

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

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

HAWAI'I PACIFIC HEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM, AND ONE OF THE STATE'S LARGEST HEALTH CARE PROVIDERS AND PRIVATE EMPLOYERS HAWAI'I PACIFIC HEALTH'S MISSION IS TO CREATE A HEALTHIER HAWAI'I

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 \$ 102,939,150 including grants of \$ 739,850) (Revenue \$ 175,536,099)
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 ► 102,939,150

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	792
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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	1,152			
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? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a 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? If "No," provide an explanation in Schedule O				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						
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				15	Yes	
				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

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: HI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ DONNA MASUDA-KAM 55 MERCHANT ST 24TH FLOOR HONOLULU, HI 96734 (808) 527-2520

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	14,315,861	792,537	5,073,379

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 229

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
EPIC SYSTEMS CORP, BOX 88314 MILWAUKEE, WI 532880314	MEDICAL RECORD SYST	4,936,829
PACXA, BOX 3347 HONOLULU, HI 96801	HARDWR/SOFTWR MAINT	3,744,609
ANTHOLOGY MARKETING, 1003 BISHOP ST 9TH FLOOR HONOLULU, HI 96813	MARKETING SERVICES	2,317,947
HEALTH CATALYST INC, 3165 MILLROCK DR STE 400 SALT LAKE CITY, UT 84121	PROFESSIONAL SVCS	2,277,330
GE HEALTHCARE, 9900 W INNOVATION DR WAUWATOSA, WI 53226	MEDICAL EQUIP MAINT	2,266,671

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 84

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐**Contributions, Gifts, Grants and Other Similar Amounts**

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			
d Related organizations	1d	16,928		
e Government grants (contributions)	1e	10,229,554		
f All other contributions, gifts, grants, and similar amounts not included above	1f	562,004		
g Noncash contributions included in lines 1a - 1f \$				
h Total. Add lines 1a-1f		10,808,486		

Program Service Revenue

	Business Code				
2a ADMIN/MGMT SVC TO TAX EXEMPT AFFILIATE	561000	172,760,701	172,376,854	383,847	0
b HAWAII HEALTH PARTNERS REVENUE	561000	1,306,431	983,467	322,964	0
c GRANT & CLINICAL TRIAL ADMIN & OVERHEAD	900099	756,998	756,998	0	0
d CLINICAL TRIALS	624190	404,723	404,723	0	0
e NET PATIENT REVENUE	624190	307,246	307,246	0	0
f All other program service revenue					
g Total. Add lines 2a-2f		175,536,099			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		3,795,311			3,795,311
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)	0	0			
d Net rental income or (loss)			0		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	47,491,858				
c Gain or (loss)	47,547,138				
d Net gain or (loss)	-55,280		-55,280		-55,280
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from fundraising events			0		
9a Gross income from gaming activities See Part IV, line 19	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from gaming activities			0		
10a Gross sales of inventory, less returns and allowances	a	0			
b Less cost of goods sold	b	0			
c Net income or (loss) from sales of inventory			0		
11a Miscellaneous Revenue	Business Code				
b					
c					
d All other revenue					
e Total. Add lines 11a-11d			0		
12 Total revenue. See Instructions			190,084,616	174,829,288	706,811

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.	739,850	739,850		
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, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	12,056,884	8,439,819	3,617,065	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).	45,384	0	45,384	0
7 Other salaries and wages.	80,204,628	33,022,589	45,503,584	1,678,455
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,669,526	2,087,919	1,526,990	54,617
9 Other employee benefits.	12,155,930	6,860,184	5,008,628	287,118
10 Payroll taxes.	5,980,588	3,181,979	2,673,599	125,010
11 Fees for services (non-employees):				
a Management.	0	0	0	0
b Legal.	2,079,829	0	2,079,829	
c Accounting.	114,410	0	114,410	0
d Lobbying.	57,660	0	57,660	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	781,470	0	781,470	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,425,074	3,632,524	8,756,965	35,585
12 Advertising and promotion.	4,300,373	22,565	4,277,808	0
13 Office expenses.	2,472,687	943,688	1,528,999	0
14 Information technology.	16,407,408	11,505,801	4,901,607	0
15 Royalties.	0	0	0	0
16 Occupancy.	4,304,153	3,019,617	1,284,536	0
17 Travel.	795,852	440,251	355,601	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.	288,019	185,712	102,307	0
20 Interest.	1,086,691	1,086,691	0	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	8,686,245	8,523,051		163,194
23 Insurance.	269,765	0	269,765	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 PROGRAM SERVICE EXPENDITURES	9,876,271	9,876,271		
b PENSION ADJUSTMENT	7,274,913	7,377,867	-102,954	0
c OTHER PURCHASES	4,221,130	1,928,959	2,292,115	56
d LOSS ON EXTINGUISHED DEBT	24,066	24,066		0
e All other expenses	1,643,687	39,747	1,603,940	
25 Total functional expenses. Add lines 1 through 24e.	191,962,493	102,939,150	86,679,308	2,344,035
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 SheetCheck 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		0	1	0	
	2	Savings and temporary cash investments		372,547,660	2	356,145,747	
	3	Pledges and grants receivable, net		1,670,536	3	3,302,335	
	4	Accounts receivable, net		0	4	0	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges		3,658,202	9	4,057,535	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	136,846,407			
	b	Less: accumulated depreciation	10b	84,943,324	48,784,070	10c	51,903,083
	11	Investments—publicly traded securities		159,675,107	11	186,406,834	
	12	Investments—other securities. See Part IV, line 11		152,519,899	12	195,605,752	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		87,719,505	15	91,011,478	
16	Total assets. Add lines 1 through 15 (must equal line 34)		826,574,979	16	888,432,764		
Liabilities	17	Accounts payable and accrued expenses		38,474,562	17	45,407,822	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		542,565,182	20	534,387,783	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		35,426,981	25	89,329,330	
	26	Total liabilities. Add lines 17 through 25		616,466,725	26	669,124,935	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		198,190,394	27	206,285,511	
	28	Temporarily restricted net assets		8,650,057	28	9,752,215	
	29	Permanently restricted net assets		3,267,803	29	3,270,103	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		210,108,254	33	219,307,829		
34	Total liabilities and net assets/fund balances		826,574,979	34	888,432,764		

Part XI Reconciliation of Net AssetsCheck 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	190,084,616
2	Total expenses (must equal Part IX, column (A), line 25)	2	191,962,493
3	Revenue less expenses Subtract line 2 from line 1	3	-1,877,877
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	210,108,254
5	Net unrealized gains (losses) on investments	5	11,831,727
6	Donated services and use of facilities	6	-2,804,782
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	2,050,507
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	219,307,829

Part XII Financial Statements and ReportingCheck 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: 99-0246363

Name: HAWAI'I PACIFIC HEALTH

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN AI Board of Director	0 4 0 0	X						0	0	0
KAREN CHANG Board of Director (PART YEAR)	0 4 0 0	X						0	0	0
MICHAEL GIBSON ESQ Board of Director	0 4 0 1	X						0	0	0
KATHRYN INOUE Board of Director	0 4 0 0	X						0	0	0
CHRISTOPHER JORDAN Board of Director	0 4 2 75	X						0	21,465	859
TRINETTE KAUI Board of Director	0 4 0 2	X						0	0	0
ANDREW KAWANO Board of Director, Vice Chair	0 6 0 0	X		X				0	0	0
MARK MAGELSEN MD Board of Director	0 4 40 0	X						0	242,343	21,522
KEITH MATSUMOTO MD Board of Director, Chair	0 4 0 2	X		X				0	0	0
ELLIOT MILLS Board of Director	0 4 0 3	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			
BEAU NAKAMOTO MD Board of Director	0 4 40 0	X						0	305,862	11,382
MONICA PRICE MD Board of Director	0 4 40 0	X						0	222,867	31,375
LYLE TABATA Board of Director	0 6 0 2	X						0	0	0
RAYMOND P VARA JR Board of Dir, President & CEO	50 3 11 8	X		X				1,913,937	0	1,048,476
RICHARD WACKER Board of Director	0 4 0 0	X						0	0	0
MELINDA ASHTON MD EVP & CQO	43 0 6 3			X				664,283	0	182,169
JENNIE CHAHANOVICH VP	0 5 56 0			X				620,573	0	240,646
WARREN CHAIKO SVP	7 0 38 0			X				356,279	0	121,607
CHARLES R CHING EVP, Gen Counsel & Secretary	26 1 13 9			X				722,661	0	299,522
DAWN DUNBAR SVP	15 0 30 0			X				332,660	0	89,767

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			
BRANDT FARIAS SVP & Chief Marketing Officer	47 8 6 2			X				294,062	0	88,484
DAVID FOX Privacy Officer	21 5 18 5			X				151,349	0	30,788
ARTHUR GLADSTONE VP & CNE	14 0 41 8			X				787,642	0	334,366
EARL INOUYE VP & System Controller	16 5 31 5			X				349,899	0	95,408
ALAN ITO Information Security Officer	36 8 3 2			X				193,015	0	31,827
GAIL LERCH EVP	38 5 12 5			X				718,560	0	328,353
JESSICA LEWIS Assistant Corporate Secretary	17 0 23 0			X				146,994	0	36,804
LORRIE-ANN LUKE VP	42 0 8 7			X				236,634	0	84,921
SUSAN MASUMOTO-NONAKA VP	8 0 32 0			X				349,257	0	92,996
DAVID OKABE EVP, CFO & Treasurer	35 0 15 0			X				893,564	0	398,013

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			
KENNETH B ROBBINS MD EVP & CMO	20 5 34 5			X				908,468	0	342,005
STEVEN ROBERTSON EVP & CIO	42 0 10 6			X				704,627	0	309,769
MICHAEL ROBINSON VP	49 2 0 8			X				268,791	0	74,616
KATIE SHIGEMITSU Compliance Officer	16 0 24 0			X				197,801	0	34,552
MARTHA SMITH VP	5 0 55 0			X				775,727	0	321,506
DAVID STUMBAUGH VP	5 0 35 0			X				229,315	0	66,991
RODNEY WILLIAMS MD CMO - SCH	5 0 35 0					X		516,009	0	63,120
GERI YOUNG MD CMO - KMC	0 5 50 0					X		489,181	0	75,479
KENNETH NAKAMURA MD CMO - KMS	3 0 27 0					X		469,304	0	57,954
GERARD LIVAUDAIS MD VP - HI HEALTH PARTNERS	50 0 0 0					X		431,760	0	106,976

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 BELEW COO - SCH	0 0 40 0					X		365,430	0	41,120
THOMAS MUNDELL FORMER OFFICER	0 0 0 0						X	228,079	0	10,006

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAII PACIFIC HEALTH

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
99-0246363

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

5
- 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		
See Additional Data Table						
Total	5				21,100,000	

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and 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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		

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? If "Yes" to a, b, or c, provide detail in Part VI		
11a		No
11b		No
11c		No

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? 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		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		

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)? 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)		
1		

Section D. All Type III Supporting Organizations

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

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 checked="" 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? 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		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	Yes	
3a	Yes	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	Yes	
3b	Yes	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I, LINE 12G, COLUMN (VI)	HAWAI'I PACIFIC HEALTH (HPH) IS THE SOLE MEMBER OF THE SUPPORTED ORGANIZATIONS AND HAS THE RIGHT TO PARTICIPATE IN THE SUPPORTED ORGANIZATIONS' GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE SUPPORTED ORGANIZATIONS' GOVERNING BOARD

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 6	HAWAI'I PACIFIC HEALTH'S DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO 501(C)(3) ORGANIZATIONS ON BEHALF OF ITS SUPPORTED ORGANIZATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION D, LINE 3	4 BOARD MEMBERS OF HAWAI'I PACIFIC HEALTH ALSO SERVE AS DIRECTORS FOR THE SUPPORTED ORGANIZATIONS THEREFORE HPH'S SUPPORTED ORGANIZATIONS HAD A SIGNIFICANT VOICE IN THE INVESTMENT POLICIES AND IN DIRECTING THE USE OF THE ORGANIZATION'S INCOME OR ASSETS AT ALL TIMES DURING THE YEAR

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 3A	HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD FOR EACH OF ITS SUPPORTED ORGANIZATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 3B	HAWAI'I PACIFIC HEALTH (HPH) IS THE SOLE MEMBER OF THE SUPPORTED ORGANIZATIONS AND HAS THE RIGHT TO PARTICIPATE IN THE SUPPORTED ORGANIZATIONS' GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE SUPPORTED ORGANIZATIONS' GOVERNING BOARD

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
(A) Kaua'i Medical Clinic	990326099	3	Yes		21,100,000	0
(A) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	990177350	3	Yes		0	0
(B) WILCOX MEMORIAL HOSPITAL	990074365	3	Yes		0	0
(C) PALI MOMI MEDICAL CENTER	990274038	3	Yes		0	0
(D) STRAUB CLINIC & HOSPITAL	912151670	3	Yes		0	0

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

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization HAWAII PACIFIC HEALTH	Employer identification number 99-0246363
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		57,660
j	Total. Add lines 1c through 1i			57,660
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 11	LOBBYING ACTIVITY A REGISTERED LOBBYIST (CYNTHIA NAKAMURA) PROVIDES GENERAL ADVICE ON LEGISLATIVE ACTIVITIES INCLUDING INFORMATION AND INSIGHT ON LEGISLATIVE ACTIONS THAT MAY BE OF INTEREST TO HAWAI'I PACIFIC HEALTH ('HPH'). THE INDIVIDUAL ALSO PROVIDES GUIDANCE AND INSIGHT ON HOW TO NEGOTIATE THROUGH THE LEGISLATIVE PROCESS WHEN TRYING TO PASS LEGISLATION AS WELL AS INFORMATION AND INSIGHT ON THE GENERAL ACTIVITIES OF WHAT'S HAPPENING AT THE LEGISLATURE. THE INDIVIDUAL DOES SPEAK TO LEGISLATORS, SOMETIMES ON BEHALF OF LEGISLATION OR ISSUES IN WHICH HPH HAS AN INTEREST. THE INDIVIDUAL ALSO HAS AN INPUT ON HPH'S OVERALL LEGISLATIVE/COMMUNITY COMMUNICATION PLAN BUT DOES NOT SEND MAILINGS OUT TO LEGISLATORS OR THE PUBLIC ON HPH'S BEHALF. PUBLIC POLICY HAWAI'I PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION. HAWAI'I PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS FOR VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSICIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HAWAII PACIFIC HEALTH

Employer identification number
99-0246363

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

► \$ 24,569

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	13,215,382	13,167,545	12,993,890	13,334,441	13,898,962
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	272,578	-47,837	-173,655	340,551	564,521
f Administrative expenses					
g End of year balance	12,942,804	13,215,382	13,167,545	12,993,890	13,334,441

2

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

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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	0	14,981,997		14,981,997
b Buildings	0	3,021,252	1,539,549	1,481,703
c Leasehold improvements	0	14,162,047	12,710,066	1,451,981
d Equipment	0	91,013,921	67,701,377	23,312,544
e Other	0	13,667,190	2,992,332	10,674,858
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				51,903,083

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	38,439,282	F
(3) Other _____ (A) LIMITED PARTNERSHIPS	151,251,609	F
(B) HPH BOARD DESIGNATED	5,914,861	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	195,605,752	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	91,011,478

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	89,329,330	

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

☐

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST-FDN ASSET	73,918,512
(1) DEFERRED CHARGES - TK57	4,326,358
(2) INVESTMENT LIFE INSURANCE CSV	2,596,092
(3) OTHER RECEIVABLES	2,023,521
(4) DEFERRED CHARGES - RETIREMENT	1,646,272
(5) DEFERRED CHARGES - LEASE/DEP	52,749
(6) ARTWORK	24,569
(7) DUE FROM	0
(8) PROVIDER'S INSURANCE CORP	2,077,580
(9) KAUA'I MEDICAL CENTER	1,300,461
(10) KAPI'OLANI MEDICAL SPECIALISTS	1,170,323
(11) KMCWC	838,132
(12) STRAUB MEDICAL CENTER	211,577
(13) KAPI'OLANI HEALTH FOUNDATION	195,183
(14) PALI MOMI MEDICAL CENTER	165,072
(15) STRAUB FOUNDATION	148,751
(16) WILCOX MEMORIAL HOSPITAL	108,050
(17) PALI MOMI FOUNDATION	84,653
(18) WILCOX HEALTH FOUNDATION	69,741
(19) HONOLULU SURGERY CENTER	40,539
(20) KEAHONUOKALANI	7,943
(21) HICORD	5,400

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

1	(a) Description of Liability	(b) Book Value
	ACCRUED PENSION BENEFIT COST	78,844,973
	OTHER LONG TERM LIABILITIES	6,186,934
	DEFFERED TIA LIABILITY	1,757,173
	DEFFERED RENT LIABILITY	650,793
	UH JOBSOM SCHOLARSHIP PLEDGE	515,984
	OBLIGATION UNDER CAPITAL LEASE	493,861
	CURRENT PORTION OF CAPITAL LEASE	169,086
	PATIENTS ACCOUNTS RECEIVABLE	156,898
	LT FED EXCISE TAX EXEC	96,250
	ESCHEAT	152

Form 990, Schedule D, Part X, - Other Liabilities	
1 (a) Description of Liability	(b) Book Value
KAPI'OLANI MEDICAL SPECIALISTS	259,790
HPHPI	146,222
KAUA'I MEDICAL CLINIC	51,214

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	HPHs collection of artwork includes paintings and similar works that are displayed in public waiting areas to further its mission of creating a healthier Hawai'i

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAII PACIFIC HEALTH

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

2018

**Open to Public
Inspection**

Employer identification number

99-0246363

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					93,365,401
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					93,365,401

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash 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 III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

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 V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART IV	FOREIGN INVESTMENTS THE INVESTMENT COMMITTEE OF HAWAI'I PACIFIC HEALTH HAS CHOSEN TO DIVERSIFY ITS INVESTMENT PORTFOLIO, INCLUDING CERTAIN ALTERNATIVE INVESTMENTS THAT ARE ESTABLISHED AS PARTNERSHIPS THESE PARTNERSHIPS ARE NOT OPERATING ENTITIES HAWAI'I PACIFIC HEALTH'S DIRECT INVESTMENT IS MADE IN PARTNERSHIPS, AND THESE ENTITIES MAY MAKE UNDERLYING INVESTMENTS IN OTHER CERTAIN FOREIGN PARTNERSHIPS AND/OR CORPORATIONS

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		64,338,894
Europe (Including Iceland and Greenland)			Investments		29,026,507

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
HAWAI'I PACIFIC HEALTH

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
99-0246363

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **29**

3 Enter total number of other organizations listed in the line 1 table **0**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
FORM 990, SCHEDULE I, LINE 2	DESCR OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE HAWAI'I PACIFIC HEALTH ("HPH") DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO 501(C)(3) ORGANIZATIONS, ON BEHALF OF ITS SUPPORTED ORGANIZATIONS ON AN ANNUAL BASIS NO FURTHER MONITORING IS NECESSARY FOR DONATIONS MADE TO 501(C)(3) ORGANIZATIONS

Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

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
UH FOUNDATION 2444 DOLE ST 105 HONOLULU, HI 96822	99-0085260	501(c)(3)	6,250	0			GENERAL SUPPORT
CHILD AND FAMILY SERVICES 1001 BISHOP ST SUITE 780 HONOLULU, HI 96813	99-0073483	501(c)(3)	25,000	0			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 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	13-1623888	501(c)(3)	10,000	0			GENERAL SUPPORT
AMERICAN RED CROSS HAWAII 4155 DIAMOND HEAD ROAD HONOLULU, HI 96816	53-0196605	501(c)(3)	15,000	0			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
GIFT FOUNDATION OF HAWAII 1288 ALA MOANA BLVD SUITE 201 HONOLULU, HI 96814	30-0266316	501(c)(3)	20,000				GENERAL SUPPORT
HAWAII PUBLIC HEALTH INSTITUTE 850 RICHARDS ST STE 201 HONOLULU, HI 96813	68-0637054	501(c)(3)	18,000	0			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
DIAMOND HEAD THEATRE 520 MAKAPUU AVE HONOLULU, HI 96816	99-0073495	501(c)(3)	5,500	0			GENERAL SUPPORT
TEACH FOR AMERICA HAWAII 500 ALA MOANA BLVE 3-400 HONOLULU, HI 96813	13-3541913	501(c)(3)	8,000	0			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
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVENUE HONOLULU, HI 96815	99-0179392	501(c)(3)	11,000	0			GENERAL SUPPORT
SHIDLER COLLEGE OF BUSINESS ALUMNI ASSN 2404 MAILE WAY A303F HONOLULU, HI 96822	99-0339302	501(c)(3)	6,000	0			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
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE HONOLULU, HI 968261806	99-0073490	501(c)(3)	10,000	0			GENERAL SUPPORT
PUBLIC SCHOOLS OF HAWAII FOUNDATION PO BOX 4148 HONOLULU, HI 968124148	88-0243449	501(c)(3)	10,000	0			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
BIKESHARE HAWAII 914 ALA MOANA BLVD HONOLULU, HI 96814	46-4561541	501(c)(3)	90,000	0			GENERAL SUPPORT
PACIFIC AVIATION MUSEUM 319 LEXINGTON BLVD HONOLULU, HI 96818	99-0337979	501(c)(3)	25,000	0			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
AIO FOUNDATION 1000 BISHOP STREET STE 202 HONOLULU, HI 96813	94-3278794	501(c)(3)	25,000	0			GENERAL SUPPORT
HALE KIPA INC 615 PIIKOI STREET STE 203 HONOLULU, HI 968143139	23-7061499	501(c)(3)	7,500	0			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
NATIVE HAWAIIAN CHAMBER OF COMMERCE PO BOX 597 HONOLULU, HI 968090597	99-0207564	501(c)(3)	10,000	0			GENERAL SUPPORT
AFTER SCHOOL ALL STARS 4747 KILAUEA AVE STE 210 HONOLULU, HI 96816	27-4604870	501(c)(3)	15,000	0			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
BOY SCOUTS OF AMERICA ALOHA COUNCIL 42 PUIWA ROAD HONOLULU, HI 96817	99-0073482	501(c)(3)	10,000	0			GENERAL SUPPORT
ALOHA UNITED WAY 200 N VINEYARD BLVD STE 700 HONOLULU, HI 96817	99-0073494	501(c)(3)	10,000	0			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 HEART ASSOCIATION 677 ALA MOANA BLVD HONOLULU, HI 96813	13-5613797	501(c)(3)	35,000	0			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF HAWAII PO BOX 61777 HONOLULU, HI 968391777	99-0222124	501(c)(3)	6,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONOLULU MUSEUM OF ART 900 SOUTH BERETANIA STREET HONOLULU, HI 96814	99-0079713	501(c)(3)	15,000	0			
MARCH OF DIMES 1580 MAKALOA ST STE 1200 HONOLULU, HI 96814	13-1846366	501(c)(3)	25,000	0			

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
ARTHRITIS FOUNDATION 1355 PEACHTREE ST NE STE 600 ATLANTA, GA 303093234	58-1341679	501(c)(3)	20,000	0			
UNIVERSITY OF HAWAII 1334 LOWER CAMPUS ROAD HONOLULU, HI 96822	99-6000354	GOVERNMENT	37,400	0			

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
GREAT ALOHA RUN 418 KUWILI STREET STE 102 HONOLULU, HI 96817	99-0314751	501(c)(3)	180,000	0			
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW STE 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	10,000				

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
ARTHRITIS FOUNDATION INC 1355 PEACHTREE ST NE STE 600 ATLANTA, GA 303093234	58-1341679	501(c)(3)	10,000				

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HAWAII PACIFIC HEALTH

Employer identification number
99-0246363

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

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
FORM 990, SCHEDULE J, PART I, LINE 1A	HEALTH AND SOCIAL CLUB DUES HEALTH/SOCIAL CLUB DUES WERE PAID FOR VARIOUS OFFICERS OF THE ORGANIZATION. PERSONAL SERVICES WERE ALSO PAID FOR RAYMOND VARA. ALL AMOUNTS HAVE BEEN INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME. HOUSING ALLOWANCE/RESIDENCE FOR PERSONAL USE HOUSING ALLOWANCES WERE PAID FOR VARIOUS OFFICERS OF THE ORGANIZATION. ALL AMOUNTS HAVE BEEN INCLUDED IN THE INDIVIDUALS FORM W-2 AS TAXABLE INCOME.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 4A	SEVERANCE PAY THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING THE YEAR THOMAS MUNDALL - \$228,079

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 4B	<p>SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE RESTORATION PLAN WAS DESIGNED TO RESTORE BENEFITS THAT ARE LOST DUE TO LIMITS IMPOSED BY SECTIONS 401 AND 415 OF THE INTERNAL REVENUE CODE ON COMPENSATION CONSIDERED UNDER SUCH PLANS AMOUNT PAID OUT DURING THE YEAR BY THE ORGANIZATION RAYMOND P VARA JR - \$177,421 KENNETH B ROBBINS, MD - \$126,800 DAVID OKABE - \$64,485 ARTHUR GLADSTONE - \$50,854 MARTHA SMITH - \$48,863 GAIL LERCH - \$51,544 CHARLES R CHING - \$42,085 STEVEN ROBERTSON - \$46,746 JENNIE CHAHANOVICH - \$22,324 ANNUAL AND LONG TERM INCENTIVE PLAN THE ANNUAL AND LONG TERM INCENTIVE PLAN IS AFFORDED TO EXECUTIVES ON ANNUAL SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS AMOUNT PAID OUT DURING THE YEAR BY THE ORGANIZATION RAYMOND P VARA JR - \$404,511 KENNETH B ROBBINS, M D - \$139,966 DAVID OKABE - \$147,300 GAIL LERCH - \$119,264 CHARLES R CHING - \$113,240 STEVEN ROBERTSON - \$118,888 ARTHUR GLADSTONE - \$146,837 MARTHA SMITH - \$143,255 MELINDA ASHTON, M D - \$124,439 JENNIE CHAHANOVICH - \$108,270 EARL INOUE - \$46,572 SUSAN NONAKA - \$44,790 WARREN CHAIKO - \$60,780 MICHAEL ROBINSON - \$37,258 BRANDT FARIAS - \$48,281 LORRIE-ANN LUKE - \$33,615 DAVID STUMBAUGH - \$22,610 DAWN DUNBAR - \$49,694 MAVIS NIKAIDO - \$44,587 RODNEY WILLIAMS, M D - \$19,721 GERI YOUNG, M D - \$31,139 KEN NAKAMURA, M D - \$24,668 GERARD F LIVAUDAIS - \$55,013 JOHN BELEW - \$17,345</p>



Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

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				
MELINDA ASHTON MD EVP & CQO	(i)	422,470	149,439	92,374	167,027	15,142	846,452	85,664
	(ii)	0	0	0	0	0	0	0
JENNIE CHAHANOVICH VP	(i)	345,039	128,270	147,264	228,947	11,699	861,219	121,269
	(ii)	0	0	0	0	0	0	0
WARREN CHAIKO SVP	(i)	246,758	60,781	48,740	96,354	25,253	477,886	40,576
	(ii)	0	0	0	0	0	0	0
CHARLES R CHING EVP, Gen Counsel & Secretary	(i)	387,289	143,240	192,132	277,290	22,232	1,022,183	145,433
	(ii)	0	0	0	0	0	0	0
DAWN DUNBAR SVP	(i)	271,166	49,693	11,801	67,020	22,747	422,427	0
	(ii)	0	0	0	0	0	0	0
BRANDT FARIAS SVP & Chief Marketing Officer	(i)	210,079	53,281	30,702	78,939	9,545	382,546	30,085
	(ii)	0	0	0	0	0	0	0
DAVID FOX Privacy Officer	(i)	149,779	0	1,570	15,841	14,947	182,137	0
	(ii)	0	0	0	0	0	0	0
ARTHUR GLADSTONE VP & CNE	(i)	467,136	181,837	138,669	311,320	23,046	1,122,008	186,612
	(ii)	0	0	0	0	0	0	0
EARL INOUYE VP & System Controller	(i)	262,052	46,572	41,275	80,579	14,829	445,307	39,396
	(ii)	0	0	0	0	0	0	0
ALAN ITO Information Security Officer	(i)	173,000	17,349	2,666	18,146	13,681	224,842	0
	(ii)	0	0	0	0	0	0	0
GAIL LERCH EVP	(i)	405,638	149,264	163,658	318,663	9,690	1,046,913	163,008
	(ii)	0	0	0	0	0	0	0
JESSICA LEWIS Assistant Corporate Secretary	(i)	146,994	0	0	12,738	24,066	183,798	0
	(ii)	0	0	0	0	0	0	0
LORRIE-ANN LUKE VP	(i)	187,944	33,615	15,075	60,729	24,192	321,555	29,504
	(ii)	0	0	0	0	0	0	0
MARK MAGELSEN MD Board of Director	(i)	0	0	0	0	0	0	0
	(ii)	223,348	1,273	17,722	9,047	12,475	263,865	0
BEAU NAKAMOTO MD Board of Director	(i)	0	0	0	0	0	0	0
	(ii)	248,423	9,403	48,036	11,000	382	317,244	0
SUSAN MASUMOTO-NONAKA VP	(i)	251,114	54,790	43,353	78,601	14,395	442,253	39,290
	(ii)	0	0	0	0	0	0	0
DAVID OKABE EVP, CFO & Treasurer	(i)	500,415	187,300	205,849	383,699	14,314	1,291,577	202,213
	(ii)	0	0	0	0	0	0	0
MONICA PRICE MD Board of Director	(i)	0	0	0	0	0	0	0
	(ii)	134,082	26,745	62,040	8,639	22,736	254,242	0
KENNETH B ROBBINS MD EVP & CMO	(i)	471,387	159,966	277,115	326,911	15,094	1,250,473	257,608
	(ii)	0	0	0	0	0	0	0
STEVEN ROBERTSON EVP & CIO	(i)	403,975	148,888	151,764	294,455	15,314	1,014,396	157,506
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL ROBINSON VP	(i)	212,168	37,258	19,365	65,066	9,550	343,407	34,211
	(ii)	0	0	0	0	0	0	0
KATIE SHIGEMITSU Compliance Officer	(i)	196,308	0	1,493	20,666	13,886	232,353	0
	(ii)	0	0	0	0	0	0	0
MARTHA SMITH VP	(i)	456,311	178,256	141,160	306,392	15,114	1,097,233	181,252
	(ii)	0	0	0	0	0	0	0
DAVID STUMBAUGH VP	(i)	189,716	23,870	15,729	45,536	21,455	296,306	0
	(ii)	0	0	0	0	0	0	0
RAYMOND P VARA JR Board of Dir, President & CEO	(i)	983,890	524,511	405,536	1,024,223	24,253	2,962,413	552,114
	(ii)	0	0	0	0	0	0	0
RODNEY WILLIAMS MD CMO - SCH	(i)	441,796	19,721	54,492	50,769	12,351	579,129	74,639
	(ii)	0	0	0	0	0	0	0
GERI YOUNG MD CMO - KMC	(i)	361,637	31,139	96,405	63,445	12,034	564,660	40,911
	(ii)	0	0	0	0	0	0	0
KENNETH NAKAMURA MD CMO - KMS	(i)	150,040	25,304	293,960	45,860	12,094	527,258	24,660
	(ii)	0	0	0	0	0	0	0
GERARD LIVAUDAIS MD VP - HI HEALTH PARTNERS	(i)	351,244	55,013	25,503	84,451	22,525	538,736	56,175
	(ii)	0	0	0	0	0	0	0
JOHN BELEW COO - SCH	(i)	211,066	17,345	137,019	22,686	18,434	406,550	0
	(ii)	0	0	0	0	0	0	0
THOMAS MUNDELL FORMER OFFICER	(i)	0	0	228,079	0	10,006	238,085	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAII PACIFIC HEALTH

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
99-0246363

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 STATE OF HAWAII - DEPARTMENT OF BUDGET & FINANCE	99-0266961	419771AN0	06-10-2010	99,307,516	SERIES 2010-A, SEE PART VI	X			X		X
B STATE OF HAWAII - DEPARTMENT OF BUDGET & FINANCE	99-0266961	419771AX8	07-21-2010	60,400,728	SERIES 2010-B, SEE PART VI	X			X		X
C STATE OF HAWAII - DEPARTMENT OF BUDGET & FINANCE	99-0266961		05-15-2019	48,079,910	SERIES 2019, SEE PART VI		X		X		X
D STATE OF HAWAII - DEPARTMENT OF BUDGET & FINANCE	99-0266961	419800JX6	10-03-2013	159,059,332	SERIES 2013-AB, SEE PART VI		X		X		X

Part II		Proceeds											
		A		B		C		D					
1	Amount of bonds retired	5,620,000		5,830,000		0		11,005,000					
2	Amount of bonds legally defeased	96,320,000		55,380,000		0		0					
3	Total proceeds of issue	99,307,516		60,400,757		48,079,910		159,068,477					
4	Gross proceeds in reserve funds	0		0		0		0					
5	Capitalized interest from proceeds	0		5,163,794		0		14,284,839					
6	Proceeds in refunding escrows	0		0		0		0					
7	Issuance costs from proceeds	794,170		911,278		493,599		1,995,112					
8	Credit enhancement from proceeds	0		0		0		0					
9	Working capital expenditures from proceeds	0		0		0		0					
10	Capital expenditures from proceeds	0		29,836,235		0		106,439,766					
11	Other spent proceeds	98,513,346		24,489,450		47,586,311		36,348,760					
12	Other unspent proceeds	0		0		0		0					
13	Year of substantial completion	2013		2013		2019		2016					
		Yes	No	Yes	No	Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X				
16	Has the final allocation of proceeds been made?	X		X		X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		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		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		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		X		X		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?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		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		X		X		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	2 300 %		1 000 %		0 150 %		0 160 %	
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	2 300 %		1 000 %		0 150 %		0 160 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
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			X	X		X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	18 995 %				17 117 %		6 446 %	
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		X		X		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		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X			X	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		X	X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b Name of provider	0		0		GOLDMAN SACHS		0	
c Term of hedge					29 4 %			
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		X		X		X
b Name of provider	0		0		0		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		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		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		X		X		X	

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

Return Reference	Explanation
DESCRIPTION OF PURPOSE OF TAX EXEMPT BONDS	SCHEDULE K, PART I, COLUMN F LINE A TO REFUND SERIES 2009A BONDS ISSUED ON 04/02/2009 LINE B NEW AND REFUNDED MONEY LINE C TO REFUND SERIES 2013C BOND ISSUED 10/3/2013 LINE D SERIES 2013A IS NEW MONEY TO FUND THE KAPIOLANI EXPANSION OF NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS AND OTHER CLINICAL SERVICES SERIES 2013B IS REFUNDING SERIES 1998 BONDS ISSUED ON 04/08/1998 AND SERIES 2004A BOND ISSUED ON 01/14/2004

Return Reference	Explanation
DATE OF REBATE COMPUTATION	SCHEDULE K, PART IV, LINE 2C COLUMN A - 2010A - 07/18/2019 COLUMN B - 2010B - 07/18/2019 COLUMN D - 2013AB - 01/10/2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
HAWAI'I PACIFIC HEALTH

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

2018

Open to Public Inspection

Employer identification number

99-0246363

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	HAWAI'I PACIFIC HEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM, AND ONE OF THE STATE'S LARGEST HEALTH CARE PROVIDERS AND PRIVATE EMPLOYERS HAWAI'I PACIFIC HEALTH'S MISSION IS TO CREATE A HEALTHIER HAWAI'I

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>PROGRAM SERVICE ACCOMPLISHMENTS OUTPATIENT OPERATING ROOMS IN FISCAL YEAR 2019, HAWAII PACIFIC HEALTH SPENT \$70,986,561 IN DIRECT EXPENSES FOR OUTPATIENT OPERATING ROOMS AND SURGICAL PROCEDURES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. HAWAII PACIFIC HEALTH HOSPITALS PERFORMED A TOTAL OF 16,893 OUTPATIENT SURGERIES. KAPI'OLANI IS THE ONLY HOSPITAL IN THE STATE PROVIDING DA VINCI ROBOT-AIDED PEDIATRIC SURGERY. THE ROBOT ALSO IS USED FOR GYNECOLOGICAL SURGICAL SERVICES. IN FISCAL YEAR 2019, KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN (KAPI'OLANI) PERFORMED 5,269 PEDIATRIC AND ADULT OUTPATIENT SURGERIES. PALI MOMI MEDICAL CENTER'S (PALI MOMI) OPERATING ROOM FEATURES A FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE EQUIPPED WITH THE DA VINCI ROBOT-AIDED SURGICAL SYSTEM, AND PERFORMED 4,107 OUTPATIENT SURGERIES. STRAUB CLINIC AND HOSPITAL (STRAUB) HAS INTEGRATED OUTPATIENT SURGERY AND PERFORMED 3,878 OUTPATIENT SURGERIES. WILCOX MEMORIAL HOSPITAL (WILCOX) HAS A STATE-OF-THE-ART SURGICAL CENTER AND PERFORMED 3,639 OUTPATIENT SURGERIES. OUTPATIENT EMERGENCY ROOMS IN FISCAL YEAR 2019, HAWAII PACIFIC HEALTH HOSPITALS SAW 132,973 ER VISITS AND SPENT \$61,074,026 IN DIRECT EXPENSES FOR OUTPATIENT ER SERVICES, AS PART OF OUR MISSION TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. THE KAPI'OLANI ER RECEIVED 41,924 VISITS, THE PALI MOMI ER RECEIVED 41,046 VISITS, THE STRAUB ER RECEIVED 28,381 VISITS, AND THE WILCOX ER RECEIVED 21,622 VISITS. PEDIATRIC-NEONATAL SERVICES IN FISCAL YEAR 2019, HAWAII PACIFIC HEALTH SPENT \$55,100,050 IN DIRECT EXPENSES FOR PEDIATRIC-NEONATAL SERVICES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. THESE SERVICES WERE PROVIDED PRIMARILY AT KAPI'OLANI AND WILCOX FOR A TOTAL OF 3,905 PATIENTS. KAPI'OLANI IS RECOGNIZED AS HAWAII'S PEDIATRIC MEDICAL CENTER, AND ALSO PROVIDES CARE FOR PEDIATRIC PATIENTS THROUGHOUT THE PACIFIC REGION. IT HAS THE ONLY OPEN INTENSIVE CARE UNITS IN HAWAII TO TREAT CRITICALLY-ILL CHILDREN AND INFANTS. IN FISCAL YEAR 2019, KAPI'OLANI PROVIDED SPECIALIZED CARE FOR 3,761 PEDIATRIC-NEONATAL PATIENTS. WILCOX MEDICAL CENTER PROVIDES PREVENTIVE CARE AND TREATMENT SERVICES TO MEET THE HEALTH NEEDS OF KAUAI'S CHILDREN. IN FISCAL YEAR 2019, WILCOX PROVIDED SPECIALIZED CARE FOR 144 PEDIATRIC-NEONATAL PATIENTS. OTHER PROGRAM SERVICES HAWAII RESIDENTS AND VISITORS RELY ON HAWAII PACIFIC HEALTH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES. IT IS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS WITH FOUR MEDICAL CENTERS, MORE THAN 70 LOCATIONS, 1,400+ AFFILIATED PHYSICIANS AND MORE THAN 7,100 FULL- AND PART-TIME EMPLOYEES, AS WELL AS HUNDREDS OF COMMUNITY VOLUNTEERS. IN FISCAL YEAR 2019, THE MEDICAL CENTERS ADMITTED 30,444 PATIENTS. IN ADDITION, STRAUB CLINICS HAD 891,963 CLINIC ENCOUNTERS, KAUAI MEDICAL CLINIC HAD 343,176 CLINIC ENCOUNTERS AND KAPI'OLANI.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>I MEDICAL SPECIALISTS HAD 82,753 PATIENT VISITS. AFFILIATES AND SUBSIDIARIES HAWAII HEALTH PARTNERS IS A PHYSICIAN-LED ACCOUNTABLE CARE ORGANIZATION WITH THE GOAL OF PROVIDING HIGH-QUALITY CARE, INCREASED EFFICIENCY AND OPTIMAL PATIENT HEALTH. KAPI'OLANI MEDICAL SPECIALISTS IS A SPECIALTY PHYSICIANS GROUP ORGANIZED TO SUPPORT KAPI'OLANI MEDICAL CENTER. THE FOUNDATIONS OF HAWAII PACIFIC HEALTH CONSIST OF KAPI'OLANI HEALTH FOUNDATION, PALI MOMI FOUNDATION, STRAUB FOUNDATION AND WILCOX HEALTH FOUNDATION. THESE CHARITABLE ENTITIES SUPPORT HEALTH RESEARCH, FACILITY ENHANCEMENTS, TECHNOLOGY INVESTMENTS, EDUCATIONAL PROGRAMS AND OTHER RESOURCES FOR THEIR RESPECTIVE MEDICAL CENTERS. HAWAII PACIFIC HEALTH PARTNERS, INC. IS A FOR-PROFIT SUBSIDIARY THAT SERVES AS THE JOINT VENTURE PARTNER WHEN HAWAII PACIFIC HEALTH WORKS WITH OTHER PROVIDERS. PROVIDERS INSURANCE CORPORATION IS A CAPTIVE INSURANCE COMPANY THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE FOR HAWAII PACIFIC HEALTH-AFFILIATED EMPLOYED PHYSICIANS. PATIENT CARE HAWAII PACIFIC HEALTH HAS STRATEGIC INITIATIVES IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, BONE & JOINT SERVICES, AND CANCER CARE. IT IS RECOGNIZED NATIONALLY FOR ITS EXCELLENCE IN HEALTH INFORMATION TECHNOLOGY, SPECIFICALLY THE USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY OF CARE AND PATIENT SAFETY. THE HAWAII PACIFIC HEALTH SYSTEM INCLUDES THE PACIFIC REGION'S ONLY FULL-SERVICE WOMEN'S AND CHILDREN'S MEDICAL CENTER AND ONLY DEDICATED BURN CENTER, STATE-OF-THE-ART IMAGING CENTER ON KAUAI, WEST OAHU'S ONLY CARDIAC CATHETERIZATION LABS, MINIMALLY INVASIVE BONE & JOINT CENTER, SLEEP DISORDERS CENTER, STATE'S FIRST WOMEN'S CENTER, STATE'S ONLY BREAST AND WOMEN'S CANCER CENTERS, AND OTHER SPECIALIZED SERVICES CONSIDERED CRITICAL TO THE REMOTE HAWAIIAN ARCHIPELAGO. COMMUNITY ROLE/ACTIVITY AS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO IMPROVE THE HEALTH OF HAWAII RESIDENTS AND, THROUGH ITS MISSION, IS COMMITTED TO CREATING A HEALTHIER HAWAII. EACH YEAR, IT SPONSORS HEALTH EDUCATION, TEACHING AND RESEARCH, AND SUPPORTS LIKE-MINDED ORGANIZATIONS. IN FISCAL YEAR 2019, HAWAII PACIFIC HEALTH SUPPORTED VARIOUS COMMUNITY BENEFIT PROGRAMS, INCLUDING THE KAPI'OLANI SEX ABUSE TREATMENT CENTER, KAPI'OLANI CHILD ADVOCACY AND PROTECTION CENTER, HEART DISEASE PREVENTION, BREAST AND CERVICAL CANCER SCREENING FOR UNINSURED PERSONS, WOMEN AND INFANT HEALTH AND NUTRITION, REHABILITATION SERVICES, SUPPORT GROUPS, FREE GLUCOSE MONITORING AND BLOOD PRESSURE SCREENING, HEMOPHILIA PROGRAMS, AND OTHER EDUCATION AND SCREENINGS FOR HAWAII RESIDENTS ON HEALTH, WELLNESS AND DISEASE-PREVENTION STRATEGIES. HAWAII PACIFIC HEALTH SPECIALISTS DELIVERED FREE PUBLIC HEALTH EDUCATION PROGRAMS THAT HELPED THOUSANDS OF PEOPLE LEARN WAYS TO PREVENT OR MANAGE HEART ATTACKS, CANCER, ARTHRITIS AND OTHER CHRONIC HEALTH CONDITIONS. THESE EVENTS INCLUDE "HPH KIDS FEST," "CANCER CARE," "VALENTINE IN PAR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>ADISE,"GETTING A GRIP ON ARTHRITIS " IN FISCAL 2019, HAWAI'I PACIFIC HEALTH SPONSORED OR S UPPORTED NUMEROUS HEALTH EVENTS, INCLUDING "HPH WOMEN'S 10K AND 5K FUN RUN," "AHA HEARTWAL K," "SUSAN G KOMEN RACE FOR THE CURE," "ARTHRITIS FOUNDATION'S ARTHRITIS WALK,MORE HAWAI 'I PACIFIC HEALTH ALSO PROVIDED MEDICAL SUPPORT, INCLUDING CLINICAL AND NON-CLINICAL VOLUN TEERS, SUPPLIES AND OTHER SERVICES, FOR THE GREAT ALOHA RUN AND KEIKI GREAT ALOHA RUN MOR E THAN 20,000 PEOPLE PARTICIPATE IN THE GREAT ALOHA RUN EACH YEAR, WHICH IS AN 8 1-MILE RA CE FROM ALOHA TOWER TO ALOHA STADIUM PROCEEDS FROM THE EVENT BENEFIT MORE THAN 150 NONPRO FIT ORGANIZATIONS IN HAWAI'I HAWAI'I PACIFIC HEALTH ALSO PARTICIPATED IN SYMPOSIA AND MEE TINGS FOR HEALTH CARE PROFESSIONALS, HIRED STUDENTS AS SUMMER INTERNS, AND SPONSORED WORKS HOPS FOR VOLUNTEERS TO TRAIN HEALTH CARE PROVIDERS, HAWAI'I PACIFIC HEALTH HAS ALLIANCES WITH THE UNIVERSITY OF HAWAI'I JOHN A BURNS SCHOOL OF MEDICINE AND HAWAI'I PACIFIC UNIVER SITY HAWAI'I PACIFIC HEALTH INVESTS EACH YEAR IN TEACHING AND RESEARCH AS A PEDIATRIC AND OB-GYN TRAINING FACILITY FOR THE UNIVERSITY OF HAWAI'I HAWAI'I PACIFIC HEALTH IS ALSO AC TIVELY INVOLVED IN CLINICAL TRIALS AND RESEARCH THROUGH ITS VAROUS FACILITIES IN PEDIATRIC S, ONCOLOGY, OPHTHALMOLOGY AND CARDIOLOGY PUBLIC POLICY HAWAI'I PACIFIC HEALTH HAS A RESP ONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POL ICY AND LEGISLATION HAWAI'I PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND RE GULATORY ENHANCEMENTS FOR VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSI CIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS OTHER HAWAI'I PACIFIC HEALTH MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVI NG AS A SAFETY NET PROVIDER OF HEALTH CARE FOR THE COMMUNITY AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES BY WHICH IT IS DETERMINED IF PATIENTS QUALIFY FOR FREE OR DISCOUNT E D CARE HAWAI'I PACIFIC HEALTH CONTRIBUTES MORE THAN \$1 BILLION TO THE STATE ECONOMY EACH YEAR, SUPPORTING ITS MORE THAN 7,100 EMPLOYEES, THEIR FAMILIES, AND MANY BUSINESSES THROUG H PURCHASES MADE BY ITS MEDICAL CENTERS AND CLINICS</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>PROCESS OF DETERMINING COMPENSATION FOR HPH EXECUTIVES IS SET BY THE INDEPENDENT BOARD MEMBERS OF THE HAWAII PACIFIC BOARD'S COMPENSATION COMMITTEE ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE'S COMPENSATION AND BENEFITS THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS THE COMPENSATION COMMITTEE MAKES A FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED ORGANIZATION PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS THIS PROCESS WAS MOST RECENTLY COMPLETED ON MARCH 13, 2019 TO REVIEW PHYSICIAN COMPENSATION AND ON AUGUST 22, 2019 TO REVIEW EXECUTIVE COMPENSATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	DISCLOSURE OF GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND STANDARDS OF CONDUCT ARE AVAILABLE ON THE HAWAI'I PACIFIC HEALTH WEBSITE THE CONSOLIDATED AUDITED FINANCIAL STATAEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWAI'I PACIFIC HEALTH WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS \$ 110,247,183 - OBLIGATED GROUP INTERCOMPANY TRANSFERS \$ 2,907,162 - CHANGE IN INTEREST IN KHF AND WHF \$ 11 - CHANGE IN SPLIT INTEREST \$ 1 - ROUNDING \$ (18,808) - NON CONTROLLING INTEREST \$ (171,146) - CHANGE IN SWAP \$ (225,104) - EQUITY WRITE OFF \$ (296,355) - ADDITIONAL PAID IN CAPITAL ADJMT (ASC) \$ (773,643) - PURCHASE ACCOUNTING (ASC) \$ (4,319,761) - EQUITY OF UNCONSOLIDATED SUBS \$ (39,073,064) - EQUITY TRANSFERS WITH AFFILIATES \$ (71,835,533) - PENSION AND POST RETIREMENT ADJUSTMENTS ----- \$ 2,050,507 - TOTAL

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

2018

Open to Public Inspection

Name of the organization
HAWAI'I PACIFIC HEALTH

Employer identification number
99-0246363

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) Hawai'i Health Partners 55 Merchant Street 24th Floor Honolulu, HI 96813 35-2480297	HEALTHCARE	HI		7,759,575	HPH

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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ASC PACIFIC VENTURES LLC	AMBU SURG CTR	AL	NA									
(2) INVISION LLC	MRI CENTER	HI	NA									
(3) MAUI CANCER CENTER PETCT LLC	INACTIVE	HI	NA									
(4) MAUI CANCER CTR PROPERTY CO LLC	INACTIVE	HI	NA									

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

Yes

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

Yes

k Lease of facilities, equipment, or other assets from related organization(s)

1k

Yes

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

Yes

s Other transfer of cash or property from related organization(s)

1s

Yes

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART III	RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP ASC PACIFIC VENTURES, LLC EIN 27-0540034 ADDRESS 3000 RIVERCHASE GALLERIA, STE 500 BIRMINGHAM, AL 35244 INVISION, LLC EIN 20-8565615 ADDRESS 1010 SOUTH KING STREET HONOLULU, HI 96813 MAUI CANCER CENTER PET/CT, LLC EIN 26-0163883 ADDRESS 227 MAHALANI ST , STE 107 WAILUKU, HI 96793 MAUI CANCER CENTER PROPERTY COMPANY, LLC EIN 26-0146602 ADDRESS 227 MAHALANI ST , STE 107 WAILUKU, HI 96793 ADDRESS 227 MAHALANI ST , STE 107 WAILUKU, HI 96793



Additional Data

Software ID:
Software Version:
EIN: 99-0246363
Name: HAWAI'I PACIFIC HEALTH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0274038	HOSPITAL	HI	501(c)(3)	3	NA	Yes	
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 91-2151670	HOSPITAL	HI	501(c)(3)	3	NA	Yes	
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 38-3840327	FUNDRAISING	HI	501(c)(3)	7	NA	Yes	
55 MERCHANT STREET 26TH FLOOR HONOLULU, HI 96813 99-0109350	FUNDRAISING	HI	501(c)(3)	7	NA	Yes	
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0274038	HOSPITAL	HI	501(c)(3)	3	NA	Yes	
3-3420 KUHIO HIGHWAY LIHUE, HI 96766 99-0204242	FUNDRAISING	HI	501(c)(3)	7	NA	Yes	
3-3420 KUHIO HIGHWAY LIHUE, HI 96766 99-0074365	HOSPITAL	HI	501(c)(3)	3	NA	Yes	
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0326099	HOSPITAL	HI	501(c)(3)	3	NA	Yes	
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 71-0893000	INSURANCE	HI	501(c)(3)	12b, II	NA	Yes	
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0246364	FUNDRAISING	HI	501(c)(3)	7	NA	Yes	
55 MERCHANT STREET 24TH FLOOR HONOLULU, HI 96813 99-0322406	HEALTHCARE	HI	501(c)(3)	10	NA	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) Kapi'olani MEDICAL CNTR OF WOMEN & CHILDREN	B	114,679	FMV
(1) Kapi'olani MEDICAL CNTR OF WOMEN & CHILDREN	S	317,633,489	FMV
(2) Kapi'olani MEDICAL CNTR OF WOMEN & CHILDREN	Q	8,252,983	FMV
(3) Kapi'olani MEDICAL CNTR OF WOMEN & CHILDREN	O	13,502,565	FMV
(4) Kapi'olani MEDICAL CNTR OF WOMEN & CHILDREN	P	209,271,723	FMV
(5) Kapi'olani MEDICAL CNTR OF WOMEN & CHILDREN	R	9,007,477	FMV
(6) PROVIDER'S INSURANCE CORPORATION	Q	2,046,647	FMV
(7) PROVIDER'S INSURANCE CORPORATION	C	554,515	FMV
(8) PROVIDER'S INSURANCE CORPORATION	O	429,170	FMV
(9) PROVIDER'S INSURANCE CORPORATION	P	12,758,574	FMV
(10) Kapi'olani HEALTH FOUNDATION	O	597,171	FMV
(11) Kapi'olani HEALTH FOUNDATION	P	1,668,711	FMV
(12) Kapi'olani HEALTH FOUNDATION	R	174,007	FMV
(13) Kapi'olani MEDICAL SPECIALISTS	B	15,553,557	FMV
(14) Kapi'olani MEDICAL SPECIALISTS	S	3,801,626	FMV
(15) Kapi'olani MEDICAL SPECIALISTS	Q	1,223,733	FMV
(16) Kapi'olani MEDICAL SPECIALISTS	O	2,672,459	FMV
(17) Kapi'olani MEDICAL SPECIALISTS	P	16,031,385	FMV
(18) Kapi'olani MEDICAL SPECIALISTS	R	75,166	FMV
(19) PALI MOMI MEDICAL CENTER	Q	124,061,219	FMV
(20) PALI MOMI MEDICAL CENTER	S	36,600,332	FMV
(21) PALI MOMI MEDICAL CENTER	O	11,822,587	FMV
(22) PALI MOMI MEDICAL CENTER	P	127,462,770	FMV
(23) PALI MOMI MEDICAL CENTER	R	1,659,075	FMV
(24) STRAUB CLINIC & HOSPITAL	B	256,071	FMV

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
(26)	STRAUB CLINIC & HOSPITAL	Q	7,775,955	FMV
(1)	STRAUB CLINIC & HOSPITAL	S	243,522,787	FMV
(2)	STRAUB CLINIC & HOSPITAL	O	22,016,302	FMV
(3)	STRAUB CLINIC & HOSPITAL	R	6,266,757	FMV
(4)	STRAUB CLINIC & HOSPITAL	P	238,079,553	FMV
(5)	STRAUB FOUNDATION	B	811,689	FMV
(6)	STRAUB FOUNDATION	P	523,033	FMV
(7)	STRAUB FOUNDATION	R	156,825	FMV
(8)	STRAUB FOUNDATION	O	617,643	FMV
(9)	WILCOX MEMORIAL HOSPITAL	S	82,616,753	FMV
(10)	WILCOX MEMORIAL HOSPITAL	Q	1,714,135	FMV
(11)	WILCOX MEMORIAL HOSPITAL	O	8,038,261	FMV
(12)	WILCOX MEMORIAL HOSPITAL	R	1,565,158	FMV
(13)	WILCOX MEMORIAL HOSPITAL	P	66,156,663	FMV
(14)	WILCOX HEALTH FOUNDATION	B	1,044,127	FMV
(15)	WILCOX HEALTH FOUNDATION	P	212,752	FMV
(16)	WILCOX HEALTH FOUNDATION	O	529,711	FMV
(17)	Kaua'i MEDICAL CLINIC	B	21,153,210	FMV
(18)	Kaua'i MEDICAL CLINIC	Q	223,433	FMV
(19)	Kaua'i MEDICAL CLINIC	S	9,340,800	FMV
(20)	Kaua'i MEDICAL CLINIC	R	163,613	FMV
(21)	Kaua'i MEDICAL CLINIC	O	9,728,939	FMV
(22)	Kaua'i MEDICAL CLINIC	P	13,858,884	FMV
(23)	Hawai'i PACIFIC PARTNERS INC	S	536,384	FMV
(24)	Hawai'i PACIFIC PARTNERS INC	O	288,644	FMV

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
(51) Hawai'i PACIFIC PARTNERS INC	P	123,311	FMV
(1) PALI MOMI FOUNDATION	B	990,000	FMV
(2) PALI MOMI FOUNDATION	C	249,182	FMV
(3) PALI MOMI FOUNDATION	O	501,120	FMV
(4) PALI MOMI FOUNDATION	P	265,966	FMV
(5) HONOLULU SURGERY CENTER	P	366,022	FMV