5 							-				
6 7							-				
<del></del>							-				
<del>-</del>											
10											
11											
12											
13											
_		1					1	Schedule I	l (Fo	rm 990	) 2018

6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes." list the other hospital facilities in Indicate the tax year the hospital facility last adopted an implementation strategy 20 18 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . 10 No

If "Yes" (list url)

12a No 12b 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? \$ Schedule H (Form 990) 2018

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

**10b** Yes

		Income level other than FPG (describe in Section C)			
		Asset level			
	d ✓	Medical indigency			
	e 🗸	Insurance status			
	f✓	Underinsurance discount			
	g 🗌	Residency			
	h 🗸	Other (describe in Section C)			
14	Exp	plained the basis for calculating amounts charged to patients?	14	Yes	
15	Exp	olained the method for applying for financial assistance?	15	Yes	
		Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the thod for applying for financial assistance (check all that apply)			
	a 🗸	Described the information the hospital facility may require an individual to provide as part of his or her application			
		Described the supporting documentation the hospital facility may require an individual to submit as part of his or			
		her application			
	c <u>√</u>	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ✓	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	е 🗌	Other (describe in Section C)			
16		s widely publicized within the community served by the hospital facility?	16	Yes	
	If "	Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a 🗸	The FAP was widely available on a website (list url)			
İ		SEE PART V, SECTION C			
	ь 🗸	The FAP application form was widely available on a website (list url)			
		SEE SECTION C			
	c 🗸	A plain language summary of the FAP was widely available on a website (list url)			

SEE PART V, SECTION C		
b ☑ The FAP application form was widely available on a website (list url)  SEE SECTION C		
c 🗹 A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C		
d 🗹 The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e 🗹 The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h 🗹 Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☑ Other (describe in Section C)		
Schedule	H (Form	990) 2018

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?

Policy Relating to Emergency Medical Care

If "Yes," explain in Section C

Schedule H (Form 990) 2018		
Part V Facility Information (con	tinued)	
5a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e nospital facility in a facility reporting gr	on for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3], 5, e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each roup, designated by facility reporting group letter and hospital facility line number from Part 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation	
See Add'l Data		
	Schedule H (Form 990) 2018	

Schedule H (Form 990) 2018		
Part V Facility Information (continued)		
Section D. Other Health Care Facilities That Are Not Licens (list in order of size, from largest to smallest)	ed, Registered, or Similarly Recognized as a Hospital Facility	
How many non-hospital health care facilities did the organization	operate during the tax year?	
Name and address	Type of Facility (describe)	
1 See Additional Date	a Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		
	Schedule H (Form 990) 2018	

Schedule H (Form 990) 2018 Page **10** Part VI Supplemental Information Provide the following information 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 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 2 reported in Part V. Section B 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 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves Promotion of community health. Provide any other information important to describing how the erganization's health facilities or other

5	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

90 Schedule H, Supplemental Information				
Form and Line Reference	Explanation			
SCHEDULE H, PART I, LINE 6	COMMUNITY BENEFIT REPORT - RELATED ORGANIZATION COMMUNITY BENEFITS ARE REPORTED ANNUALLY AS PART OF THE FORM 990 THIS IS NOT SEPARATELY AVAILABLE TO THE PUBLIC A FORMAL REPORT ISSUED BY THE PARENT COMPANY, THE QUEEN'S HEALTH SYSTEMS, INCLUDES THE COMMUNITY BENEFITS OF THE QUEEN'S MEDICAL CENTER THIS REPORT IS PUBLISHED PERIODICALLY AND IS SEPARATELY AVAILABLE TO THE PUBLIC			

# SCHEDULE H, PART I, LINE 7 THE COSTING METHODOLOGY CONSIDERS ALL PATIENT SEGMENTS. AMOUNTS REPRESENT THE NET

COSTS FOR THE VARIOUS PROGRAMS AND OPERATIONS, CONSIDERING ACTUAL AMOUNTS INCURRED AND CALCULATED BENEFITS BASED ON COST-TO-CHARGE RATIOS AND AVERAGE RATES (I E WAGE RATES)

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	THE QUEEN EMMA CLINICS PROVIDE COMPREHENSIVE PATIENT CARE TO INDIGENT PATIENTS AND SERVE A LARGE HOMELESS POPULATION
SCHEDULE H, PART II, LINE 10	COMMUNITY BUILDING ACTIVITIES IN ORDER TO MAINTAIN NECESSARY LIFE SUPPORT, DIAGNOSTIC AND OPERATING SYSTEMS, IN THE EVENT OF AN EMERGENCY, QMC SIGNIFICANTLY UPGRADED ITS

990 Schedule H, Supplemental Information

POWER PLAN BY ADDING TWO NEW GENERATORS THAT ARE CAPABLE OF PROVIDING ELECTRICAL
POWER FOR THE MEDICAL CENTER QMC IS THE ONLY LEVEL I TRAUMA CENTER IN THE STATE OF
HAWAII IN ORDER TO PROVIDE ACCESS TO ITS EMERGENCY DEPARTMENT AND HOSPITAL, QMC, IN
CONJUNCTION WITH THE STATE DEPARTMENT OF TRANSPORTATION AND CITY DEPARTMENT OF

TRANSPORTATION SERVICES. SUPPORTED THE CONSTRUCTION OF THE KINAU OFF-RAMP.

QMC PROVIDES AN ALLOWANCE AGAINST ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE BY ESTABLISHING AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE QMC ESTIMATES THE ALLOWANCE BASED ON THE AGING OF THE ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR AND OTHER RELEVANT FACTORS QMC PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (PATIENTS ARE NOT BILLED - CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY (BAD DEBTS) THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER QMC'S FINANCIAL ASSISTANCE POLICY IS CALCULATED BASED ON THE COST-TO-CHARGE RATIO THE HOSPITAL ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS UPDATE 2014-09 TOPIC 606 (ASU 606) EFFECTIVE JULY 1, 2018 ASU 606 AND THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) DIFFERENTIATE BAD DEBT FROM IMPLICIT PRICE CONCESSIONS THE HOSPITAL MAKES A DETERMINATION REGARDING A PRICE CONCESSION TO STANDARD PRICING ON A PORTFOLIO BASIS PRIOR TO ASSESSING THE CREDIT RISK OF INDIVIDUALS WITHIN THE PORTFOLIO PATIENT SERVICE REVENUE IS RECORDED NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, INCLUDING AN ESTIMATE FOR IMPLICIT PRICE CONCESSIONS BAD DEBT IS RECORDED AS AN OPERATING EXPENSE AND RESULTS WHEN A PATIENT, DETERMINED TO HAVE
THE FINANCIAL CAPACITY TO PAY FOR HEALTHCARE SERVICES, IS UNWILLING TO DO SO THE AMOUNT SHOWN ON PART III, LINE 2 IS THE PRICE CONCESSION AMOUNT FOR THE TAX YEAR ENDED JUNE 30, 2019

Explanation

PATIENTS AND THIRD-PARTY PAYORS AND ARE RECORDED NET OF AMOUNTS FOR CONTRACTUAL

990 Schedule H, Supplemental Information

Form and Line Reference

SCHEDULE H, PART III, LINE 4

BAD DEBT EXPENSE FOOTNOTE QMC PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE
THE ABILITY TO PAY (PATIENTS ARE NOT BILLED - CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY
(BAD DEBTS) THE AUDITED FINANCIAL STATEMENTS DO NOT DESCRIBE BAD DEBT EXPENSE THE
AUDITED FINANCIAL STATEMENTS DO DESCRIBE THE RECEIVEABLES FOR PATIENT SERVICES
"ACCOUNTS RECEIVABLE PRIMARILY COMPRISE AMOUNTS DUE FOR HEALTHCARE SERVICES FROM

ADJUSTMENTS, IMPLICIT PRICE CONCESSIONS AND BAD DEBTS "

990 Schedule H, Supplemental Information				
Form and Line Reference	Explanation			
SCHEDULE H, PART III, LINE 8	MEDICARE COSTING METHODOLOGY THE MEDICARE AMOUNTS ABOVE ARE CALCULATED WITH DATA FROM THE JUNE 30, 2019 COST REPORT, USING THE STEP DOWN METHOD CONSISTENT WITH REPORTING REQUIREMENTS, THERE ARE AMOUNTS EXCLUDED FROM THE COSTS LISTED IN LINE 6 WHEN USING THE FULLY ALLOCATED COST CALCULATION, THE MEDICARE SHORTFALL WAS APPROXIMATELY \$78,538,000 TREATMENT OF MEDICARE SHORTFALL COMMUNITY BENEFIT THE HOSPITAL MUST TREAT PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THE GOVERNMENT SETS NON-NEGOTIABLE MEDICARE RATES AND THE REIMBURSEMENT HAS NOT KEPT PACE WITH THE RISING COSTS OF PROVIDING THESE SERVICES DUE TO THE REQUIREMENT TO PROVIDE CARE AND THE INABILITY OF THE MEDICARE REIMBURSEMENT TO KEEP PACE WITH THE COST OF PROVIDING SERVICES, WE FEEL THAT THE LOSS FROM SERVICES PROVIDED TO MEDICARE BENEFICIARIES IS PART OF QMC'S MISSION AND IS A BENEFIT TO THE COMMUNITY			
SCHEDULE H, PART III, LINE 9B	APPLICATION OF THE COLLECTION PRACTICES TO THOSE QUALIFYING FOR FINANCIAL ASSISTANCE EVERY ATTEMPT IS MADE BEFORE DISCHARGE TO SCREEN PATIENTS WHO HAVE NO DOCUMENTATION OF MEDICAL INSURANCE FOR POSSIBLE ELIGIBILITY FOR DISCOUNTED CARE NON-ER OUTPATIENTS WITH NO MEDICAL INSURANCE ARE REFERRED TO THE PATIENT'S PHYSICIAN FOR A DETERMINATION OF URGENT OR EMERGENCY CARE STATUS CHARITY CARE DISCOUNTS ARE BASED ON FINANCIAL NEED WHICH IS DETERMINED BY INCOME AND ASSET THRESHOLDS BASED ON FEDERAL POVERTY LEVELS AND IN COMPLIANCE WITH FEDERAL RULES AND REGULATIONS PATIENTS ARE REQUESTED TO COMPLETE A DISCOUNTED CARE APPLICATION AND MUST SUBMIT INCOME AND ASSET VERIFICATION DOCUMENTS PATIENTS MAY ALSO BE DEEMED ELIGIBLE FOR QMC DISCOUNTED CARE BASED ON PRIOR OR SUBSEQUENT MEDICAID ELIGIBILITY ONCE ELIGIBILITY FOR QMC DISCOUNTED CARE IS CONFIRMED, A PAYMENT PLAN IS DISCUSSED WITH THE PATIENT BILLING STATEMENTS FOR PATIENTS ARE MAILED MONTHLY TO ALL PATIENTS WITH SELF PAY BALANCES, INCLUDING PATIENTS WITH BALANCES AFTER QMC DISCOUNTED CARE IS APPLIED BILLING STATEMENTS FOR PATIENTS WITH NO INSURANCE INCLUDE A STATEMENT ADVISING THEM TO CALL THE NUMBER ON THE STATEMENT TO DISCUSS OPTIONS FOR FINANCIAL ASSISTANCE			

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM QMC IS A MEMBER OF THE QUEEN'S HEALTH SYSTEMS (QHS) AFFILIATED GROUP THE GROUP ALSO INCLUDES QUEEN EMMA LAND COMPANY (QEL), QUEEN'S INSURANCE EXCHANGE (QIE), QUEEN'S DEVELOPMENT CORPORATION (QDC), MOLOKAI GENERAL HOSPITAL (MGH) AND QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL (NHCH) QHS PROVIDED LEGAL, ACCOUNTING AND ADMINISTRATIVE SUPPORT SERVICES TO QMC AND QIE PROVIDED MEDICAL MALPRACTICE INSURANCE TO QMC AFFILIATE ORGANIZATIONS OF THE QUEEN'S HEALTH SYSTEMS OPERATE THE ONLY HOSPITAL ON THE ISLAND OF MOLOKAIL OPERATE THE QUIEEN'S NORTH HAWAII

OPERATE THE ONLY HOSPITAL ON THE ISLAND OF MOLOKAT, OPERATE THE QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL ON THE BIG ISLAND, PROVIDE DIAGNOSTIC LABORATORY SERVICES, OPERATE

PHARMACIES AND PROVIDE THE HOSPITALS WITH GENERAL AND PROFESSIONAL LIABILITY INSURANCE

STATE FILING OF COMMUNITY BENEFIT REPORT N/A

990 Schedule H, Supplemental Information

SCHEDULE H, PART VI, LINE 7

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 99-0073524

Name: THE QUEEN'S MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities										
Section A. Hospital Facilities  (list in order of size from largest to smallest—see instructions)  How many hospital facilities did the organization operate during the tax year?  1  Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children s hospital	Teaching hospital	Oritical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1 THE QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813 WWW QUEENS ORG 29-H	X	X		X		X	X		Other (Beschbe)	reporting group

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 11, 3, 4,

OF THE CHNA

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 3ETHE 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 INPUT FROM COMMUNITY REPRESENTATIVES OUR CONSULTANT, ISLANDER INSTITUTE CREATED AN INITIAL LIST OF PEOPLE WHO COULD SHED LIGHT ON QUESTIONS OF HEALTH, SOCIAL DETERMINANTS, AND THE CIRCUMSTANCES IN VARIOUS COMMUNITIES THE INITIAL LIST INCLUDED EXPERTS AND AUTHORITIES WITH WHOM ISLANDER INSTITUTE HAD EXISTING RELATIONSHIPS BASED ON ITS MANY YEARS OF WORKING IN HAWAII THROUGHOUT THE MONTHS OF CONVERSATIONS. PEOPLE SUGGESTED OTHERS TO TALK TO AND HELPED MAKE CONNECTIONS IN TOTAL, ISLANDER INSTITUTE SPOKE WITH ROUGHLY 200 PEOPLE FROM SIX ISLANDS IN PERSON OR OVER THE PHONE. IN A ONE-ON-ONE FORMAT OR IN SMALL GROUPS, AND IN FORMAL OR INFORMAL SETTINGS A FULL LIST OF KEY INFORMANTS WHOSE VIEWS INFLUENCED THIS REPORT CAN BE FOUND IN APPENDIX E OF THE ICHNA THE CONVERSATIONS BEGAN WITH A FEW GENERAL OUESTIONS, AND KEY INFORMANTS WERE ENCOURAGED TO DELVE INTO WHATEVER THEY FELT WAS MOST IMPORTANT TO SHARE WHEN APPROPRIATE, THEY SHARED ABOUT THEIR OWN PERSONAL EXPERIENCES AND/OR PROFESSIONAL CONNECTION TO HEALTH AMONG THE KEY INFORMANTS, ISLANDER INSTITUTE ALSO MET WITH REPRESENTATIVES OF EACH OF THE 19 PARTICIPATING HOSPITAL FACILITIES TO BEST UNDERSTAND THEIR ENGAGEMENT WITH THE CHNA AND THE COMMUNITIES THEY SERVE THESE CONVERSATIONS. HELPED ILLUMINATE INTERESTS, CAPACITIES, AND MISSIONS OF EACH FACILITY AND SHED LIGHT ON LIMITATIONS AND USES OF PREVIOUS CHNAS AND THE POTENTIAL FOR THIS CHNA AS PART OF THE 2013 AND 2015 CHNAS, KEY INFORMANTS WERE ALSO INTERVIEWED A FEW OF THE SAME PERSONS PARTICIPATED IN THIS YEAR'S PROCESS, WHILE OTHERS FELT THEY HAD ALREADY SHARED WHAT THEY HAD TO SAY IN THE PREVIOUS PROCESS(ES) RATHER THAN RE-INTERVIEW MANY OF THE SAME PEOPLE IN THE SAME POSITIONS, ISLANDER INSTITUTE OBTAINED THE INFORMANT INTERVIEW NOTES FROM

THE PAST TWO CHNAS. REVIEWED THEM, AND INCORPORATED THOSE VIEWS THAT WERE STILL TIMELY

INTO THIS PROCESS A FULL LIST OF THE REVIEWED PAST INTERVIEWS CAN BE FOUND IN APPENDIX F

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6j, 7, 10, 11, 12j, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility

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

in a facility reporting group, designated by "Facility A." "Facility B." etc.

Form and Line Reference  Explanation  CHADULE H, PART V, SECTION B, LINE 6A CHNA HOSPITAL FACILITIES NINETEEN HEALTHCARE ASSOCIATION OF HAWAII (HAH) MEMBER HOSPITALS CONTRIBUTED TO THE PRODUCTION OF THIS CHNA ADVENTIST HEALTH CASTLE KAHI MOHALA KAHUKU MEDICAL CENTER KAISER FOUNDATION HOSPITAL - HONOLULU KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN KUAKINI MEDICAL CENTER KULA HOSPITAL LANA'I COMMUNITY HOSPITAL MAUI MEMORIAL MEDICAL CENTER MOLOKAI GENERAL HOSPITAL QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL PALI MOMI MEDICAL CENTER THE QUEEN'S MEDICAL CENTER THE QUEEN'S MEDICAL CENTER - WEST O'AHU REHABILITATION HOSPITAL OF THE PACIFIC SHRINERS HOSPITALS FOR CHILDREN - HONOLULU STRAUB MEDICAL CENTER WAHIAWA GENERAL HOSPITAL WILCOX MEDICAL CENTER	
HOSPITALS CONTRIBUTED TO THE PRODUCTION OF THIS CHINA ADVENTIST HEALTH CASTLE KAHI MOHALA KAHUKU MEDICAL CENTER KAISER FOUNDATION HOSPITAL - HONOLULU KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN KUAKINI MEDICAL CENTER KULA HOSPITAL LANA'I COMMUNITY HOSPITAL MAUI MEMORIAL MEDICAL CENTER MOLOKAI GENERAL HOSPITAL QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL PALI MOMI MEDICAL CENTER THE QUEEN'S MEDICAL CENTER THE QUEEN'S MEDICAL CENTER - WEST O'AHU REHABILITATION HOSPITAL OF THE PACIFIC SHRINERS HOSPITALS FOR CHILDREN - HONOLULU STRAUB MEDICAL CENTER WAHIAWA GENERAL HOSPITAL WILCOX	=,
	MOSPITALS CONTRIBUTED TO THE PRODUCTION OF THIS CHNA ADVENTIST HEALTH CASTLE KAHI MOHALA KAHUKU MEDICAL CENTER KAISER FOUNDATION HOSPITAL - HONOLULU KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN KUAKINI MEDICAL CENTER KULA HOSPITAL LANA'I COMMUNITY HOSPITAL MAUI MEMORIAL MEDICAL CENTER MOLOKAI GENERAL HOSPITAL QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL PALI MOMI MEDICAL CENTER THE QUEEN'S MEDICAL CENTER THE QUEEN'S MEDICAL CENTER - WEST O'AHU REHABILITATION HOSPITAL OF THE PACIFIC SHRINERS HOSPITALS FOR CHILDREN - HONOLULU STRAUB MEDICAL CENTER WAHIAWA GENERAL HOSPITAL WILCOX

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

Form and Line Reference Explanation

SCHEDULE H, PART V, SECTION B, LINE 6B WITH ISLANDER INSTITUTE TO CONDUCT A CHNA FOR THE PEOPLE AND THE ISLANDS OF HAWAII

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 11, 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

Form and Line Reference	Explanation
SCHEDULE H. PART V. SECTION B.	WEBSITE WHERE THE QUEEN'S MEDICAL CENTER FACILITY'S CHNA CAN BE ACCESSED

In a facility reporting group, designated by "Facility A." "Facility B." etc.

https://www.gueens.org/about-us/community-benefit-ghs LINE 7A

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1], 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 n a facility reporting group, designated by "Facility A," "Facility B," etc.							
Form and Line Reference	Explanation						
SCHEDULE H, PART V, SECTION B, LINE 11	NEEDS ASSESSED TOGETHER, THE HEALTHCARE ASSOCIATION OF HAWAII (HAH) MEMBER HOSPITALS PRIOR ITIZED THE AREAS OF NEED FOR THE STATE THE TOP RANKED GOALS WERE 1 SECURE THE BASIC FOU NDATIONS SO THAT PEOPLE CAN HAVE MORE CONTROL OVER THEIR OWN HEALTH, 1 1 ADDRESS FINANCIAL INSECURITY 1 2 WORK TOGETHER FOR EQUALITY AND JUSTICE 1 3 STRENGTHEN FAMILIES 1 4 PREPARE FOR EMERGENCIES 1 5 BUILD GOOD FOOD SYSTEMS 2 PRESERVE, NURTURE, EXPAND, AND EMPLOY THE HEALING PROPERTIES OF COMMUNITY, 2 1 RESTORE ENVIRONMENT AND SENSE OF PLACE 2 2 NURTURE CO MMUNITY IDENTITY AND COHESIVENESS 2 3 INVEST IN TEENAGERS AND HEALTH YSTARTS 2 4 SHIFT KUP UNA AWAY FROM "SICK CARE" 3 IMPROVE THE RELATIONSHIP BETWEEN PEOPLE AND THE HEALTHCARE SYSTEM 3 1 STRENGTHEN TRUST IN HEALTHCARE 3 2 PROVIDE ACCESSIBLE, PROACTIVE SUPPORT FOR THOS E WITH HIGH NEEDS SENIOR MANAGEMENT OF THE QUEEN'S HEALTH SYSTEMS (QUEEN'S), THE NONPROFIT PARENT COMPANY OF A FAMILY OF HEALTH CARE-RELATED COMPANIES THAT INCLUDES THE QUEEN'S MED ICAL CENTER (QMC), QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL (NHCH) AND MOLOKAI GENERAL HOSP ITAL (MGH), DISCUSSED THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THIS ASSESSMENT AND SELECTE D GOAL 3 2 AS THE GOAL FOR THE SYSTEM (QUEEN'S SENIOR MANAGEMENT TEAM INCLUDES THE PRESID ENT AND CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, OPERATING ENTITY HEADS, CLINICAL LEADERS [PHYSICIANS AND SERVICE LINES], AND THOSE RESPONSIBLE FOR SYSTEM-WIDE FUNCTIONS S UCH AS HUMAN RESOURCES, FINANCE, ENDOWMENT, LEGAL, CORPORATE DEVELOPMENT, INFORMATION TECH NOLOGY, AND COMMUNITY DEVELOPMENT) STATEWIDE PRIORITY 3 2 WAS IDENTIFIED AS A HIGHEST NEE D AREA ON THE ISLANDS OF HAWAII, MAUI, MOLOKAI, AND OAHU AS QHS HAS HOSPITALS ON THREE OF THESE ISLANDS, ALL OF THE HOSPITALS, INCLUDING QMC, SELECTED THIS PRIORITY AS THEIR PRIOR ITY AREA THE REASONS CONSIDERED IN SELECTING THIS PRIORITY INCLUDE 1 QUEEN'S MISSION AND THE FOCUS ON NATIVE HAWAIIANS "TO FUFFILL THE INTENT OF QUEEN EMMA AND KING KAMEHAMEH A IV TO PROVIDE IN PERPETUITY QUALITY HEALTH CARE SERVICES TO IMPR						

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 11, 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 Y2020 - FY2022) 1 1 REDUCE BARRIERS TO ACCESSING PRIMARY CARE AND SPECIALTY CARE IN THE SCHEDULE H, PART V, SECTION B, LINE WE ST O'AHU COMMUNITY (E.G., INCREASING ACCESS TO TRANSPORTATION, SUPPORTING NAVIGATION OF PA TIENTS THROUGHOUT CONTINUUM OF CARE) 1 2 WORK WITH COMMUNITY ORGANIZATIONS TO IMPROVE ACC ESSIBILITY TO QUEEN EMMA CLINICS SERVICES FOR AT-RISK YOUTH 2 PROMOTE QUALITY PATIENT CA RE AND PATIENT ENGAGEMENT BY INCREASING CULTURAL AWARENESS, KNOWLEDGE, AND PRACTICES (FY20 20 - FY2022) 2 1 EXPAND SERVICES AND SUPPORT FOR PROVIDERS, STAFF, AND COMMUNITY TO ENHANC E CULTURAL AWARENESS AND PRACTICE AT OMC-WO 2 2 COLLABORATE WITH KAPI'OLANI COMMUNITY COL LEGE TO REDESIGN THE COURSE CURRICULUM FOR THE COMMUNITY HEALTH WORKER PROGRAM TO INCLUDE CULTURALLY-RESPONSIVE APPROACHES FOR OTHER AREAS NOT DIRECTLY ADDRESSED, THE QUEEN'S MEDI CAL CENTER RECOGNIZES THE IMPORTANCE OF THESE NEEDS AND HAS SUPPORTED EFFORTS TO ADDRESS M ANY OF THEM ALTHOUGH QMC WILL NOT DIRECTLY BE ADDRESSING ALL AREAS OF

NEED, WE HAVE SUPPO RTED AND PARTNERED WITH OTHERS TO ADDRESS SEVERAL OF THEM AND WILL CONTINUE TO SUPPORT OPP ORTUNITIES TO ADDRESS COMMUNITY HEALTH NEEDS IN COLLABORATION WITH OTHERS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 11, 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

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

in a facility reporting group, designated	by "Facility A," "Facility B," etc.
Form and Line Reference	Explanation

SCHEDULE H, PART V, SECTION B, LINE 13B INCOME LEVEL OTHER THAN FPG FOR CITIZENS OF FOREIGN COUNTRIES, THE INCOME QUALIFYING LEVEL IS BASED ON THE RESIDENT'S COUNTRY'S MINIMUM WAGE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1<sub>1</sub>, 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

SCHEDULE H, PART V, SECTION B, LINE

13H

OTHER ELIGIBILITY CRITERIA MEDICARE OR MEDICAID/QUEST ELIGIBILITY SCHEDULE H, PART V, LINES

16A, 16B, & 16C THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE

SUMMARY IS WIDELY AVAILABLE ON THE QUEEN'S MEDICAL CENTER WEBSITE AT

https://www.queens.org/the-queens-medical-center/patients-and-visitors/pay-your-bill-pamc

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 11, 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
16J	OTHER METHOD FOR PUBLICIZING POLICIES NOTICES THAT FINANCIAL ASSISTANCE IS AVAILABLE ARE POSTED IN ALL PATIENT REGISTRATION, BILLING OFFICE AND EMERGENCY DEPARTMENT AREAS THESE NOTICES DO NOT CONTAIN THE FULL DETAILED TEXT OF THE POLICY REGISTRATION PERSONNEL ARE KNOWLEDGEABLE TO ASSIST PATIENTS WITH QUESTIONS AND ARE ABLE TO GIVE

THEM THE FINANCIAL ASSISTANCE APPLICATION

	Facilities That Are Not Licensed, Registered, or Similarly Recognized as
	are Not Licensed, Registered, or Similarly Recognized as a Hospital
ın order of sıze, from largest to smallest)	
many non-hospital health care facilities did th	ne organization operate during the tax year?
ne and address	Type of Facility (describe)
QUEEN'S HEARTGERIATRICS 550 S BERETANIA STREET STE 601 HONOLULU, HI 96813	CARDIAC CARE CENTER
QMC - ENDOSCOPY 550 S BERETANIA STREET STE 701 HONOLULU, HI 96813	ENDOSCOPY SERVICES
QMC - PAIN & SPINE 550 S BERETANIA STREET STE 703/70 HONOLULU, HI 96813	PAIN AND SPINE CLINIC
QMC - RADIOLOGY 550 S BERETANIA STREET STE B-1 HONOLULU, HI 96813	RADIOLOGY SERVICES
550 S BERETANIA STREET STE 501	GASTROENTEROLOGY SERVICES
	RADIOLOGY SERVICES
QMC - TRANSPLANT CENTER 550 S BERETANIA STREET STE 404/40 HONOLULU, HI 96813	ORGAN TRANSPLANT CENTER
QUEEN'S IMAGING 91-2139 FORT WEAVER ROAD STE 108 EWA BEACH, HI 96706	IMAGING SERVICES
QMC - VALVE & STRUCTURAL HEART 551 S BERETANIA STREET STE 702 HONOLULU, HI 96813	CARDIAC CARE CENTER
QMC - LIVER CENTER 550 S BERETANIA STREET STE 405 HONOLULU, HI 96813	MANAGEMENT OF LIVER HEALTH AND ILLNESS
91-2135 FORT WEAVER ROAD STE 150	PHYSICIAN CENTER
	CARDIAC CARE CENTER
QMC - CWMP 1380 LUSITANA STREET STE 300 HONOLULU, HI 96813	COMPREHENSIVE WEIGHT MANAGEMENT
	PULMONOLOGY
	ACUTE CARE SERVICES
	tion D. Other Health Care Facilities That Aility  In order of size, from largest to smallest)  In many non-hospital health care facilities did the many non-hospital health care facilit

	n 990 Schedule H, Part V Section D. Other Facilit ospital Facility	ies That Are Not Licensed, Registered, or Similarly Recognized a
	ction D. Other Health Care Facilities That Are Not cility	Licensed, Registered, or Similarly Recognized as a Hospital
(lıst	t in order of size, from largest to smallest)	
Hov	w many non-hospital health care facilities did the organ	nization operate during the tax year?
Nan	me and address	Type of Facility (describe)
16	QMC - RESEARCH SERVICES 1330 LUSITANA STREET STE 107 HONOLULU, HI 96813	RESEARCH
1	DIABETES COMMUNITY EDUCATION 91-2135 FORT WEAVER ROAD STE 180 EWA BEACH, HI 96706	DIABETES EDUCATION CENTER
2	QMC - HEAD AND NECK 1380 LUSITANA STREET STE 615 HONOLULU, HI 96813	HEAD AND NECK INSTITUTE
3	QMC NEUROSCIENCE INSTITUTE 549 S BERETANIA STREET STE 400 HONOLULU, HI 96813	NEROSCIENCE SERVICES

DLN: 93493136036720 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE QUEEN'S MEDICAL CENTER 99-0073524 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

(3) (4)

(5)

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

Explanation Return Reference

SCHEDULE I, PART I, LINE 2 DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE QUEEN'S MEDICAL CENTER MAKES DONATIONS TO VARIOUS TAX-EXEMPT ORGANIZATIONS WITH THE PURPOSE OF PROVIDING OPPORTUNITIES FOR BETTER HEALTH AND WELLNESS TO ALL THE PEOPLE OF HAWAIL THERE ARE

GENERALLY NO RESTRICTIONS PLACED ON THE USE OF THOSE DONATIONS AND THE RECEIVING ORGANIZATION MAY USE THE DONATIONS AT THEIR DISCRETION IN ORDER TO FURTHER THEIR EXEMPT PURPOSE WHERE RESTRICTIONS ARE PLACED ON THE USE OF THOSE DONATIONS, OMC REQUESTS FINANCIAL REPORTS IN

Schedule I (Form 990) 2018

Page 2

### **Additional Data**

Ahahui O Na Kauka

2370 Nuuanu Avenue Honolulu, HI 96817

677 Ala Moana Boulevard Honolulu, HI 96814 American Cancer Society

## Software ID: **Software Version:**

99-0337991

13-1788491

**EIN:** 99-0073524 Name: THE QUEEN'S MEDICAL CENTER

Form 990,9	Schedule I,	Part	II, Grants and	Other Assistance to	o Domestic	Organiza	tions an	d Domest	ic Governments.	
										Г

organization or government	ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)	

501(c)(3)

501(c)(3)

(h) Purpose of grant

(g) Description of (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation ( non-cash assistance or assistance

25,000

15,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance American Diabetes Association 13-1623888 501(c)(3) 60.000 875 Waimanu Street Honolulu, HI 96813

30,000

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

501(c)(3)

American Heart Association

677 Ala Moana Blvd 600 Honolulu, HI 96813 13-5613797

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 53-0196605 501(c)(3) 25.000 American Red Cross 4155 Diamond Head Road Honolulu, HI 96816

10,000

Arthritis Foundation

1355 Peachtree Street NE Atlanta, GA 30309 58-1341679

501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Assistance Dogs of Hawaii 99-0353694 501(c)(3) 15.000 675 Kealaloa Avenue

10,000

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

501(c)(3)

Makawao, HI 96768 Bishop Museum

1525 Bernice Street Honolulu, HI 968172704

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Friends of Youth Outreach 81-2102826 501(c)(3) 7.500 Hawaii 91-1264 kajopua Street

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

501(c)(3)

Ewa Beach, HI 96706 Hale Kipa Inc

615 Piikoi Street Honolulu, HI 96814

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Hawaii Academy of Science 99-6006863 501(c)(3) 30.000 1776 University Avenue Honolulu, HI 96822

Hawaii Childrens Cancer

Foundation 1814 Liliha Street Honolulu, HI 96817 99-0299937

501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Hawaii Foodbank Inc. 99-0220699 501(c)(3) 6.000 2611 Kılıhau Street

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

501(c)(3)

Honolulu, HI 96819
Hawaii Symphony Orchestra

3610 Waialae Avenue Honolulu, HI 96816

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Hina Mauka 99-0173356 501(c)(3) 10.000

5,500

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

501(c)(3)

45-845 Pookela Street Kaneohe, HI 96744 Hospice Hawaii Inc

860 Iwilei Road Honolulu, HI 96817

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 68-0534162 501(c)(3) 21.000 Island Pacific Academy 909 Haumea St Kapolei, HI 96707

Japanese Cultural Center of 99-0256147 501(c)(3) 10,000 Hawaii

2454 S Beretania Street Honolulu, HI 96826

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

13,000

Legacy of Life Hawaii	99-0257883	501(c)(3)	26,500		
405 N Kuakını Street					
Honolulu, HI 96817					

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

501(c)(3)

March of Dimes Foundation

1451 South King Street Honolulu, HI 96814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Mothers Against Drunk Driving 94-2707273 501(c)(3) 10.000 511 E John Carpenter Fwy Irvina, TX 75062

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

501(c)(3)

National Kidney Foundation of

1314 South King Street Honolulu, HI 96814

Hawaii

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 99-0281185 501(c)(3) 10.000 Pacific Health Ministry 1245 Young Street Honolulu, HI 96814 Polynesian Football Hall of 46-3158865 501(c)(3) 25,000

Fame PO Box 11266 Honolulu, HI 96828

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 23-7302232 501(c)(3) 25.000 Polynesian Voyaging Society 10 Sand Island Parkway

Honolulu, HI 96819 Public Schools of Hawaii 88-0243449 501(c)(3) 15.000 Foundation

PO Box 4148 Honolulu, HI 96812

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance PulsePoint Foundation 45-2725805 501(c)(3) 18.000 PO Box 12594

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

501(c)(3)

Pleasanton, CA 94588
Rehab Foundation

226 North Kuakını Street Honolulu, HI 96817

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Sacred Hearts Academy 99-0093012 501(c)(3) 20.000 3253 Waialae Avenue

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

501(c)(3)

Honolulu, HI 96816

88 Piikoi Street Honolulu, HI 96814

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance St Andrews Schools 99-0073525 501(c)(3) 25.000 224 Queen Emma Square Honolulu, HI 96813

224 Queen Emma Square
Honolulu, HI 96813

St Francis Healthcare 99-0240060 501(c)(3) 25,000

Foundation of HI
2228 Liliha Street

Honolulu, HI 96817

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Susan G Komen Breast Cancer 75-1835298 501(c)(3) 15.000 Fdn 3555 Harding Ave Ste 2D

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

501(c)(3)

Honolulu, HI 96816

Teach For America - Hawaii

315 West 36th Street New York, NY 10018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance The Institute for Human 99-0199107 501(c)(3) 26.000 Services Inc 546 Kaaahi Street Honolulu, HI 96819 UCERA - UNIVERSITY 99-0307152 501(c)(3) 250.000

CLINICAL ED & RSCH 677 Ala Moana Boulevard Honolulu, HI 968135485

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 99-0085260 501(C)(3) 539.158 University of Hawaii Foundation 2444 Dole Street Honolulu, HI 96822

Variety School of Hawaii

710 Palekaua Street Honolulu, HI 96816 99-0105604

501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Waikiki Community Center 99-0179392 501(c)(3) 11.000 310 Paoakalani Avenue

1,000,000

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

501(c)(3)

Honolulu, HI 96815
Hawaii Cancer Consortium

55 Merchant Street Honolulu, HI 96813

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

Healthcare Association of Hawaii 707 Richards Street Honolulu, HI 96813	99-0105817	501(c)(6)	35,000		
City and County of Honolulu	99-6001257	GOVT	10.000		

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

530 S King Street Honolulu, HI 96813

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 99-6015708 501(c)(4) 5.759 Mililani Town Association 95-303 Kaloapau Street Mililani, HI 96789 Native Hawaiian Chamber of 99-0207564 501(c)(6) 5.500

Commerce PO Box 597 Honolulu, HI 96809

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Kapole: Chamber of Commerce 1001 Kamokila Blyd Kapole:, HI 96707	26-2216335	501(c)(6)	6,400		

561,000

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

GOVT

University of Hawaii JABSON

Honolulu, HI 968280270

PO Box 11270

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9313	6036	720
Sch	nedule J	Con	npensati	ion Information	40	IB No	1545-(	0047
(For	m 990)	For certain Officers		rustees, Key Employees, and Hig	hest	-		
		► Complete if the organ	Compensa ization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20	18	}
D			▶ Attach	to Form 990. instructions and the latest inforn			o Pul	
•	tment of the Treasury al Revenue Service	Go to <u>www.ns.qov/</u>	101111330 101	mistractions and the latest mion		Insp	ectio	n
	me of the organiza QUEEN'S MEDICAL				Employer identificat	ion nu	ımber	
					99-0073524			
Pa	rt I Questi	ons Regarding Compensation	on					
1a				the following to or for a person liste y relevant information regarding the			Yes	No_
		,						
		First-class or charter travel  Housing allowance or residence for personal use  Payments for business use of personal residence						
	_	nification and gross-up payments		Health or social club dues or initiation				
	Discretion	ary spending account		Personal services (e g , maid, chauf	feur, chef)			
ь	If any of the ho	ves in line 12 are checked, did the	organization fo	ollow a written policy regarding paym	ent or reimburcement			
U		all of the expenses described above			lent of reimbursement	<b>1</b> b		
2				or allowing expenses incurred by all r, regarding the items checked in line	1 1 2 2	2		
	directors, truste	es, officers, including the CLO/LXE	cutive Director	r, regarding the items thether in line	e la.			
3		if any, of the following the filing or EO/Executive Director Check all th		ed to establish the compensation of the	ne			
	_	•		CEO/Executive Director, but explain i	n Part III			
	☐ Compensa	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		0, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	_	ance payment or change-of-contro	pavment?			4a		No
b		r receive payment from, a supplem		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equity-	based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and p	rovide the app	olicable amounts for each item in Pari	: III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) o	rganizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did	the organization pay or accrue any				
а	The organization	1?				5a		No
b	Any related orga					5b		No
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	A, line 1a, did i	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga					<b>6</b> b		No
7	·	6a or 6b, describe in Part III	line 15 did 6	the organization provide any nonfixe	d			
•		escribed in lines 5 and 6? If "Yes,"			<del>-</del>	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe			N.
9		8, did the organization also follow t	the rebuttable	presumption procedure described in	Regulations section	9		No_
For F	Panerwork Redu	iction Act Notice, see the Instru	ections for Fo	orm 990. Cat No. 5	50053T Schedule J		990)	2018

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	( <b>D)</b> Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+		-	
1							
			1				

Schedule J (Form 990) 2018										
Part III Supplemental Inform										
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										
	Explanation									
Return Reference	Explanation									

ORGANIZATIONS AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
, ,	OTHER NON-FIXED PAYMENTS RECOGNITION AWARDS WERE PAID TO EMPLOYEES BASED ON ACCOMPLISHMENTS OF PREDETERMINED GOALS SET FORTH IN THE INCENTIVE AND STRATEGIC PLANS AND DEFINED ELIGIBILITY OF THE EMPLOYEE RECOGNITION AWARDS ARE DISCRETIONARY AND CONSIDER QUALITY THRESHOLDS WHICH INCLUDE ANNUAL ACCREDITATION AND MINIMUM OPERATING INCOME LEVEL CRITERIA IN ADDITION, EXECUTIVE AWARDS ARE WEIGHTED BASED ON INDIVIDUAL GOALS ESTABLISHED FOR EACH EXECUTIVE ALSO, CERTAIN PHYSICIANS RECEIVE INCENTIVE COMPENSATION BASED ON PROFESSIONAL SERVICES COLLECTIONS BY QMC A MAXIMUM OF SUCH INCENTIVE COMPENSATION IS CAPPED ACCORDING TO QMC POLICY

Return Reference	Explanation
PART VII	COMPENSATION PAID FOR SERVICES ARTHUR A USHIJIMA MR USHIJIMA SERVES AS A TRUSTEE FOR THE QUEEN'S HEALTH SYSTEMS AND SEVERAL OTHER QUEEN'S RELATED AFFILIATES MR USHIJIMA ALSO SERVES AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE QUEEN'S HEALTH SYSTEMS (QHS, PARENT COMPANY) AND AS PRESIDENT OF THE QUEEN'S MEDICAL CENTER (QMC). HIS HOURS SERVED AS A TRUSTEE OF QMC IS 1 HOUR PER WEEK HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR HIS VARIOUS SERVICES JASON CHANG MR CHANG SERVES AS EVP OF QHS AND EVP AND COO OF QMC HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES SHARLENE TSUDA MS TSUDA SERVES AS CORPORATE SECRETARY FOR QHS, QMC AND NHCH AND VP OF COMMUNITY DEVELOPMENT OF QHS SHE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES. THE COMPENSATION FOR ALL SERVICES MICHEL RICCIONI MR RICCIONI SERVED AS TREASURER OF QMC AND THE TREASURER/CHIEF FINANCIAL OFFICER OF QHS HE WAS NOT SEPARATELY COMPENSATED FOR THESE SERVICES. THE COMPENSATION FOR ALL SERVICES WHITNEY LIMM, MD OR LIMM SERVES AS SENIOR VP OF CLINICAL INTEGRATION AND CHIEF PHYSICIAN EXECUTIVE OF QHS AND QMC HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES THE COMPENSATION FOR ALL SERVICES THE COMPENSATION FOR ALL SERVICES THE COMPENSATION FOR ALL SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES THE COMPENSATION FOR ALL SERVICES THE COMPENSATION FOR THESE SERVICES THE COMPENSATION FOR THESE SERVICES THE COMPENSATION FOR ALL SERVICES THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVI

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Name: THE QUEEN'S MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation ROBERT HONG MD 408,481 45,666 3,726 12,375 7,291 477,539 TRUSTEE - PART YEAR ROBB OHTANI MD (1) TRUSTEE 348,108 348,108 ARTHUR USHIJIMA (1) TRUSTEE/PRESIDENT 928,409 1,693,904 526,920 147,263 77,010 14,302 MICHEL RICCIONI TREASURER 527,493 2,322 44,933 239,850 14,100 828,696 SUSAN MURRAY 369,346 147,110 45,339 61,134 14,774 637,703 VP/COO - QMC WEST OAHU JASON CHANG 541,021 540 21,795 246,769 33,985 844,110 EVP/COO JOHN NITAO VP/GENERAL COUNSEL 392,238 134,869 43,03 42,585 23,231 635,960 SHARLENE TSUDA SECRETARY 244,998 83,752 26,24 46,690 14,745 416,432 CLINTON YEE ASSISTANT TREASURER 184,933 16,760 9,093 21,68 23,650 256,117 WHITNEY LIMM MD (1) SENIOR VICE PRESIDENT 538,578 245,016 72,015 98,223 15,239 969,071 JEFFREY MING SHAN LAU (1) 431,947 299,563 12,456 14,289 758,253 PHYSICIAN SUNG BAE LEE MD 613,112 347,866 37,929 116,086 25.329 1,140,322 **PHYSICIAN** JEFFREY LOH MD 451,719 765,471 18,491 38,543 22,138 1,296,362 PHYSICIAN TODD SETO MD 384,074 7,719 305,916 15,909 49,848 763,466 **PHYSICIAN** MAHDI VEILLET-320,160 461,236 32,302 18,841 12,375 844,914 CHOWDHURY MD PHYSICIAN 0 ERIC MARTINSON (1) FORMER TREASURER 468,468 216,151 61,223 58,034 24,440 828,316

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	hedule K	Sui	onlemental l	nformation o	n Tax-F	yemi	nt F	Ronds					0 1545-			
(F	orm 990)			wered "Yes" to Form					criptions,			2.0	018	3		
		•		, and any additional		in Part	VI.		• •							
	artment of the Treasury rnal Revenue Service			▶ Attach to Form 990 irs.gov/Form990 for		nformat	ion.						n to Pub spection			
Nam	ne of the organization									Emplo	yer iden	tification ı				
IHE	E QUEEN'S MEDICAL CENTER									99-00	73524					
Pä	art I Bond Issues									•						
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(	(f) Descripti	on of purpose	(g) De	efeased	(h) On behalf of		(i) Pool financing		
													er	Tinan	icing	
										Yes	No	Yes	No 1	/es	No	
Α	DEPARTMENT OF BUDGET AND FINANCE STATE OF HI	99-0266961	419800LM7	01-29-2015	350,3	56,476	SEE F	PART VI			×		X		Х	
Pa	art II Proceeds			1		4					•	1				
1	Amount of bonds retired	tired					0	E	1	С	•		D			
<u>-</u>	Amount of bonds legally defease						0									
<del>-</del>	Total proceeds of issue					350,362,	<b>—</b> →		+							
4	Gross proceeds in reserve funds					330,302,	,307 n									
<u> </u>	Capitalized interest from procee						0									
6	Proceeds in refunding escrows .						0									
7	Issuance costs from proceeds .				4,726,000											
8	Credit enhancement from proce					-,,	0									
9	Working capital expenditures fro	om proceeds					0									
10	Capital expenditures from proce	eds				170,381,	,148									
11	Other spent proceeds					160,009,	,007									
12	Other unspent proceeds					15,246,	,352									
13	Year of substantial completion .															
					Yes	No		Yes	No	Yes	No	,	Yes	ı	No	
14	Were the bonds issued as part o	of a current refunding	ıssue?		Χ											
15	Were the bonds issued as part o	of an advance refundi	ng issue?			Х									_	
16	Has the final allocation of procee	eds been made? .				Х										
17	Does the organization maintain proceeds?				×											
Pa	art III Private Business Us						•									
						4		E		Ç						
	Was the organization a partner	in a nartnorchin or a	mombor of an U.C.	which owned property	Yes	No	_	Yes	No	Yes	No		Yes		No	
1	financed by tax-exempt bonds?	<u> </u>				Х	_									
2	Are there any lease arrangemen	its that may result in	private business use			Х										
For	Paperwork Peduction Act Notice				Cal	No 50	1035				S.	chedule	( (Form	000	\ 2018	

b

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

C

No

Yes

Yes

Χ

Χ

Χ

No

Χ

Χ

Χ

650 %

Χ

Χ

Α

Yes

Х

Х

Х

ML CAPITAL SERVICES

Nο

Χ

0 %

Х

Х

Yes

В

No

Yes

No

Are there any management or service contracts that may result in private business use of If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed 

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . . Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Page 3

D

No

Yes

Эа	(GIC)?		X			
ь	Name of provider	0				

Χ

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

SEPERATELY ON FORM 990, PART X OMC'S SHARE OF THE OUTSTANDING LIABILITY IS \$334,437,505

Х

Α

REPORTED ON SCHEDULE K IS FOR THE ENTIRE BOND ISSUE THE OUTSTANDING BOND LIABILITY IS ALLOCATED BETWEEN ENTITIES AND REPORTED

Nο

Explanation

DESCRIPTION OF ARRANGEMENT RELATED ORGANIZATION REPORTING THE QUEEN'S MEDICAL CENTER (QMC) SOLE CORPORATE MEMBER, THE QUEEN'S HEALTH SYSTEMS (QHS) BORROWED ON BEHALF OF ITSELF AND ITS AFFILIATES, QMC AND QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL (NHCH) INFORMATION

Yes

Х

R

No

Yes

No

Yes

Schedule K (Form 990) 2018

period?

Part VI

SCHEDULE K

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

Were gross proceeds invested in a guaranteed investment contract

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

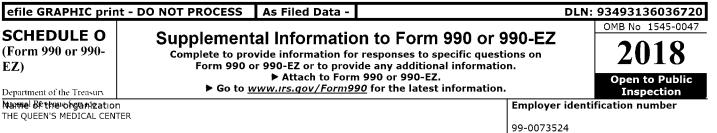
if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Return Reference	Explanation
PART I, LINE A, COLUMN (F)	DESCRIPTION OF PURPOSE THE BONDS ARE ISSUED FOR THE BENEFIT OF THE BORROWER (THE QUEEN'S HEALTH SYSTEMS) AND THE FOLLOWING ORGANIZATIONS, EACH OF WHICH IS CONTROLLED BY THE BORROWER AND WHICH IS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE THE QUEEN'S MEDICAL CENTER AND QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL (TOGETHER WITH THE BORROWER, THE "OBLIGATED GROUP MEMBERS") ON JANUARY 23, 2015, QHS ISSUED SPECIAL PURPOSE REVENUE BONDS 2015 SERIES A, 2015 SERIES B AND 2015 SERIES C THE PURPOSE OF THIS ISSUE WAS TO REFUND ALL DEBT OBLIGATIONS PREVIOUSLY ISSUED UNDER THE MASTER TRUST INDENTURE DATED JULY 1, 1996, AS AMENDED AMONG THE BORROWER, THE QUEEN'S MEDICAL CENTER, AND OTHER AFFILIATED CORPORATIONS, AND THE MASTER TRUSTEE NAMED THEREIN, FINANCE, REFINANCE OR REIMBURSE THE COSTS OF ACQUIRING, CONSTRUCTING, RENOVATING AND EQUIPPING FACILITIES BENEFITTING THE OBLIGATED GROUP MEMBERS AND PAY COSTS OF ISSUANCE OF THE BONDS THE ISSUANCE DATES FOR THE BONDS WERE 12/11/2003 05/06/2009 03/16/2006

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(For	m 990)		ľ	ioncasii contri	Dutions			20	10	,
		· -	_	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30	).	<b>20</b>	19	)
		► Attach to Form								
Intern	tment of the Treasury al Revenue Service		gov/Form9	<u>90</u> for the latest informat	ion.			Open to Inspe	ection	
	e of the organizat DUEEN'S MEDICAL CE					Employ	yer ident	ification n	umber	
	OLLIN STIEDICKE C					99-007	3524			
Pa	rt I Types	of Property								
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n		(d) of determi intribution a		s
1	Art—Works of art	t								
2	Art—Historical tr									
3	Art—Fractional in									
4	Books and public					-				
5	Clothing and hou goods	isehold								
6	Cars and other v									
7	Boats and planes					1				
8	Intellectual prope					1				
9	Securities—Public	•	Х	2	29,93	9 FMV				
10	Securities—Close	ely held stock .								
11	Securities—Partr or trust interest									
12	Securities—Misce	ellaneous								
13	Qualified conserve contribution—Hi structures	istoric								
14	Qualified conserve contribution—Of	vation								
15	Real estate—Res	idential .								
16	Real estate—Cor									
17	Real estate—Oth									
18	Collectibles .									
19	Food inventory					-				
20	Drugs and medic					-				
21	Taxidermy					-				
	Scientific specim					-				
	Archeological art					1				
	Other ► (		X	1	9.00	0 FMV				
	<u>EE ON CÂNVAS )</u>				,					
26	Other ▶ (									
27	Other ▶ (									
	Other ► (					<del>                                     </del>				
29				ition during the tax year for 3, Part IV, Donee Acknowled		29			T	
20.	Duna = 45 - · · -	did the average	m massure 1	. contribution and account	roported in Daul T. Lines 4 11		انتسان ٥٥		Yes	No
30a	must hold for at	least three years fr	om the date	contribution any property refer the initial contribution, a	and which is not required to			·	ļ	
b	•	e the arrangement						30a		No
31	Does the organi	zation have a gift ac	cceptance po	olicy that requires the reviev	v of any nonstandard contr	butions	?	31	]	No
32a	_	_		or related organizations to se	·					
	contributions?  If "Yes," describ			· · · · · · · · ·		• •		32a		No
	•		n amount in	column (c) for a type of pro	perty for which column (a)	is check	ked,			
	describe in Part			(-), a c,pc of pro	, ,		,			
		on Act Notice see the	o Instruction	s for Form 000	Cat No. 512271		School	lule M (Form	. 000) (	2010)

Page 2 Schedule M (Form 990) (2018) 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 THE AMOUNTS REPORTED IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED. SCHEDULE M, PART I, COLUMN B Schedule M (Form 990) (2018)



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS ESTABLISHED IN 1859 BY KING KAMEHAMEHA IV AND QUEEN EMMA, THE QUEEN'S MEDICAL CENTER (QMC) IS THE FIRST HOSPITAL IN THE UNITED STATES FOUNDED BY ROY ALTY TODAY, IT IS THE LARGEST PRIVATE HOSPITAL IN HAWAII AND THE PACIFIC BASIN THE QMC HAS 550 ACUTE CARE BEDS AND 28 SUB-ACUTE CARE BEDS WITH OVER 5.200 EMPLOYEES AND OVER 1,30 0 PHYSICIANS ON STAFF, IT IS ALSO ONE OF THE STATE OF HAWAII'S LARGEST EMPLOYERS AS THE LEADING MEDICAL REFERRAL CENTER IN HAWAII AND THE PACIFIC BASIN, QMC IS WIDELY KNOWN FOR IT S PROGRAMS IN CANCER, CARDIOVASCULAR DISEASE, NEUROSCIENCE, ORTHOPEDICS, SURGERY, TRAUMA, BEHAVIORAL MEDICINE AND WOMEN'S HEALTH QMC OFFERS A COMPREHENSIVE RANGE OF SPECIALTIES, I NCLUDING CARDIAC DIAGNOSTICS, GASTROENTEROLOGY, GENETICS, GERIATRICS, GYNECOLOGY, NEONATOL OGY, OBSTETRICS AND PULLMONOLOGY QMC SERVES AS THE MAIN TRAUMA CENTER IN THE PACIFIC BASIN, "TRAUMA" IS DEFINED AS A LIFE-THREATENING INJURY OR SHOCK), AND HAS BEEN VERIFIED AS A LEVEL I TRAUMA CENTER BY THE VERIFICATION REVIEW COMMITTEE (VRC), AN AD HOC COMMITTEE ON TR AUMA (COT) OF THE AMERICAN COLLEGE OF SURGEONS QMC IS HOME TO A NUMBER OF RESIDENCY PROGRAMS OFFERED IN CONJUNCTION WITH THE JOHN A BURNS SCHOOL OF MEDICINE QMC IS ACCREDITED BY THE JOINT COMMISSION (TJC) QMC IS ALSO APPROVED TO PARTICIPATE IN RESIDENCY TRAINING BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (QCGME), AND IS A MEMBER OF VIZIEN T, A NATIONAL COOPERATIVE OF OVER 1,400 HOSPITALS QMC SUPPORTS NATIVE HAWAIIAN HEALTH INI TIATIVES THROUGH MANY OF ITS PROGRAMS AND SERVICES, PARTICULARLY ITS NATIVE HAWAIIAN HEALTH HIN ITIATIVES THROUGH MANY OF ITS PROGRAMS AND SERVICES, PARTICULARLY ITS NATIVE HAWAIIAN HEALTH HOR TRAINING, RESEARCH, AND ACCESS AND OUTREACH NHIP CONDUCTS ONGOING ASSESSMENT AND DE VELOPMENT OF QMC PROGRAMS AND SERVICES FOCUSED ON NATIVE HAWAIIANS, INCLUDING SPECIFIC CLI NICAL PROGRAMS IN AREAS SUCH AS CARDIOLOGY, ONCOLOGY, COMPREHENSIVE WEIGHT MANAGEMENT, MEDICINE, NEUROSCIENCE, AND DIABETES QMC COLLABORATES AND PART

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	NENTS OF CHARITY CARE AND UNCOMPENSATED CARE PROVIDED TO OUR PATIENTS TO SUPPORT THE QMC MISSION AND TO FULFILL THE TAX EXEMPT PURPOSE AS A CHARITABLE HOSPITAL, QMC PROVIDED THE F OLLOWING COMMUNITY BENEFITS, TOTALING APPROXIMATELY \$186M ON A SYSTEM-WIDE BASIS, FOR THE YEAR ENDED JUNE 30, 2019 1 UNCOMPENSATED CARE - QMC PROVIDES MEDICAL SERVICES TO PATIENT S WHO DO NOT HAVE THE ABILITY TO PAY (CHARITY CARE) AND PATIENTS WHO REPUSE TO PAY (BAD DE BTS) FOR THE YEAR ENDED JUNE 30, 2019, THE ESTIMATED COST OF PROVIDING CHARITY CARE AND F OR SERVICES THAT WERE BAD DEBTS WAS \$2,991,000 AND \$53,921,000, RESPECTIVELY 2 BEHAVIORA L HEALTH - QMC PROVIDES INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES THAT ARE NECES SARY AND IN CERTAIN INSTANCES, NOT GENERALLY AVAILABLE IN THE STATE OF HAWAII THE ESTIMAT ED COST OF OPERATIONS RESULTING FROM BEHAVIORAL HEALTH SONLY EVEL II TRAUMA CENTER IN THE STATE OF HAWAII NO COMPENSATION - QMC MAINTAINS THE ONLY LEVEL II T RAUMA CENTER IN THE STATE OF HAWAII IN ORDER TO PROVIDE LEVEL II TRAUMA COVERAGE, THE MED ICAL CENTER INCURRED APPROXIMATELY \$10,876,000 IN ON-CALL PHYSICIAN COVERAGE DURING THE YEAR ENDED JUNE 30, 2019 4 FELLOWSHIP, RESIDENT AND INTERN COSTS - QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT OF APPROXIMATELY \$16,637,000 DURING THE YEAR ENDED JUNE 30, 2019 RE LATED TO ITS CARDIAC FELLOWSHIP, RESIDENT AND INTERN PROGRAMS AS A TEACHING FACILITY, THE MEDICAL CENTER PARTICIPATES IN AND SHARES THE COSTS OF THE HAWAII RESIDENCY PROGRAM S HAWAII MEDICAL LIBRARY - QMC MAINTAINS A MEDICAL LIBRARY THAT BENEFITS HEALTHCARE PROFESSIO NALS IN THE STATE OF HAWAII THE ESTIMATED COST OF OPERATING THE HAWAII MEDICAL LIBRARY FOR THE YEAR ENDED JUNE 30, 2019 WAS \$533,000 6 TRANSFER HOTLINE - QMC MAINTAINS A CARDIAC TRANSFER HOTLINE AND A REFERRAL HOTLINE TO ASSIST PATIENTS AND OTHER HEALTHCARE PROVIDERS WITH THE TRANSFER AND/OR REFERRAL OF PATIENTS TO APPROPRIATE HEALTHCARE PROVIDERS WITH THE TRANSFER AND/OR REFERRAL OF ANTIENTS TO APPROPRIATE HEALTHCARE PROVIDERS WITH THE TRANSFER A

Return

Reference	'
FORM 990, PART III, LINE 4A	ES TO MEDICARE PATIENTS IN THE STATE OF HAWAII QMC INCURRED COSTS IN EXCESS OF REIMBURSEM ENT BASED ON MEDICARE COST REPORTS OF APPROXIMATELY \$33,520,000 DURING THE YEAR ENDED JUNE 30, 2019 CONSISTENT WITH COST REPORT REQUIREMENTS, THERE ARE AMOUNTS THAT ARE EXCLUDED F ROM THE COSTS ABOVE 11 LEASE PRICING BELOW FAIR MARKET VALUE - QMC EXTENDED LEASE RATES TO THE UNIVERSITY OF HAWAII THAT ARE BELOW FAIR MARKET VALUE FOR THE YEAR ENDED JUNE 30, 2019, REVENUES FOREGONE FROM LEASE RATES THAT WERE BELOW FAIR MARKET VALUE WERE \$45,000 1 2 KINAU STREET OFF-RAMP IMPROVEMENT PROJECT - IN ORDER TO IMPROVE ACCESS TO ITS EMERGENCY DEPARTMENT AND HOSPITAL, QMC, IN CONJUNCTION WITH THE STATE DEPARTMENT OF TRANSPORTATION AND CITY DEPARTMENT OF TRANSPORTATION SERVICES, SUPPORTED CONSTRUCTION OF THE KINAU STREET OFF-RAMP FOR THE YEAR ENDED JUNE 30, 2019, COSTS INCURRED FOR THE IMPROVEMENT PROJECT WE RE \$9,000
I	1

Return	Explanation
Reference	
FORM 990, PART III, LINE 4A - CONTINUED	13 DENTAL CLINIC - QMC PROVIDES DENTAL SERVICES TO INDIGENT PATIENTS AND OTHERS THROUGH ITS DENTAL CLINIC THE COST OF OPERATIONS FROM THE DENTAL CLINIC WAS APPROXIMATELY \$939,000 FOR THE YEAR ENDED JUNE 30, 2019 14 DONATED USE OF CONFERENCE ROOMS - QMC ALLOWS PHYSIC IANS AND TEACHERS FROM THE JOHN A BURNS SCHOOL OF MEDICINE OF THE UNIVERSITY OF HAWAII, V ARIOUS GOVERNMENTAL ENTITIES INCLUDING THE HAWAII DEPARTMENT OF HEALTH AND OTHER NONPROFIT OR GARIIZATIONS THE FREE USE OF ITS FACILITIES AT THE QMC CONFERENCE CENTER FOR THE YEAR E NDED JUNE 30, 2019, THE VALUE OF THE USE OF THE CENTER WAS \$327,000 15 TUTU BERT'S HOUSE - TUTU BERT'S HOUSE IS AN 8-BED PRIVATE MEDICAL RESPITE HOUSE IN PARTNERSHIP WITH THE QMC AND HOMEAID HAWAII TUTU BERT'S HOUSE OFFERS MEDICALLY FRAIL HOMELESS DISCHARGED FROM THE QMC WHO NO LONGER IN NEED OF IN-PATIENT HOSPITALIZATION, BUT WHO ARE STILL TOO FRAIL TO R ECUPERATE ON THE STREETS OR IN AN URBAN SHELTER. WITH A SAFETY NET RESOURCE THE HOUSE FAC ILITATES SHORT-TERM STABILIZATION AND SUPPORTIVE CASE MANAGEMENT THAT ACCELERATES THEIR TR ANSITION OUT OF HOMELESSNESS, AND INTO AVAILABLE HOUSING OPTIONS FOR THE YEAR ENDED JUNE 30, 2019 COSTS INCURRED FOR THE PROGRAM WERE \$326,000 16 OHANA HOUSE - OHANA HOUSE IS A 14-BED PRIVATE MEDICAL RESPITE HOUSE IN PARTNERSHIP WITH THE QMC AND KALIHI PALAMA HEALTH CENTER THIS PROGRAM PROVIDES CASE MANAGEMENT AND SHORT-TERM RESIDENTIAL CARE THAT ALLOWS HOMELESS DISCHARGED FROM THE HOSPITAL THE OPPORTUNITY TO REST IN A SAFE ENVIRONMENT WHILE ACCESSING MEDICAL CARE AND OTHER SUPPORTIVE SERVICES THE SERVICES PROVIDED TO CLIENTS INC LUDE CASE MANAGEMENT, TRANSPORTATION, SHELTER, MEALS, EMERGENCY CLOTHING AND HYGIENE SERVI CES FOR THE YEAR ENDED JUNE 30, 2019 COSTS INCURRED FOR THE PROGRAM WERE \$52,000 17 QU EN'S CARE COALITION PAIRS PATIENTS WHO HAVE PSYCHOSOCIAL ISSUES WITH NAVIGATORS WHO BUILD TRUSTING RELATIONSHIPS, IDENTIFY AND BRIDGE BARRIERS TO CARE AND CONNECT PATIENTS WHO HAVE PSYCHOSOCIAL ISSUES WITH NAVIGATORS WHO BUILD TRUSTING RELATIONSHIPS, IDE

Return

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30, 2019, THESE PROGRAM COSTS TOTALED \$1,705,000 20 JOB SHADOWING PROGRAM - QMC SPONSOR S A JOB SHADOWING PROGRAM FOR STUDENTS IN THE STATE OF HAWAII FOR THE YEAR ENDED JUNE 30, 2018, COSTS INCURRED FOR THE PROGRAM WERE \$3,000 21 COMMUNITY OUTREACH - QMC EMPLOYEES VOLUNTEER THEIR TIME AND EXPERIENCE PROVIDING FREE LECTURES TO MEMBERS OF THE COMMUNITY IN CLUDING PROFESSIONALS, STUDENTS AND MEMBERS OF THE PUBLIC 22 VOLUNTEER EFFORTS - QMC EMP LOYEES PERIODICALLY VOLUNTEER FOR OTHER CHARITABLE ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2019, THESE EVENTS INCLUDED THE AMERICAN HEART ASSOCIATION'S "HEART WALK", AMERICAN CA NCER SOCIETY'S "RELAY FOR LIFE"HOPE LODGE FUNDRAISER", SUSAN G KOMEN FOUNDATION'S "RACE F OR THE CURE", WAIKIKI IMPROVEMENT ASSOCIATION'S "BEACH CLEAN UPTHE AMERICAN DIABETES ASSOCIATION'S "STEP OUT" FUNDRAISER IN ADDITION, QMC OFFICERS DEDICATE MANY HOURS SERVING AS V OLUNTEER BOARD MEMBERS FOR OTHER HAWAII BASED CHARITABLE ORGANIZATIONS

Return Explanation

Reference	
PART VI,	MEMBERS OR STOCKHOLDERS QMC HAS A SOLE MEMBER, WHICH IS THE QUEEN'S HEALTH SYSTEMS, A HAWAII NONPROFIT CORPORATION ("QHS")
LINE 6	

Return Explanation

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

D - 4....

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

Funlanation

Return

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

990 Schedule O, Supplemental Information

Return Explanation

Reference

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

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

Return

Reference	
FORM 990,	PROCESS USED FOR DETERMINING COMPENSATION ALTHOUGH NOT COMPENSATED BY THE QUEEN'S MEDICAL
PART VI,	CENTER, A RELATED ORGANIZATION, THE QUEEN'S HEALTH SYSTEMS, GOES THROUGH THE FOLLOWING
LINES 15A &	PROCEDURES FOR DETERMINING THE CEO'S COMPENSATION A COMMITTEE OF THE BOARD OF TRUSTEES CALLED
15B	THE COMPENSATION COMMITTEE MEETS REGULARLY TO REVIEW THE COMPENSATION OF ALL EXECUTIVES OF ALL
	COMPANIES WITHIN QHS QMC'S EXECUTIVE COMPENSATION IS REVIEWED ANNUALLY FOR ITS EXECUTIVE VP/COO,
	VP MEDICAL AFFAIRS, VP CLINICAL INTEGRATION, VP NURSING AND VP PATIENT CARE ALL DECISIONS REGARDING
	EXECUTIVE COMPENSATION ARE MADE IN CONFORMITY WITH THE PROCEDURES REQUIRED TO ESTABLISH A
	REBUTTABLE PRESUMPTION OF REASONABLENESS ANY ADJUSTMENT TO COMPENSATION IS SUBJECT TO THE
	PROCESS OF ANNUAL PERFORMANCE REVIEWS AND COMPARISON TO COMPARABLE COMPENSATION DATA
	PREPARED BY A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT. THE MOST RECENT
	REVIEW TOOK PLACE IN OCTOBER 2019 OUTSIDE COUNSEL ASSISTS WITH THE REVIEW PROCESS AND DOCUMENTS
	THE DECISIONS OF THE COMMITTEE

990 Schedule O, Supplemental Information

Return

Kelefellee	
FORM 990,	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, & FINANCIAL STATEMENTS TO THE

Explanation

PART VI, PUBLIC QMC'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND THE QHS' CONSOLIDATED AUDITED LINE 19 FINANCIAL STATEMENTS ARE ATTACHED TO THIS TAX RETURN, AS REQUIRED QMC DOES NOT MAKE THE CONFLICT

OF INTEREST POLICY THAT IT FOLLOWS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

l	Return Reference	Explanation
	FORM 990,	OTHER CHANGES TO NET ASSETS PENSION FAS 87 ADJUSTMENTS (\$17,192,925) CHANGE IN INTEREST IN
ı	PART XI,	SUBSIDIARY (\$ 3,376,659) NET ASSETS RELEASED FROM RESTRICTION \$ 862,145 ROUNDING (\$ 1) TOTAL
ı	LINE 9	(\$19,707,440)

Return Explanation
Reference

FORM 990 DESCRIPTION PURCHASED SERVICES TOTAL FEES 90150845
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION MEDICAL SERVICES TOTAL FEES 33799114
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION CONSULTING SERVICES TOTAL FEES 2241108
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION OTHER SERVICES TOTAL FEES 4239730
PART IX
LINE 11G

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** 

(Form 990)

Name of the organization THE QUEEN'S MEDICAL CENTER

As Filed Data -

#### **Related Organizations and Unrelated Partnerships**

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

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

DLN: 93493136036720 OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** 

99-0073524

Part I Identification of Disregarded Entities Complete if t	he organization answe	ered "Yes" on Form 9	990, Part IV, line 3	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	l	
(1) QUEEN'S CLINICALLY INTG PHYS NETWORK LLC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0073524	PHYS NETWORK	HI	3,485,138	7,352,345	QMC		-
(2) QUEEN'S 'AKOAKOA LLC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0073524	PHYS NETWORK	ні	656,815	0	<b>QMC</b>		
(3) QUEENS MSSP ACO LLC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 83-0771278	ACC CARE ORG	HI	0	0	QMC		
							-
							_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>s</b> Complete If the orga	anızatıon answered "	Yes" on Form 990,	, Part IV, line 34 b	ecause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section	ntrolled
(1)THE QUEEN'S HEALTH SYSTEMS	ADMIN SERVICE	HI	501(c)(3)	12C	NA NA	Yes	No No
1301 PUNCHBOWL STREET	ASTIN SERVICE	111	301(0)(3)				
HONOLULU, HI 96813 99-0238120							
(2)QUEEN EMMA LAND COMPANY 1301 PUNCHBOWL STREET	SUPPORT SVCS	HI	501(c)(3)	12A	QHS	Yes	
HONOLULU, HI 96813 99-0183769							
(3)QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL 67-1125 MAMALAHOA HIGHWAY	MEDICAL SVCS	HI	501(c)(3)	3	QHS	Yes	
KAMUELA, HI 96743 99-0260423							
(4)MOLOKAI GENERAL HOSPITAL PO BOX 408	MEDICAL SVCS	HI	501(c)(3)	3	QHS	Yes	
KAUNAKAKAI MOLOKAI, HI 96748 99-0251372							
For Paperwork Reduction Act Notice, see the Instructions for Form 99	90.	Cat No 50135	ΣΥ		Schedule R (Form	990) 20	18

(a)	,	(b)	(c)	(d)	(e)	(f)	(g)		n)	(i)		(1)	(k)
Name, address, and EIN o related organization	of	Primary activity	Legal domicile (state or foreign country)	Il Direct controlling e entity	Predominant income(related, unrelated, excluded from tax under sections 512-514)		Share of end- of-year assets	alloca	tions?	Code V-UB: amount in box 20 of Schedule K- (Form 1065	man pari 1	eral or naging tner?	Percenta ownersh
1) HAMAMATSUQUEEN'S PET IMAGING		PET IMAGING	HI	QMC	Related	1,245,691	8,220,862	Yes	No No		+	No No	70 000
301 PUNCHBOWL STREET ONOLULU, HI 96813 4-3266916		FET IMAGINO	1111	QINC	Relateu	1,243,091	6,220,602		NO			INO	70 000
Part IV Identification of Related Orga because it had one or more relat (a) Name, address, and EIN of related organization		as a corpora	(c) Legal domicile tate or fore	trust durin			swered "Yes (f) Share of tota Income		(g) re of end year assets	d-of- Pe	(h) centag	je	(i) Section 51 (13) contra entity
because it had one or more relat  (a)  Name, address, and EIN of related organization	ed organizations treated  (b)  Primary activity	as a corpora	(c) Legal domicile tate or fore country)	trust during	g the tax year  (d)  Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota		(g) re of end year	d-of- Pe	(h)	je	(I) Section 51 (13) contrientity Yes
because it had one or more relat  (a)  Name, address, and EIN of related organization  1)THE QUEEN'S DEVELOPMENT CORPORATION  1301 PUNCHBOWL STREET HONOLULU, HI 96813	ed organizations treated (b)	as a corpora	(c) Legal domicile tate or fore	trust during	g the tax year  (d)  Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of tota		(g) re of end year	d-of- Pe	(h)	je	(i) Section 51 (13) contra entity
because it had one or more relat  (a)  Name, address, and EIN of related organization  1)THE QUEEN'S DEVELOPMENT CORPORATION  301 PUNCHBOWL STREET HONOLULU, HI 96813  9-0240109  2)QUEEN'S INSURANCE EXCHANGE  301 PUNCHBOWL STREET HONOLULU, HI 96813	ed organizations treated  (b)  Primary activity	as a corpora	(c) Legal domicile tate or fore country)	trust durin	g the tax year  (d)  Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota		(g) re of end year	d-of- Pe	(h)	je	(I) Section 51 (13) contrientity  Yes
Decause it had one or more relatively control of the control of th	ed organizations treated (b) Primary activity  DEVELOPMENT	as a corpora	(c) Legal domicile tate or fore country)	trust durin	g the tax year  (d)  Direct controlling entity	(e) Type of entity (C corp, S corp, or trust) C Corp	(f) Share of tota		(g) re of end year	d-of- Pe	(h)	je	Section 51 (13) contri-entity:  Yes  Yes
because it had one or more relation  (a)  Name, address, and EIN of related organization  1)THE QUEEN'S DEVELOPMENT CORPORATION  301 PUNCHBOWL STREET HONOLULU, HI 96813 19-0240109  2)QUEEN'S INSURANCE EXCHANGE  301 PUNCHBOWL STREET HONOLULU, HI 96813 11-1913839  3)DIAGNOSTIC LABORATORY SERVICES INC 19-859 IWAIWA STREET HONOLULU, HI 96701	DEVELOPMENT  INSURANCE	as a corpora	Legal domicile cate or fore country)	trust durin	g the tax year  (d)  Direct controlling entity	(e) Type of entity (C corp, S corp, or trust) C Corp	(f) Share of tota		(g) re of end year	d-of- Pe	(h)	je	Section 51 (13) contre entity:  Yes  Yes
because it had one or more relat (a)  Name, address, and EIN of	DEVELOPMENT  INSURANCE	as a corpora	Legal domicile cate or fore country)	trust durin	g the tax year  (d)  Direct controlling entity	(e) Type of entity (C corp, S corp, or trust) C Corp	(f) Share of tota		(g) re of end year	d-of- Pe	(h)	je	Section 51 (13) contre entity:  Yes  Yes

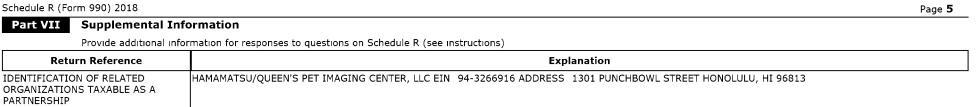
			age <b>3</b>
art V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
Gift, grant, or capital contribution from related organization(s)	1c	Yes	
i Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
n Purchase of assets from related organization(s)	1h		No
Exchange of assets with related organization(s)	<b>1</b> i		No
Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j	Yes	
Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
Performance of services or membership or fundraising solicitations for related organization(s)	. 11	Yes	
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
Sharing of paid employees with related organization(s)	10		No
Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
Other transfer of cash or property to related organization(s)	1r	$\vdash$	No
s Other transfer of cash or property from related organization(s)	<b>1</b> s		No
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			
Additional Data Table	(4)		
(a) (b) (c) Name of related organization Transaction Amount involved Method of determ	(d) ning amount	involved	t

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
									•	Schedul	e R (Form	1 99	0) 2018



Schedule R (Form 990) 2018

#### **Additional Data**

QUEEN EMMA LAND COMPANY

MOLOKAI GENERAL HOSPITAL

DIAGNOSTIC LABORATORY SERVICES INC

DIAGNOSTIC LABORATORY SERVICES INC

THE QUEEN'S DEVELOPMENT CORPORATION

THE QUEEN'S DEVELOPMENT CORPORATION

THE QUEEN'S DEVELOPMENT CORPORATION

QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

# Software Version: EIN: 99-0073524

Software ID:

Name: THE QUEEN'S MEDICAL CENTER

Form	Form 990, Schedule R, Part V - Transactions With Related Organizations									
	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved						
(1)	QUEEN EMMA LAND COMPANY	С	51,004,948	FMV						
(1)	QUEEN EMMA LAND COMPANY	k	726,854	FMV						

88,704

21,214,115

624,995

2,857,356

2,936,992

1,120,919

70,879

261,662

m

р

k

q

FMV

FMV

FMV

FMV

FMV

FMV

FMV

FMV