

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

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

D Employer identification number: 99-0073524

E Telephone number: (808) 538-9011

G Gross receipts \$ 1,858,567,647

F Name and address of principal officer:
 JASON CHANG
 1301 PUNCHBOWL STREET
 HONOLULU, HI 96813

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

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

J Website: ▶ WWW.QUEENS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1859 **M** State of legal domicile: HI

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5,771
6 Total number of volunteers (estimate if necessary)	6	330
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,764,599
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	58,025,207	68,788,935
9 Program service revenue (Part VIII, line 2g)	1,118,237,520	1,154,187,066
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,483,732	29,878,302
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,967,773	21,122,277
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,229,714,232	1,273,976,580
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,320,519	3,688,193
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	544,192,128	596,025,841
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 199,026		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	561,402,203	580,929,258
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,108,914,850	1,180,643,292
19 Revenue less expenses. Subtract line 18 from line 12	120,799,382	93,333,288

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,117,525,376	2,563,409,000
21 Total liabilities (Part X, line 26)	1,137,700,085	1,535,779,079
22 Net assets or fund balances. Subtract line 21 from line 20	979,825,291	1,027,629,921

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2021-05-11

PAUL MCDOWELL TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2021-05-04

Firm's name ▶ ERNST & YOUNG US LLP Check if self-employed PTIN: P00634378

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,130,224,861 including grants of \$ 3,688,193) (Revenue \$ 1,164,893,686)
See Additional Data

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,130,224,861

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 5,771			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		3b Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a	No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.		16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	1,073,149		
	d Related organizations	1d	39,404,720		
	e Government grants (contributions)	1e	25,048,362		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,262,704		
	g Noncash contributions included in lines 1a - 1f:\$	1g	287,436		
	h Total. Add lines 1a-1f		68,788,935		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a NET PATIENT REVENUE		622110	1,136,529,759	1,136,529,759	0	0
b INTERCOMPANY PURCHASED SERVICES		561000	14,345,612	14,345,612	0	0
c PATHOLOGY LABS		621500	3,311,695	0	3,311,695	0
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			1,154,187,066			

Other Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
3 Investment income (including dividends, interest, and other similar amounts)			9,562,593		641,115	8,921,478	
4 Income from investment of tax-exempt bond proceeds			0				
5 Royalties			15,698			15,698	
6a Gross rents	6a	(i) Real					
		(ii) Personal					
	6b Less: rental expenses						
	6c Rental income or (loss)	2,722,222					0
d Net rental income or (loss)			2,722,222			2,722,222	
7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
		(ii) Other					
	7b Less: cost or other basis and sales expenses	604,647,373					1,654,923
	7c Gain or (loss)	582,676,741					-1,654,923
d Net gain or (loss)			20,315,709			20,315,709	
8a Gross income from fundraising events (not including \$ 1,073,149 of contributions reported on line 1c). See Part IV, line 18	8a						
		8b Less: direct expenses					125,351
		c Net income or (loss) from fundraising events					259,403
9a Gross income from gaming activities. See Part IV, line 19	9a						
		9b Less: direct expenses					0
		c Net income or (loss) from gaming activities					0
10a Gross sales of inventory, less returns and allowances	10a						
		10b Less: cost of goods sold					0
		c Net income or (loss) from sales of inventory					0
Miscellaneous Revenue		Business Code					
11a OTHER SERVICES		621500	7,635,586	5,152,794	2,482,792	0	
b 340B REVENUE		621500	1,853,310	1,853,310	0	0	
c CIPN INCOME		813910	5,328,997	0	5,328,997	0	
d All other revenue			3,700,516	3,700,516		0	
e Total. Add lines 11a-11d			18,518,409				
12 Total revenue. See instructions			1,273,976,580	1,161,581,991	11,764,599	31,841,055	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,688,193	3,688,193		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,320,093	0	1,320,093	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	478,657,901	473,212,638	5,445,263	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,178,257	32,688,712	489,545	0
9 Other employee benefits	50,956,670	48,582,134	2,374,536	0
10 Payroll taxes	31,912,920	31,441,611	471,309	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	502,309	329,721	172,588	0
c Accounting	435,401	0	435,401	0
d Lobbying	56,548	0	56,548	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	707,340	0	707,340	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	136,012,713	134,132,384	1,880,329	0
12 Advertising and promotion	207,551	86,107	121,444	0
13 Office expenses	5,372,454	5,311,026	61,428	0
14 Information technology	1,051,281	1,051,246	35	0
15 Royalties	0	0	0	0
16 Occupancy	20,456,831	20,121,309	335,522	0
17 Travel	907,005	894,405	12,600	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,055,551	1,040,608	14,943	0
20 Interest	14,083,088	0	14,083,088	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	39,953,432	39,215,403	738,029	0
23 Insurance	9,409,151	146,944	9,262,207	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	187,854,725	187,854,725	0	0
b INTERCOMPANY EXPENSES	128,631,432	118,781,515	9,650,891	199,026
c TAXES	27,123,463	25,995,266	1,128,197	0
d UBI TAX EXPENSE	580	580		0
e All other expenses	7,108,403	5,650,334	1,458,069	
25 Total functional expenses. Add lines 1 through 24e	1,180,643,292	1,130,224,861	50,219,405	199,026
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	17,779	1	19,387
	2 Savings and temporary cash investments	8,315,274	2	12,334,640
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	161,153,762	4	150,850,134
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	12,993,753	8	14,938,391
	9 Prepaid expenses and deferred charges	8,913,782	9	10,401,705
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,010,617,119		
	b Less: accumulated depreciation	10b 609,018,929	363,933,586	10c 401,598,190
	11 Investments—publicly traded securities	383,510,233	11	548,475,167
	12 Investments—other securities. See Part IV, line 11	504,656,124	12	392,789,921
	13 Investments—program-related. See Part IV, line 11	604,012	13	2,825,098
	14 Intangible assets	0	14	21,419,068
	15 Other assets. See Part IV, line 11	673,427,071	15	1,007,757,299
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,117,525,376	16	2,563,409,000	
Liabilities	17 Accounts payable and accrued expenses	206,194,393	17	263,555,133
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	334,437,505	20	338,093,690
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	23,073,065	23	21,927,918
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	573,995,122	25	912,202,338
	26 Total liabilities. Add lines 17 through 25	1,137,700,085	26	1,535,779,079
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	957,010,662	27	1,005,849,393
	28 Net assets with donor restrictions	22,814,629	28	21,780,528
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	979,825,291	32	1,027,629,921	
33 Total liabilities and net assets/fund balances	2,117,525,376	33	2,563,409,000	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,273,976,580
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,180,643,292
3	Revenue less expenses. Subtract line 2 from line 1	3	93,333,288
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	979,825,291
5	Net unrealized gains (losses) on investments	5	-3,488,842
6	Donated services and use of facilities	6	150,691
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-42,190,507
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,027,629,921

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 99-0073524

Name: THE QUEEN'S MEDICAL CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARTHUR USHIJIMA TRUSTEE/PRESIDENT - PART YEAR	25.0 40.0	X		X				0	1,475,521	75,855
JEFFREY LOH MD PHYSICIAN	50.0 0.0					X		1,215,517	0	48,157
WHITNEY LIMM MD SENIOR VICE PRESIDENT	12.0 48.0			X				0	765,436	184,838
PETER TSAI MD PHYSICIAN	50.0 0.0					X		900,879	0	31,075
TODD SETO MD PHYSICIAN	50.0 0.0					X		844,069	0	51,095
JASON CHANG PRESIDENT	25.0 30.0			X				740,671	0	129,924
MICHEL RICCIONI TREASURER	20.0 45.0			X				0	748,504	120,576
SUNG BAE LEE MD PHYSICIAN	50.0 0.0					X		809,077	0	54,389
ERIC MARTINSON FORMER TREASURER	0.0 60.0						X	0	669,115	136,516
OMAR ABDUL GHANI PHYSICIAN	50.0 0.0					X		688,878	0	35,381

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN NITAO VP/GENERAL COUNSEL	2.0 53.0			X				0	541,209	105,736
SUSAN MURRAY VP/COO - QMC WEST OAHU	42.0 13.0			X				544,304	0	45,515
JILL HOGGARD GREEN TRUSTEE - EFF. 10/2019	25.0 40.0	X						0	549,163	3,837
SHARLENE TSUDA SECRETARY	2.0 53.0			X				0	358,689	87,979
CLINTON YEE ASSISTANT TREASURER	37.0 18.0			X				0	221,175	50,579
ROBB OHTANI MD TRUSTEE	41.0 0.0	X						0	234,960	0
JOELLE TANABE ASSISTANT SECRETARY	9.0 36.0			X				0	124,044	38,415
NADINE TENN SALLE MD TRUSTEE/CHIEF OF PEDIATRICS	14.0 1.0	X						0	36,288	0
MAENETTE BENHAM EDD TRUSTEE	1.0 2.0	X						0	0	0
GARY CAUFIELD TRUSTEE	1.0 2.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE CECCHETTINI RN TRUSTEE	1.0 2.0	X						0	0	0
PATRICK CHING TRUSTEE	1.0 2.0	X						0	0	0
KYLE CHOCK TRUSTEE	1.0 2.0	X						0	0	0
CHRISTINE GAYAGAS TRUSTEE - PART YEAR	1.0 1.0	X						0	0	0
PETER HALFORD MD TRUSTEE	1.0 1.0	X						0	0	0
PETER HANASHIRO TRUSTEE - PART YEAR	1.0 1.0	X						0	0	0
KEAWE KAHOLOKULA PHD TRUSTEE	1.0 1.0	X						0	0	0
KAMANI KUALA'AU TRUSTEE	1.0 1.0	X						0	0	0
STANLEY KURIYAMA TRUSTEE	1.0 1.0	X						0	0	0
KRISTI LEFFORGE TRUSTEE	1.0 2.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERRY MENOR-MCNAMARA TRUSTEE - PART YEAR	1.0	X						0	0	0
ROBERT MOMSEN TRUSTEE	1.0	X						0	0	0
CAMERON NEKOTA TRUSTEE	2.0 1.0	X						0	0	0
STEVEN NISHIDA MD TRUSTEE	1.0	X						0	0	0
JAMES STEINWASCHER TRUSTEE - PART YEAR	1.0	X						0	0	0
ALLEN UYEDA TRUSTEE	1.0	X						0	0	0
JENAI WALL TRUSTEE/CHAIR	1.0	X		X				0	0	0
LESLIE WILCOX TRUSTEE	6.0 1.0	X						0	0	0
C SCOTT WO PHD TRUSTEE	1.0	X						0	0	0
JIM YATES TRUSTEE	2.0 1.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 99-0073524

Name: THE QUEEN'S MEDICAL CENTER

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____


3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals
	56,548	141,608
	56,548	141,608
	1,130,168,313	1,363,873,323
	1,130,224,861	1,364,014,931
	1,000,000	1,000,000
	250,000	250,000

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	103,797	122,347	160,095	141,608	527,847
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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TY 2019 AffiliatedGroupAttachment

Name: THE QUEEN'S MEDICAL CENTER

EIN: 99-0073524

Explanation: NAME: QUEEN EMMA LAND COMPANY ADDRESS: 1301 PUNCHBOWL STREET HONOLULU, HI 96813 EIN: 99-0183769 EXPENSES: \$34,587,534 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: \$0 NAME: THE QUEEN'S HEALTH SYSTEMS ADDRESS: 1301 PUNCHBOWL STREET HONOLULU, HI 96813 EIN: 99-0238120 EXPENSES: \$122,782,942 501(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: \$1,130,224,861 501(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: \$12,511,469 501(H) ELECTION: YES SHARE OF EXCESS LOBBYING EXPENDITURES: \$0 NAME: QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL ADDRESS: 67-1125 MAMALAHOA HIGHWAY KAMUELA, HI 96743 EIN: 99-0260423 EXPENSES: \$58,908,125 501(H) ELECTION: NO SHARE OF EXCESS LOBBYING EXPENDITURES: \$0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,443,521	7,677,396	8,236,719	7,336,646	7,486,419
b Contributions	2,100	1,000	2,500	1,000	1,000
c Net investment earnings, gains, and losses	189,611	442,455	657,875	905,766	-135,813
d Grants or scholarships	12,500	89,672	82,401	5,948	14,000
e Other expenditures for facilities and programs	125,709	587,658	1,137,297	745	960
f Administrative expenses					
g End of year balance	7,497,023	7,443,521	7,677,396	8,236,719	7,336,646

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 79.000 %
 - c** Temporarily restricted endowment ▶ 21.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,683,149		50,683,149
b Buildings		630,565,341	396,190,110	234,375,231
c Leasehold improvements		16,083,385	12,693,292	3,390,093
d Equipment		259,806,470	200,135,527	59,670,943
e Other		53,478,774		53,478,774
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				401,598,190

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) POOLED INVESTMENTS-NON PUBLIC	392,789,921	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	392,789,921	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,007,263,594
(2) OTHER ASSETS-RESTRICTED FOR LT	236,146
(3) SECURITY DEPOSITS	91,167
(4) DEFERRED RENT	166,392
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,007,757,299

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DUE TO AFFILIATES	804,375,213
(3) DUE TO GOVERNMENT	107,827,125
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	912,202,338

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 99-0073524

Name: THE QUEEN'S MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS THE QUEEN'S MEDICAL CENTER USES THE EARNINGS ON PERMANENTLY 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, 2020.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
East Asia and the Pacific	0	76	Program Services	VACCINATE PATIENTS	307,000
3a Sub-total	0	76			307,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	76			307,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BENEFIT DINNER (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
1	Gross receipts	1,198,500			1,198,500
2	Less: Contributions	1,073,149			1,073,149
3	Gross income (line 1 minus line 2)	125,351			125,351
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,309			1,309
	7 Food and beverages	170,409			170,409
	8 Entertainment	10,471			10,471
	9 Other direct expenses	77,214			77,214
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				259,403
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-134,052

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
 THE QUEEN'S MEDICAL CENTER

Employer identification number
 99-0073524

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,418,000		4,418,000	0.370 %
b Medicaid (from Worksheet 3, column a)			92,854,000	73,181,000	19,673,000	1.670 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			97,272,000	73,181,000	24,091,000	2.040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			17,757,000		17,757,000	1.500 %
f Health professions education (from Worksheet 5)			15,305,000		15,305,000	1.300 %
g Subsidized health services (from Worksheet 6)			8,291,000	5,856,000	2,435,000	0.210 %
h Research (from Worksheet 7)			867,000		867,000	0.070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,504,000		3,504,000	0.300 %
j Total. Other Benefits			45,724,000	5,856,000	39,868,000	3.380 %
k Total. Add lines 7d and 7j			142,996,000	79,037,000	63,959,000	5.420 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 61,614,000		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 61,614,000		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 291,401,000
6 Enter Medicare allowable costs of care relating to payments on line 5	6 330,208,000
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -38,807,000
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 The Queen's Medical Center

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>	Yes	
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

The Queen's Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

The Queen's Medical Center

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

The Queen's Medical Center

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 28

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6	COMMUNITY BENEFIT REPORT - RELATED ORGANIZATION COMMUNITY BENEFITS ARE REPORTED ANNUALLY AS PART OF THE FORM 990. THIS IS NOT SEPARATELY AVAILABLE TO THE PUBLIC. A FORMAL REPORT ISSUED BY THE PARENT COMPANY, THE 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).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	THE QUEEN EMMA CLINICS PROVIDE COMPREHENSIVE PATIENT CARE TO INDIGENT PATIENTS AND SERVE A LARGE HOMELESS POPULATION.
SCHEDULE H, PART II, LINE 10	COMMUNITY BUILDING ACTIVITIES IN ORDER TO MAINTAIN NECESSARY LIFE SUPPORT, DIAGNOSTIC AND OPERATING SYSTEMS, IN THE EVENT OF AN EMERGENCY, QMC SIGNIFICANTLY UPGRADED ITS POWER PLANT BY ADDING TWO NEW GENERATORS THAT ARE CAPABLE OF PROVIDING ELECTRICAL POWER FOR THE MEDICAL CENTER. 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	QMC PROVIDES AN ALLOWANCE AGAINST ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE BY ESTABLISHING AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. QMC ESTIMATES THE ALLOWANCE BASED ON THE AGING OF THE ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR AND OTHER RELEVANT FACTORS. QMC PROVIDES MEDICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (PATIENTS ARE NOT BILLED - CHARITY CARE) AND PATIENTS WHO REFUSE TO PAY (BAD DEBTS). THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER QMC'S FINANCIAL ASSISTANCE POLICY IS CALCULATED BASED ON THE COST-TO-CHARGE RATIO. 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, 2020.
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 RECEIVABLES FOR PATIENT SERVICES. "ACCOUNTS RECEIVABLE PRIMARILY COMPRISE AMOUNTS DUE FOR HEALTHCARE SERVICES FROM PATIENTS AND THIRD-PARTY PAYORS AND ARE RECORDED NET OF AMOUNTS FOR CONTRACTUAL ADJUSTMENTS, IMPLICIT PRICE CONCESSIONS AND BAD DEBTS."

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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, 2020 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 \$102,747,000. 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.

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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 WELL-BEING OF NATIVE HAWAIIANS AND ALL THE PEOPLE OF HAWAII. USING PUBLICLY AVAILABLE REPORTS AND DATA, AND THROUGH DISCUSSION WITH STAKEHOLDERS, QMC ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY WE SERVE BY FOCUSING ON FIVE STRATEGIC DIMENSIONS INCLUDING SUPERIOR QUALITY AND PERFORMANCE, BEING THE PROVIDER OF CHOICE, EMPLOYER OF CHOICE, DISPLAYING RESPONSIBLE CITIZENSHIP AND FOCUSING ON FINANCIAL PERFORMANCE. CORE STRATEGIES INVOLVING RESPONSIBLE CITIZENSHIP TO THE COMMUNITY INCLUDE HARDWIRING OUR NATIVE HAWAIIAN HEALTH STRATEGIC PLAN THROUGHOUT 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.

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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 MOLOKA'I, 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.
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT N/A

Additional Data**Software ID:****Software Version:****EIN:** 99-0073524**Name:** THE QUEEN'S MEDICAL CENTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	<p>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 CHNA. THE CONVERSATIONS BEGAN WITH A FEW GENERAL QUESTIONS, 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 THE 2018 CHNA 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 OF THE CHNA.</p>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 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 LANAI 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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A & 10A	WEBSITE WHERE THE QUEEN'S MEDICAL CENTER FACILITY'S CHNA CAN BE ACCESSED: https://www.queens.org/about-us/community-benefit-qhs

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>NEEDS ASSESSED TOGETHER, THE HEALTHCARE ASSOCIATION OF HAWAII (HAH) MEMBER HOSPITALS PRIORITIZED THE AREAS OF NEED FOR THE STATE. THE TOP RANKED GOALS WERE: 1. SECURE THE BASIC FOUNDATIONS 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 COMMUNITY IDENTITY AND COHESIVENESS 2.3 INVEST IN TEENAGERS AND HEALTHY STARTS 2.4 SHIFT KUPUNA 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 THOSE 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 MEDICAL CENTER (QMC), QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL (NHCH) AND MOLOKAI GENERAL HOSPITAL (MGH), DISCUSSED THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THIS ASSESSMENT AND SELECTED GOAL 3.2 AS THE GOAL FOR THE SYSTEM. (QUEEN'S SENIOR MANAGEMENT TEAM INCLUDES THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, OPERATING ENTITY HEADS, CLINICAL LEADERS [PHYSICIANS AND SERVICE LINES], AND THOSE RESPONSIBLE FOR SYSTEM-WIDE FUNCTIONS SUCH AS HUMAN RESOURCES, FINANCE, ENDOWMENT, LEGAL, CORPORATE DEVELOPMENT, INFORMATION TECHNOLOGY, AND COMMUNITY DEVELOPMENT). STATEWIDE PRIORITY 3.2 WAS IDENTIFIED AS A HIGHEST NEEDED 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 PRIORITY AREA. THE REASONS CONSIDERED IN SELECTING THIS PRIORITY INCLUDE: 1. QUEEN'S MISSION AND THE FOCUS ON NATIVE HAWAIIANS... "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 OF THE PEOPLE OF HAWAII." 2. NATIVE HAWAIIANS HAVE POORER HEALTH STATUS AND HIGHER CHRONIC DISEASE RISK IN COMPARISON TO OTHER ETHNIC GROUPS. 2.1 THEY HAVE A LOWER LIFE EXPECTANCY (6.2 YEARS LOWER THAN OVERALL RESIDENTS OF HAWAII) AND HIGHER MORTALITY RATES THAN ALL OTHER ETHNICITIES. 2.2 NATIVE HAWAIIANS' HIGHER RISK FOR CHRONIC DISEASE RESULTS FROM HIGHER PREVALENCE OF OBESITY, SMOKING, AND CHRONIC ALCOHOL USE. 2.3 LEADING CAUSES OF DEATH IN WHICH NATIVE HAWAIIANS ARE DISPROPORTIONATELY REPRESENTED INCLUDE DIABETES, HEART DISEASE, AND CANCER. 3. AS PART OF QHS' SYSTEM-WIDE GOAL "MALAMA COMMUNITY ... SIGNIFICANTLY IMPACT UNMET COMMUNITY HEALTH CARE NEEDS IN OUR COMMUNITY," WE ARE UPDATING OUR NATIVE HAWAIIAN HEALTH STRATEGIC PLAN, CALLED KAHUA OLA. UNDERTAKING INITIATIVES TO ADDRESS THIS STATEWIDE PRIORITY WOULD ALIGN WELL WITH KAHUA OLA. STRATEGIES: 1. IMPROVE ACCESS TO HEALTH CARE SERVICES (F</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>Y2020 - FY2022) 1.1 REDUCE BARRIERS TO ACCESSING PRIMARY CARE AND SPECIALTY CARE IN THE 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 QMC-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.</p>

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	OTHER ELIGIBILITY CRITERIA MEDICARE OR MEDICAID/QUEST ELIGIBILITY

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, 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/pay-your-bill-qmc .

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

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

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

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

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

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

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

Name and address	Type of Facility (describe)
1 QMC West Oahu Specialty Clinics 91-2135 Fort Weaver Road Ste 401 EWA BEACH, HI 96706	Outpatient Specialty Clinics
1 Queen's HeartGeriatrics 550 S Beretania Street Ste 601 HONOLULU, HI 96813	Cardiac Care Center
2 QMC - Endoscopy 550 S Beretania Street Ste 701 HONOLULU, HI 96813	Endoscopy Services
3 Queen's Imaging 91-2139 Fort Weaver Road Ste 108 EWA BEACH, HI 96706	Imaging Services
4 QMC - Pain & Spine 550 S Beretania Street Ste 703/704 HONOLULU, HI 96813	Pain and Spine Clinic
5 QMC - Radiology 550 S Beretania Street Ste B-1 HONOLULU, HI 96813	Radiology Services
6 QMC - Gastroenterology 550 S Beretania Street Ste 501 HONOLULU, HI 96813	Gastroenterology Services
7 QMC - Radiology 1329 Lusitana Street Ste B-1 HONOLULU, HI 96813	Radiology Services
8 Queen's Imaging 91-2135 Fort Weaver Road Ste 103 EWA BEACH, HI 96706	Imaging Services
9 QMC - Transplant Center 550 S Beretania Street Ste 404/406 HONOLULU, HI 96813	Organ Transplant Center
10 IUC - Pearl Kai 98-199 Kamehameha Highway Ste F-01 AIEA, HI 96701	Urgent Care Clinic
11 IUC - Kakaako 400 Keawe Street Ste 101/102 HONOLULU, HI 96813	Urgent Care Clinic
12 QMC - Valve & Structural Heart 550 S Beretania Street Ste 702 HONOLULU, HI 96813	Cardiac Care Center
13 QMC Neuroscience Institute 550 S Beretania Street Ste 400/405 HONOLULU, HI 96813	Neuroscience Services
14 QMC West Patient Care Services 91-2127 Fort Weaver Road EWA BEACH, HI 96706	Infusion Clinic, Wound Care, Diabetes Ed

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

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

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

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

Name and address	Type of Facility (describe)
16 IUC - Waikiki 449 Kapahulu Ave Ste 104 HONOLULU, HI 96815	Urgent Care Clinic
1 QMC - OncologyHematology 1380 Lusitana Street Ste 608 HONOLULU, HI 96813	Oncology/Hematology
2 Queen's Heart 551 S Beretania Street Ste 610 HONOLULU, HI 96813	Cardiac Care Center
3 IUC - Hawaii Kai 377 Keahole Street Ste D-1 HONOLULU, HI 96825	Urgent Care Clinic
4 Queen's Heart Physician Practice 98-1247 Kaahumanu Street Ste 206 AIEA, HI 96701	Cardiac Care Center
5 QMC - CWMP 1380 Lusitana Street Ste 300 HONOLULU, HI 96813	Comprehensive Weight Management
6 Physician Center 91-2139 Fort Weaver Road Ste 101 EWA BEACH, HI 96706	Physician Center
7 QMC - Pulmonology 1331 Lusitana Street Ste 704 HONOLULU, HI 96813	Pulmonology/Sleep Clinic
8 QMC - Acute Care Surgical Center 550 S Beretania Street Ste 509 HONOLULU, HI 96813	Acute Care Services
9 QMC - Pulmonology 1330 Lusitana Street Ste 107 HONOLULU, HI 96813	Pulmonology
10 QMC - Head and Neck 1380 Lusitana Street Ste 615 HONOLULU, HI 96813	Head and Neck Institute
11 Queen's Heart 1380 Lusitana Street Ste 913 HONOLULU, HI 96813	Cardiac Care Center
12 QMC West Oahu Specialty Clinincs 91-2139 Fort Weaver Road Ste 203 EWA BEACH, HI 96706	Specialty Clinics

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE QUEEN'S MEDICAL CENTER

Employer identification number

99-0073524

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Aloha Medical Mission 810 North Vineyard Blvd Honolulu, HI 96817	99-0234811	501c(3)	10,000				Sponsorship 2019 Benefit Concert
American Cancer Society 2370 Nuuanu Avenue Honolulu, HI 96817	13-1788491	501c(3)	17,500				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Diabetes Association 875 Waimanu Street Ste 601 Honolulu, HI 96813	13-1623888	501c(3)	60,000				Sponsorship "2020 ADA Hawaii Year Round Sponsorship"
American Heart Association 677 Ala Moana Boulevard Ste 600 Honolulu, HI 96813	13-5613797	501c(3)	30,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross 4155 Diamond Head Road Honolulu, HI 96816	53-0196605	501c(3)	15,000				Sponsorship "2020 Red Cross Corporate Partner Program"
Arthritis Foundation 1355 Peachtree Street NE Ste 600 Atlanta, GA 30309	58-1341679	501c(3)	10,000				Sponsorship "2019 Taste of the Town"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Assistance Dogs of Hawaii 675 Kealaloa Avenue Makawao, HI 96768	99-0353694	501c(3)	30,000				General Support
Boy Scouts of America Aloha Council 42 Puiwa Rd Honolulu, HI 96817	99-0073482	501c(3)	7,500				Sponsorship "2019 Hawaii's Distinguished Citizen"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys and Girls Club of Hawaii 1000 Bishop Street Ste 550 Honolulu, HI 96813	99-6005407	501c(3)	6,000				Sponsorship "23rd Annual Walk in the Country, Build Great Futures"
Child and Family Service 91-1841 Fort Weaver Rd Ewa Beach, HI 96706	99-0073483	501c(3)	15,000				Sponsorship "A Night on Broadway"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Council for Native Hawaiian Advancement 91-1270 Kinoiki Street Building 1 Kapolei, HI 96707	91-0313383	501c(3)	13,000				General Support
Farrington High School Health Academy 1564 N King St Honolulu, HI 96817	99-0266482	501c(3)	62,000				Contribution "Supplies and Equipment for Medical Assistant Program"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friends of Iolani Palace The PO Box 2259 1001 Bishop Street Honolulu, HI 96804	99-0115665	501c(3)	15,000				Sponsorship "Fundraising Gala"
Hawaii Academy of Science 1776 University Avenue UA4 Rm 4 Honolulu, HI 96822	99-6006863	501c(3)	10,000				Sponsorship "2020 support for the Hawaii State Science & Engineering Fair"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hawaii Cancer Consortium 55 Merchant Street Honolulu, HI 96813	45-2280259	501c(3)	500,000				General Support
Hawaii Community Foundation 827 Fort Street Mall Honolulu, HI 96813	99-0261283	501c(3)	5,500				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hawaii Executive Conference 1000 Bishop Street Ste 202 Honolulu, HI 96813	94-3278794	501c(3)	7,500				Contribution "2019 Hawaii Executive Conference"
Hawaii Food & Wine Festival PO Box 235480 850 Richards Stree Honolulu, HI 96823	46-0618609	501c(3)	17,500				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hawaii Homeless Healthcare Hui 1301 Punchbowl Street Clark Apt 40 Honolulu, HI 96813	82-3190718	501c(3)	500,000				General Support
HI Share 3571 Manoa Rd Honolulu, HI 96822	83-2046210	501c(3)	25,000				Contribution "Support for 3-part documentary series on Climate Change Crisis Facing Hawaii"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hina Mauka 45-845 Pookela Street Kaneohe, HI 96744	99-0173356	501c(3)	10,000				Contribution "2019 50th Anniversary Benefit Luau, Kokua Na Haumana"
Hospice Hawaii Inc 860 Iwilei Road Honolulu, HI 96817	99-0203930	501c(3)	10,000				Sponsorship "40th Anniversary Gala, The Voyage Together"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Island Pacific Academy 909 Haumea St Kapolei, HI 96707	68-0534162	501c(3)	20,000				Sponsorship "2019 Annual Grand Expedition: Oh the Places We'll Go"
Kawaiahao Church Corporation 957 Punchbowl St Honolulu, HI 96813	99-0075241	501c(3)	50,000				Sponsorship "2020 Bicentennial Commemorative Celebration"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kokua Kalihi Valley 2239 North School Street Honolulu, HI 96819	99-0149797	501c(3)	10,000				Contribution "Support expanding access to traditional medicine"
Kokua Mau PO Box 62155 Honolulu, HI 96839	99-0339201	501c(3)	20,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kupu 677 Ala Moana Blvd Ste 1200 Honolulu, HI 96813	51-0652665	501c(3)	50,000				Contribution "Grant to provide free, consistent and nutritious meals for individuals and families affected by COVID-19"
Legacy of Life Hawaii 405 N Kuakini Street Ste 810 Honolulu, HI 96817	99-0257883	501c(3)	27,500				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lunalilo Home 501 Kekauluohi Street Honolulu, HI 96825	99-0075244	501c(3)	9,000				General Support
Ma'O Organic Farms PO Box 441 Waianae, HI 96792	99-0350803	501c(3)	54,983				Contribution "Alumni Survey Project"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes Foundation 1451 South King Street Ste 504 Honolulu, HI 96814	13-1846366	501c(3)	20,000				General Support
Navian Hawaii 860 Iwilei Road Honolulu, HI 96817	99-0203930	501c(3)	12,500				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pacific Buddhist Academy 1754 Lusitana Street Honolulu, HI 96813	04-3660909	501c(3)	6,000				General Support
Polynesian Football Hall of Fame PO Box 11266 Honolulu, HI 96828	46-3158865	501c(3)	25,000				Sponsorship "2020 Polynesian Bowl"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Public Schools of Hawaii Foundation PO Box 4148 Honolulu, HI 96812	88-0243449	501c(3)	15,000				Sponsorship "29th Annual Kulia I Ka Nu'u Awards Banquet"
Rehab Foundation 226 North Kuakini Street Honolulu, HI 96817	99-0241634	501c(3)	6,750				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Andrews Schools 224 Queen Emma Square Honolulu, HI 96813	99-0073525	501c(3)	125,000				General Support
St Francis Healthcare Foundation of HI 2228 Liliha Street Ste 205 Honolulu, HI 96817	99-0240060	501c(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G Komen Hawaii 3555 Harding Ave Ste 2D Honolulu, HI 96816	75-1835298	501c(3)	20,000				General Support
University of Hawaii Foundation 2444 Dole Street Bachman Hall 105 Honolulu, HI 96822	99-0085260	501c(3)	1,048,858				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Hawaii JABSON PO Box 11270 Honolulu, HI 968280270	99-6000354	GOVT	559,634				Project Hooulu Kukui
Waimanalo Health Center 41-1295 Kalaniana'ole Hwy Waimanalo, HI 96795	99-0273205	501c(3)	40,000				Contribution "Support for Facility expansion"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Young Womens Christian Association 1040 Richard Street Honolulu, HI 96813	99-0073534	501c(3)	5,250				General Support

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	THE ORGANIZATION RELIED ON THE QUEEN'S HEALTH SYSTEMS (QHS, PARENT COMPANY) TO DETERMINE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL. QHS USED A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY AND STUDY, FORM 990 OF OTHER ORGANIZATIONS AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
SCHEDULE J, PART I, LINE 7	OTHER NON-FIXED PAYMENTS RECOGNITION AWARDS WERE PAID TO EMPLOYEES BASED ON ACCOMPLISHMENTS OF PREDETERMINED GOALS SET FORTH IN THE INCENTIVE AND STRATEGIC PLANS AND DEFINED ELIGIBILITY OF THE EMPLOYEE. RECOGNITION AWARDS ARE DISCRETIONARY AND CONSIDER QUALITY THRESHOLDS WHICH INCLUDE ANNUAL ACCREDITATION AND MINIMUM OPERATING INCOME LEVEL CRITERIA. IN ADDITION, EXECUTIVE AWARDS ARE WEIGHTED BASED ON INDIVIDUAL GOALS ESTABLISHED FOR EACH EXECUTIVE. ALSO, CERTAIN PHYSICIANS RECEIVE INCENTIVE COMPENSATION BASED ON PROFESSIONAL SERVICES COLLECTIONS BY QMC. A MAXIMUM OF SUCH INCENTIVE COMPENSATION IS CAPPED ACCORDING TO QMC POLICY.
SCHEDULE J, PART II & FORM 990, PART VII	COMPENSATION PAID FOR SERVICES ARTHUR A. USHIJIMA MR. USHIJIMA SERVED AS A TRUSTEE FOR THE QUEEN'S HEALTH SYSTEMS AND SEVERAL OTHER QUEEN'S RELATED AFFILIATES THROUGH SEPTEMBER 2019. MR. USHIJIMA ALSO SERVED 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 WAS 1 HOUR PER WEEK. HE WAS A VOLUNTEER TRUSTEE AND WAS NOT COMPENSATED FOR THESE SERVICES. THE COMPENSATION LISTED WAS HIS TOTAL COMPENSATION FOR HIS VARIOUS SERVICES. JILL HOGGARD GREEN MS. HOGGARD GREEN SERVES AS A TRUSTEE FOR THE QUEEN'S HEALTH SYSTEMS AND SEVERAL OTHER QUEENS RELATED AFFILEATES. MS HOGGARD GREEN ALSO SERVES AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE QUEEN'S HEALTH SYSTEMS ("QHS", PARENT COMPANY). HER HOURS SERVED AS A TRUSTEE OF QMC ARE 25 HOURS PER WEEK. SHE IS A VOLUNTEER AND IS NOT COMPENSATED FOR THESE SERVICES. THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR HER VARIOUS SERVICES. JASON CHANG MR. CHANG SERVES AS EVP AND COO OF QHS AND PRESIDENT 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 LISTED IS HER TOTAL 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 LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES. ERIC MARTINSON MR. MARTINSON SERVED AS PRESIDENT OF QEL AND VICE PRESIDENT/CHIEF INVESTMENT OFFICER OF QHS. HE WAS NOT SEPARATELY COMPENSATED FOR THESE SERVICES. THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES WHITNEY LIMM, MD DR. LIMM SERVES AS SENIOR VP OF CLINICAL INTEGRATION AND CHIEF PHYSICIAN EXECUTIVE OF QHS AND QMC. HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES. THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES. JOHN NITAO MR. NITAO SERVES AS VP/GENERAL COUNSEL FOR THE QUEEN'S HEALTH SYSTEMS AND QMC AND CORPORATE SECRETARY OF QEL. HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES. THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES. SUSAN MURRAY MS. MURRAY SERVES AS SENIOR VP OF QHS-WEST OAHU REGION AND COO OF QMC-WEST OAHU. SHE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES. THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES. CLINTON YEE MR. YEE SERVES AS CORPORATE CONTROLLER OF QUEEN'S HEALTH SYSTEMS, ASSISTANT TREASURER OF QMC, QHS QEL AND TREASURER OF MGH. HE IS NOT SEPARATELY COMPENSATED FOR THESE SERVICES. THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR ALL SERVICES. JOELLE TANABE MS. TANABE SERVED AS ASSISTANT SECRETARY OF QMC AND QHS AND THE DIRECTOR OF CORPORATE GOVERNANCE OF QHS. SHE WAS NOT SEPARATELY COMPENSATED FOR THESE SERVICES. THE COMPENSATION LISTED IS HER TOTAL COMPENSATION FOR ALL SERVICES. ROBB OHTANI MD DR. OHTANI SERVES AS A TRUSTEE FOR QMC. HE IS A VOLUNTEER TRUSTEE AND IS NOT COMPENSATED FOR THESE SERVICES. THE COMPENSATION LISTED IS HIS TOTAL COMPENSATION FOR HIS ON-CALL SPECIALTY SERVICES.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ARTHUR USHIJIMA TRUSTEE/PRESIDENT - PART YEAR	(i)	0	0	0	0	0	0	0
	(ii)	956,872	362,479	156,170	60,842	15,013	1,551,376	0
1JEFFREY LOH MD PHYSICIAN	(i)	451,170	745,856	18,491	25,227	22,930	1,263,674	0
	(ii)	0	0	0	0	0	0	0
2WHITNEY LIMM MD SENIOR VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	552,277	184,170	28,989	169,085	15,753	950,274	0
3PETER TSAI MD PHYSICIAN	(i)	848,710	50,927	1,242	5,769	25,306	931,954	0
	(ii)	0	0	0	0	0	0	0
4TODD SETO MD PHYSICIAN	(i)	393,521	449,306	1,242	43,045	8,050	895,164	0
	(ii)	0	0	0	0	0	0	0
5JASON CHANG PRESIDENT	(i)	554,643	185,488	540	107,318	22,606	870,595	0
	(ii)	0	0	0	0	0	0	0
6MICHEL RICCONI TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	542,658	181,167	24,679	103,558	17,018	869,080	0
7SUNG BAE LEE MD PHYSICIAN	(i)	657,376	124,398	27,303	28,680	25,709	863,466	0
	(ii)	0	0	0	0	0	0	0
8ERIC MARTINSON FORMER TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	484,498	163,266	21,351	111,211	25,305	805,631	0
9OMAR ABDUL GHANI PHYSICIAN	(i)	370,207	317,915	756	12,600	22,781	724,259	0
	(ii)	0	0	0	0	0	0	0
10JOHN NITAO VP/GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	423,699	106,961	10,549	81,654	24,082	646,945	0
11SUSAN MURRAY VP/COO - QMC WEST OAHU	(i)	378,517	110,578	55,209	30,219	15,296	589,819	0
	(ii)	0	0	0	0	0	0	0
12JILL HOGGARD GREEN TRUSTEE - EFF. 10/2019	(i)	0	0	0	0	0	0	0
	(ii)	243,592	304,680	891	0	3,837	553,000	0
13SHARLENE TSUDA SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	274,642	69,262	14,785	72,551	15,428	446,668	0
14CLINTON YEE ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	189,835	22,040	9,300	27,131	23,448	271,754	0
15ROBB OHTANI MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	234,960	0	0	0	0	234,960	0
16JOELLE TANABE ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	106,237	12,600	5,207	15,659	22,756	162,459	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number

99-0073524

Part I Bond Issues

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

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	0			
2 Amount of bonds legally defeased	0			
3 Total proceeds of issue	350,362,507			
4 Gross proceeds in reserve funds	0			
5 Capitalized interest from proceeds	0			
6 Proceeds in refunding escrows	0			
7 Issuance costs from proceeds	4,726,000			
8 Credit enhancement from proceeds	0			
9 Working capital expenditures from proceeds	0			
10 Capital expenditures from proceeds	185,627,500			
11 Other spent proceeds	160,009,007			
12 Other unspent proceeds	0			
13 Year of substantial completion	2019			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16 Has the final allocation of proceeds been made?		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Description of Arrangement Related Organization Reporting	SCHEDULE K 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 REPORTED ON SCHEDULE K IS FOR THE ENTIRE BOND ISSUE. THE OUTSTANDING BOND LIABILITY IS ALLOCATED BETWEEN ENTITIES AND REPORTED SEPERATELY ON FORM 990, PART X. QMC'S SHARE OF THE OUTSTANDING LIABILITY IS \$338,093,690.

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 BOND'S 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

Return Reference	Explanation
PART IV, LINE 2C	THE REBATE CALCULATION WAS PERFORMED ON JANUARY 29, 2020.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		142,715	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	4	27,232	FMV
20 Drugs and medical supplies	X	11	111,739	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TABLE FAVORS)	X	1	5,750	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	THE AMOUNTS REPORTED IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
THE QUEEN'S MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

99-0073524

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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 QUEEN 'S MEDICAL CENTER HAS 505 ACUTE CARE BEDS AND 28 SUB-ACUTE CARE BEDS. WITH OVER 3,000 EMPLOYEES AND OVER 1,200 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 ITS PROGRAMS IN CANCER, CARDIOVASCULAR DISEASE, NEUROSCIENCE, ORTHOPEDICS , SURGERY, TRAUMA, BEHAVIORAL MEDICINE AND WOMEN'S HEALTH. QMC OFFERS A COMPREHENSIVE RANGE OF SPECIALTIES, INCLUDING CARDIAC DIAGNOSTICS, GASTROENTEROLOGY, GENETICS, GERIATRICS, GYNECOLOGY, NEONATOLOGY, OBSTETRICS AND PULMONOLOGY. QMC SERVES AS THE MAIN TRAUMA CENTER I N 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 TRAUMA (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 VHA, A NATIONAL COOPERATIVE OF OVER 1,400 HOSPITALS. QMC SUPPORTS NATIVE HAWAIIAN HEALTH INITIATIVES THROUGH MANY OF ITS PROGRAMS AND SERVICES, PARTICULARLY ITS NATIVE HAWAIIAN HEALTH PROGRAM (NHHP). THE FOCUS AREAS OF NHHP INCLUDE IMPROVEMENTS IN CLINICAL OUTCOMES, HEALTHCARE TRAINING, RESEARCH, AND ACCESS AND OUTREACH. NHHP CONDUCTS ONGOING ASSESSMENT AND DEVELOPMENT OF QMC PROGRAMS AND SERVICES FOCUSED ON NATIVE HAWAIIANS, INCLUDING SPECIFIC CLINICAL PROGRAMS IN AREAS SUCH AS CARDIOLOGY, ONCOLOGY, COMPREHENSIVE WEIGHT MANAGEMENT, MEDICINE, NEUROSCIENCE, AND DIABETES. QMC COLLABORATES AND PARTNERS TO PROVIDE HEALTHCARE TRAINING AND EDUCATION OPPORTUNITIES TO NATIVE HAWAIIAN STUDENTS AND THOSE COMMITTED TO SERVING NATIVE HAWAIIAN COMMUNITIES FROM ADOLESCENCE TO GRADUATE STUDIES, SUCH AS , THE ULU KUKUI PROJECT, WHICH IS A PRE-COLLEGE SCIENCE EDUCATION PROGRAM AT STEVENSON MIDDLE SCHOOL TO PROMOTE EXCELLENCE IN SCIENCE EDUCATION AND THE PURSUIT OF BIOMEDICAL CAREERS BY NATIVE HAWAIIANS AND PACIFIC ISLANDERS. IN ADDITION, NHHP PROGRAMS FOCUS ON QUALITY IMPROVEMENT AND INCREASED ACCESS FOR NATIVE HAWAIIANS TO QMC AND COLLABORATE WITH THE NATIVE HAWAIIAN COMMUNITY IN EDUCATION, RESEARCH, AND COMMUNITY OUTREACH. THROUGH EACH OF THESE AREAS OF FOCUS, NHHP WORKS TO PROVIDE A FRAMEWORK FOR THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF CLINICAL INITIATIVES THAT AIM TO ENHANCE THE OLA PONO (WELL BEING) OF NATIVE HAWAIIANS. IN ADDITION TO NHHP, MANY OF QMC'S PROGRAM SERVICES DESCRIBED BELOW PROVIDE BENEFITS TO NATIVE HAWAIIANS, I</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>NCLUDING COMPONENTS OF CHARITY CARE AND UNCOMPENSATED CARE PROVIDED TO OUR PATIENTS. TO SU PPORT THE QUEEN'S MISSION AND TO FULFILL THE TAX EXEMPT PURPOSE AS A CHARITABLE HOSPITAL, QUEEN'S PROVIDED THE FOLLOWING COMMUNITY BENEFITS, TOTALING APPROXIMATELY \$164.4M ON A SYS TEM-WIDE BASIS, FOR THE YEAR ENDED JUNE 30, 2020. 1. UNCOMPENSATED CARE - QMC PROVIDES MED ICAL SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY (CHARITY CARE) AND PATIENTS W HO REFUSE TO PAY (BAD DEBTS). FOR THE YEAR ENDED JUNE 30, 2020, THE ESTIMATED COST OF PROV IDING CHARITY CARE AND FOR SERVICES THAT WERE BAD DEBTS WAS \$4,418,000 AND \$61,614,000 RES PECTIVELY. 2. BEHAVIORAL HEALTH - QMC PROVIDES INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES THAT ARE NECESSARY AND IN CERTAIN INSTANCES, NOT GENERALLY AVAILABLE IN THE STATE OF HAWAII. THE ESTIMATED COST OF OPERATIONS RESULTING FROM BEHAVIORAL HEALTH SERVICES WAS \$257,000 FOR THE YEAR ENDED JUNE 30, 2020. 3. QUEEN EMMA CLINICS - QMC PROVIDES OUTPATIEN T SERVICES TO INDIGENT PATIENTS AND OTHERS THROUGH THE QUEEN EMMA CLINICS. THE ESTIMATED C OST OF OPERATION OF THE QUEEN EMMA CLINICS WAS APPROXIMATELY \$989,000 FOR THE YEAR ENDED J UNE 30, 2020. 4. ON CALL PHYSICIAN COMPENSATION - QMC MAINTAINS THE ONLY LEVEL I TRAUMA CE NTER IN THE STATE OF HAWAII. IN ORDER TO PROVIDE LEVEL I TRAUMA COVERAGE, THE MEDICAL CENT ER INCURRED APPROXIMATELY \$11,370,000 IN ON CALL PHYSICIAN COVERAGE DURING THE YEAR ENDED JUNE 30, 2020. 5. FELLOWSHIP, RESIDENT AND INTERN COSTS - QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT OF APPROXIMATELY \$14,924,000 DURING THE YEAR ENDED JUNE 30, 2020 RELATED 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. 6. HAWAII MED ICAL LIBRARY - QMC MAINTAINS A MEDICAL LIBRARY THAT BENEFITS HEALTHCARE PROFESSIONALS IN T HE STATE OF HAWAII. THE ESTIMATED COST OF OPERATING THE HAWAII MEDICAL LIBRARY FOR THE YEA R ENDED JUNE 30, 2020 WAS \$381,000. 7. 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 SERVICES. THE ESTIMATED CO ST OF PROVIDING THESE SERVICES FOR THE YEAR ENDED JUNE 30, 2020 WAS \$1,341,000. 8. RESEARC H LOSSES - QMC EMPLOYS STAFF AND INCURS UNFUNDED COSTS FOR MEDICAL RESEARCH. FOR THE YEAR ENDED JUNE 30, 2020, RESEARCH COSTS WERE \$867,000. 9. CHARITABLE CONTRIBUTIONS - QMC MAKES CONTRIBUTIONS TO OUTSIDE CHARITABLE ORGANIZATIONS. FOR THE YEAR ENDED JUNE 30, 2020, CONT RIBUTIONS TO OUTSIDE CHARITABLE ORGANIZATIONS CONSISTENT WITH QMC'S EXEMPT PURPOSE WERE \$3 ,189,000. OF THIS AMOUNT, \$560,000 WAS FOR FUNDING TO THE DEPARTMENT OF NATIVE HAWAIIAN HE ALTH UNDER THE JOHN A. BURNS SCHOOL OF MEDICINE OF THE UNIVERSITY OF HAWAII, \$500,000 WAS DONATED TO THE UNIVERSITY OF HAWAII CANCER CONSORTIUM AND \$500,000 WAS DONATED TO HAWAII H OMELESS HEALTHCARE HUI.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	<p>10. MEDICAID SHORTFALL IN PAYMENTS - QMC PROVIDES INPATIENT AND OUTPATIENT SERVICES TO MEDICAID PATIENTS IN THE STATE OF HAWAII. QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT OF APPROXIMATELY \$19,673,000 DURING THE YEAR ENDED JUNE 30, 2020. 11. MEDICARE SHORTFALL IN PAYMENTS - QMC PROVIDES INPATIENT AND OUTPATIENT SERVICES TO MEDICARE PATIENTS IN THE STATE OF HAWAII. QMC INCURRED COSTS IN EXCESS OF REIMBURSEMENT BASED ON MEDICARE COST REPORTS OF APPROXIMATELY \$38,807,000 DURING THE YEAR ENDED JUNE 30, 2020. CONSISTENT WITH COST REPORT REQUIREMENTS, THERE ARE AMOUNTS THAT ARE EXCLUDED FROM THE COSTS ABOVE. 12. 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, 2020, REVENUES FOREGONE FROM LEASE RATES THAT WERE BELOW FAIR MARKET VALUE WERE \$55,000. 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 \$1,189,000 FOR THE YEAR ENDED JUNE 30, 2020. 14. DONATED USE OF CONFERENCE ROOMS - QMC ALLOWS PHYSICIANS AND TEACHERS FROM THE JOHN A. BURNS SCHOOL OF MEDICINE OF THE UNIVERSITY OF HAWAII, VARIOUS GOVERNMENTAL ENTITIES INCLUDING THE HAWAII DEPARTMENT OF HEALTH AND OTHER NONPROFIT ORGANIZATIONS THE FREE USE OF ITS FACILITIES AT THE QUEEN'S CONFERENCE CENTER. FOR THE YEAR ENDED JUNE 30, 2020, THE VALUE OF THE USE OF THE CENTER WAS \$260,000. 15. TUTU BERT'S HOUSE - TUTU BERT'S HOUSE IS AN 8-BED PRIVATE MEDICAL RESPITE HOUSE IN PARTNERSHIP WITH THE QUEEN'S MEDICAL CENTER AND HOMEAID HAWAII. TUTU BERT'S HOUSE OFFERS MEDICALLY FRAIL HOMELESS DISCHARGED FROM THE QUEEN'S MEDICAL CENTER WHO NO LONGER IN NEED OF IN-PATIENT HOSPITALIZATION, BUT WHO ARE STILL TOO FRAIL TO RECOVERATE ON THE STREETS OR IN AN URBAN SHELTER, WITH A SAFETY NET RESOURCE. THE HOUSE FACILITATES SHORT-TERM STABILIZATION AND SUPPORTIVE CASE MANAGEMENT THAT ACCELERATES THE IR TRANSITION OUT OF HOMELESSNESS, AND INTO AVAILABLE HOUSING OPTIONS. FOR THE YEAR ENDED JUNE 30, 2020 COSTS INCURRED FOR THE PROGRAM WERE \$1,243,000. 16. OHANA HOUSE - OHANA HOUSE IS A 14-BED PRIVATE MEDICAL RESPITE HOUSE IN PARTNERSHIP WITH THE QUEEN'S MEDICAL CENTER AND KALIHI PALAMA HEALTH CENTER. THIS PROGRAM PROVIDES CASE MANAGEMENT AND SHORT-TERM 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 INCLUDE CASE MANAGEMENT, TRANSPORTATION, SHELTER, MEALS, EMERGENCY CLOTHING AND HYGIENE SERVICES. FOR THE YEAR ENDED JUNE 30, 2020 COSTS INCURRED FOR THE PROGRAM WERE \$406,000. 17. QUEEN'S CARE COALITION (KE KU'UNA NA'AU) - THE QUEEN'S CARE COALITION PAIRS PATIENTS WHO HAVE PSYCHOSOCIAL ISSUES WITH NAVIGATORS WHO BUILD TRUSTING RELATIONSHIPS, IDENTIFY AND BRIDGE BARRIERS TO CARE AND CONNECT PATIENTS WITH EXISTING SUPPORT IN THE COMMUNITY. THE NAVIGATOR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - CONTINUED</p>	<p>ACCOMPANIES PATIENTS ON VISITS TO THEIR PRIMARY CARE AND SPECIALTY DOCTORS; MAKES SURE HOME HEALTH SUPPLIES ARE DELIVERED; ADVOCATES FOR FINANCIAL BENEFITS; CONNECTS PATIENTS TO COMMUNITY SUPPORT AND EVEN HELPS FIND HOMELESS PATIENTS HOUSING. KE KU'UNA NA'AU NAVIGATORS SERVE NATIVE HAWAIIAN PATIENTS ADMITTED TO HOSPITAL WITH CHRONIC MEDICAL CONDITIONS, BEHAVIORAL HEALTH PROBLEMS, AND/OR PSYCHOSOCIAL STRESSORS. FOR THE YEAR ENDED JUNE 30, 2020 COSTS INCURRED FOR THE PROGRAM WERE \$680,000. 18. SAMOA MEDICAL MISSION - IN DECEMBER 2019, QMC SPONSORED A PROGRAM TO FLY A TEAM OF PHYSICIANS, NURSES AND SUPPORT STAFF TO RESPOND TO A MEASLES EPIDEMIC IN WESTERN SAMOA. IN ALL, 76 PERSONNEL WENT TO SAMOA TO HELP VACCINATE AND TREAT PATIENTS IN APIA. FOR THE YEAR ENDED JUNE 30, 2020, THE COST OF SPONSORING THE PROGRAM WAS \$307,000. 19. HEALTH AND WELLNESS EDUCATION - QMC PROVIDES HEALTH AND WELLNESS EDUCATION TO THE COMMUNITY IN AN EFFORT TO PROMOTE HEALTHY LIFESTYLES. FOR THE YEAR ENDED JUNE 30, 2020, THE COST OF PROVIDING HEALTH AND WELLNESS EDUCATION WAS \$190,000. 20. NATIVE HAWAIIAN HEALTH STRATEGIC PLAN (KAHULA OLA) - QMC IS IN THE PROCESS OF IMPLEMENTING MIS SION-RELATED PROGRAMS FOR THE NATIVE HAWAIIAN POPULATION SERVED BY QMC AND AFFILIATES. EXP ECTED OUTCOMES INCLUDE IMPROVEMENTS IN NEGATIVE HEALTH BEHAVIORS OR RISK FACTORS FOR NATIV E HAWAIIAN PATIENTS, INCREASE USE OF OUTPATIENT SERVICES, ESPECIALLY PRIMARY CARE, INCREAS E THE NUMBER OF HAWAIIANS WITH DEDICATED PRIMARY CARE PROVIDER/HOME, IMPROVE PATIENT SATIS FACTION, INCREASE THE NUMBER OF ENGAGED ORGANIZATIONS SERVING NATIVE HAWAIIANS, ESTABLISH SUPPORT NETWORK OF MULTIDISCIPLINARY ORGANIZATIONS WITH SHARED GOALS, IMPROVE TIMELY ACCES S TO SERVICES, INCREASE PARTICIPATION IN CULTURALLY RESPONSIVE LEARNING, INCREASE EMPLOYEE ENGAGEMENT AND PROVIDER SATISFACTION AND IMPROVE RECRUITMENT OF PROVIDERS. FOR THE YEAR E NDED JUNE 30, 2020, THE COST RELATED TO KAHULA OLA WAS \$50,000. 21. PROGRAMS THAT IMPROVE ACCESS TO HEALTHCARE - QMC IMPROVES THE COMMUNITY'S ACCESS TO HEALTHCARE BY HELPING PATIEN TS QUALIFY FOR MEDICAID AND OTHER TYPES OF INSURANCE. FOR THE YEAR ENDED JUNE 30, 2020, TH ESE PROGRAM COSTS TOTALED \$2,170,000. 22. COMMUNITY OUTREACH - QMC EMPLOYEES VOLUNTEER THE IR TIME AND EXPERIENCE PROVIDING FREE LECTURES TO MEMBERS OF THE COMMUNITY INCLUDING PROFE SSIONALS, STUDENTS AND MEMBERS OF THE PUBLIC. 23. VOLUNTEER EFFORTS - QMC EMPLOYEES PERIOD ICALLY VOLUNTEER FOR OTHER CHARITABLE ORGANIZATIONS. FOR THE YEAR ENDED JUNE 30, 2020, THE SE EVENTS INCLUDED THE AMERICAN HEART ASSOCIATION'S "HEART WALK", AMERICAN CANCER SOCIETY' S "RELAY FOR LIFE"HOPE LODGE FUNDRAISER", SUSAN G. KOMEN FOUNDATION'S "RACE FOR THE CURE", WAIKIKI IMPROVEMENT ASSOCIATION'S "BEACH CLEAN UP"THE AMERICAN DIABETES ASSOCIATION'S "STE P OUT" FUNDRAISER. IN ADDITION, QMC OFFICERS DEDICATE MANY HOURS SERVING AS VOLUNTEER BOAR D MEMBERS FOR OTHER HAWAII BASED CHARITABLE ORGANIZATIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS QMC HAS A SOLE MEMBER, WHICH IS THE QUEEN'S HEALTH SYSTEMS, A HAWAII NONPROFIT CORPORATION ("QHS").

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	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 Reference	Explanation
FORM 990, PART VI, LINE 12, 13 AND 14	APPROVED POLICIES QMC ABIDES BY THE CONFLICT OF INTEREST, WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES THAT HAVE BEEN APPROVED BY QHS ON BEHALF OF THE QMC BOARD OF TRUSTEES, BUT HAVE NOT BEEN SEPARATELY APPROVED BY THE QMC BOARD. AS SUCH, LINES 12, 13 AND 14 HAVE BEEN CHECKED 'NO'.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	PROCESS USED FOR DETERMINING COMPENSATION ALTHOUGH NOT COMPENSATED BY THE QUEEN'S MEDICAL CENTER, A RELATED ORGANIZATION, THE QUEEN'S HEALTH SYSTEMS, GOES THROUGH THE FOLLOWING PROCEDURES FOR DETERMINING THE CEO'S COMPENSATION. A COMMITTEE OF THE BOARD OF TRUSTEES CALLED THE COMPENSATION COMMITTEE MEETS REGULARLY TO REVIEW THE COMPENSATION OF ALL EXECUTIVES OF ALL COMPANIES WITHIN QHS. 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 2020. OUTSIDE COUNSEL ASSISTS WITH THE REVIEW PROCESS AND DOCUMENTS THE DECISIONS OF THE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, & FINANCIAL STATEMENTS TO THE PUBLIC QMC'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND THE QHS' CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THIS TAX RETURN, AS REQUIRED. QMC DOES NOT MAKE THE CONFLICT OF INTEREST POLICY THAT IT FOLLOWS AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES TO NET ASSETS PENSION FAS 87 ADJUSTMENTS (\$39,486,745) CHANGE IN INTEREST IN SUBSIDIARY (\$2,455,588) NET ASSETS RELEASED FROM RESTRICTION (\$258,174) OTHER \$10,000 ----- TOTAL (\$42,190,507)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED SERVICE TOTAL FEES: 80224857

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MEDICAL SERVICE TOTAL FEES:51483958

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING SERVICE TOTAL FEES:1549362

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER SERVICE TOTAL FEES:2754536

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
THE QUEEN'S MEDICAL CENTER

Employer identification number
99-0073524

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) QUEENS MSSP ACO LLC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 83-0771278	ACC. CARE ORG	HI	0	0	QMC
(2) QUEEN'S CLINICALLY INTG PHYS NETWORK LLC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0073524	PHYS NETWORK	HI	5,328,997	0	QMC
(3) QUEEN'S 'AKOAKOA LLC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 99-0073524	PHYS NETWORK	HI	1,532,583	0	QMC

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HAMAMATSUQUEEN'S PET IMAGING 1301 PUNCHBOWL STREET HONOLULU, HI 96813 94-3266916	PET IMAGING	HI	QMC	Related	-638,533	9,370,335		No	0		No	70.000 %
(2) PRIMARY CARE PHYSICIAN ENTERPRISE LLC 1301 PUNCHBOWL STREET HONOLULU, HI 96813 83-4591861	MEDICAL SERVICES	HI	QMC	Related	-66,876	5,084,700		No			No	51.000 %

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

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

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP	HAMAMATSU/QUEEN'S PET IMAGING CENTER, LLC EIN: 94-3266916 ADDRESS: 1301 PUNCHBOWL STREET HONOLULU, HI 96813 PRIMARY CARE PHYSICIAN ENTERPRISE LLC EIN:83-4591861 ADDRESS: 1301 PUNCHBOWL STREET, HONOLULU, HI 96813

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
QUEEN EMMA LAND COMPANY	c	39,404,720	FMV
QUEEN EMMA LAND COMPANY	k	711,398	FMV
QUEEN EMMA LAND COMPANY	m	88,704	FMV
DIAGNOSTIC LABORATORY SERVICES INC	j	56,958	FMV
DIAGNOSTIC LABORATORY SERVICES INC	l	1,242,222	FMV
DIAGNOSTIC LABORATORY SERVICES INC	p	23,092,315	FMV
THE QUEEN'S DEVELOPMENT CORPORATION	j	2,872,521	FMV
THE QUEEN'S DEVELOPMENT CORPORATION	k	3,369,733	FMV
THE QUEEN'S DEVELOPMENT CORPORATION	q	1,108,936	FMV
MOLOKAI GENERAL HOSPITAL	l	124,163	FMV
QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL	l	309,678	FMV