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ERNST & YOUNG U.S. LLP

INSTRUCTIONS FOR FILING

Return of Organization Exempt from Income Tax  
Form 990

For the year ended June 30, 2024

TAXPAYER: Hawai'i Pacific Health Group Return

DUE DATE: May 15, 2025

MAILING: This return will be e-filed on your behalf. Do not separately file a copy of the Form 990 with the Internal Revenue Service.

SIGNATURE: Please return the Form 8868 and Page 1 of the Form 990 with client signatures to [lauren.e.bennett@ey.com](mailto:lauren.e.bennett@ey.com) on or before May 15, 2025.

PAYMENT OF TAX: No payment due with this tax return.

Form **8453-TE****Tax Exempt Entity Declaration and Signature for E-file**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2023, or tax year beginning 07/01, 2023, and ending 06/30, 20 24  
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.**2023**

Name of filer

HAWAII PACIFIC HEALTH GROUP RETURN

EIN or SSN

38-3835105

**Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,838,335,298
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration of Officer or Person Subject to Tax**

- 11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here Carrie Ann M. M. 5/14/25 VP & CONTROLLER  
Signature of officer or person subject to tax Date Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	<u>E. E. Bennett</u>	<u>05/11/2025</u>			<u>P01787029</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>ERNST &amp; YOUNG US LLP</u> <u>2005 MARKET STREET, PHILADELPHIA, PA 19103</u>			EIN <u>34-6565596</u> Phone no. <u>(215) 448-5000</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 31574T

Form **8453-TE** (2023)

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        (2) a binary attachment with description containing "Form 8822-B" must be present in the
        return. This return does not satisfy both conditions (1) and (2). IRS regulations require any
        entity with an EIN to update the Responsible Party information within 60 days of any change by
        filing Form 8822-B, Change of Address or Responsible Party - Business. For additional
        information on Form 8822-B, visit the IRS website at: https://www.irs.gov/forms-pubs/about-form-8822-b. It is critical that the IRS have accurate Responsible Party information in cases
        of identity theft or other fraud issues related to EINs or business accounts. For additional
        information on Responsible Parties, visit the IRS website at:
        https://www.irs.gov/businesses/small-businesses-self-employed/responsible-parties-and-nominees.
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**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2023**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public Inspection**

<b>A</b> For the 2023 calendar year, or tax year beginning 07/01, 2023, and ending 06/30, 2024			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization HAWAI'I PACIFIC HEALTH GROUP RETURN		<b>D</b> Employer identification number 38-3835105
	Doing business as		<b>E</b> Telephone number (808) 535-7401
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	55 MERCHANT STREET, 24TH FLOOR		
	City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96813		<b>G</b> Gross receipts \$ 1,870,249,967
<b>F</b> Name and address of principal officer: RAYMOND P. VARA JR. SAME AS C ABOVE			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>J</b> Website: WWW.HAWAIIIPACIFICHEALTH.ORG		<b>H(c)</b> Group exemption number 5834	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation:	<b>M</b> State of legal domicile:

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN, PALI MOMI MEDICAL CENTER, STRAUB MEDICAL CENTER AND WILCOX MEDICAL CENTER'S MISSION IS TO CREATE A HEALTHIER HAWAI'I.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	47
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	5,932
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	533
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	367,334
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	71,040	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	5,750,743	96,979,361
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,637,485,583	1,711,188,587
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,660,044	13,541,701
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,402,129	16,625,649
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,660,298,499	1,838,335,298
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	1,735,536	2,232,257
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	506,833,577	533,297,677
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,012,763,928	1,083,512,565
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,521,333,041	1,619,042,499
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	138,965,458	219,292,799
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	1,206,159,738	1,381,651,194
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	278,505,792	256,390,064
			927,653,946	1,125,261,130

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer CARRIE ANN TSUTSUI, VP & CONTROLLER		Date 5/14/25		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LAUREN E. BENNETT	Preparer's signature L. E. Bennett	Date 05/11/2025	Check <input type="checkbox"/> if self-employed	PTIN P01787029
	Firm's name ERNST & YOUNG US LLP	Firm's EIN 34-6565596			
	Firm's address 2005 MARKET STREET, PHILADELPHIA, PA 19103	Phone no. (215) 448-5000			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I — Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>HAWAI'I PACIFIC HEALTH GROUP RETURN</b>	Taxpayer identification number (TIN) <b>38-3835105</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>55 MERCHANT STREET, 24TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HONOLULU, HI 96813</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II — Automatic Extension of Time To File for Exempt Organizations** (see instructions)

• The books are in the care of ► **ANN HO, 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813**

Telephone No. ► **(808) 527-2520** Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **5834** . If this is for the whole group, check this box . . . . . ► ☒ . If it is for part of the group, check this box . . . . . ► ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **05/15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 \_\_\_\_ or  
► ☒ tax year beginning **07/01**, 20 **23**, and ending **06/30**, 20 **24** .

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 55,372,907 including grants of \$ 0 ) (Revenue \$ 64,484,158 )  
SEE SCHEDULE O**4b** (Code: ) (Expenses \$ 50,787,855 including grants of \$ 0 ) (Revenue \$ 131,006,464 )  
SEE SCHEDULE O**4c** (Code: ) (Expenses \$ 44,045,505 including grants of \$ 0 ) (Revenue \$ 86,737,809 )  
SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.)(Expenses \$ 1,283,757,113 including grants of \$ 2,232,257 ) (Revenue \$ 1,444,838,810 )**4e** Total program service expenses 1,433,963,380

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> ✓	
<b>3</b> 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 . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b> ✓	
<b>5</b> 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	✓
<b>6</b> 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b> ✓	
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</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 . . . . .	<b>11b</b> ✓	
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b> ✓	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> 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 . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	✓
<b>b</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 . . . . .	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</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 . . . . .	<b>14b</b>	✓
<b>15</b> 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 . . . . .	<b>15</b>	✓
<b>16</b> 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 . . . . .	<b>16</b>	✓
<b>17</b> 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 . . . . .	<b>17</b>	✓
<b>18</b> 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 . . . . .	<b>18</b>	✓
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> ✓	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> ✓	
<b>21</b> 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 . . . . .	<b>21</b> ✓	



**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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



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



<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	5,932		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		✓	
<b>4a</b>	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)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .	<b>1a</b> 47		
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 on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . .	<b>1b</b> 23		
<b>2</b> 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? . . .	<b>2</b>	✓	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	<b>4</b>	✓	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . .	<b>6</b>	✓	
<b>7a</b> 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? . . .	<b>7a</b>	✓	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	<b>7b</b>	✓	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . .	<b>8b</b>	✓	
<b>9</b> 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 on Schedule O . . .	<b>9</b>		✓

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . .	<b>10a</b>	✓
<b>b</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? . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	<b>11a</b>	✓
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .	<b>12a</b>	✓
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	<b>12b</b>	✓
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . .	<b>12c</b>	✓
<b>13</b> Did the organization have a written whistleblower policy? . . .	<b>13</b>	✓
<b>14</b> Did the organization have a written document retention and destruction policy? . . .	<b>14</b>	✓
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . .	<b>15a</b>	✓
<b>b</b> Other officers or key employees of the organization . . .	<b>15b</b>	✓
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	<b>16a</b>	✓
<b>b</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? . . .	<b>16b</b>	✓

### 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ANN HO, 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813, (808) 527-2520

**Part VII 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 ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

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

(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(1) <u>RAYMOND P. VARA JR.</u> <u>BOARD OF DIRECTOR, PRESIDENT</u>	<u>8.0</u> <u>54.1</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<u>0</u>	<u>2,464,885</u>	<u>1,946,467</u>
(2) <u>DAVID OKABE</u> <u>EVP, CFO &amp; TREASURER</u>	<u>8.0</u> <u>42.0</u>			<input checked="" type="checkbox"/>				<u>0</u>	<u>1,124,153</u>	<u>424,421</u>
(3) <u>ARTHUR GLADSTONE</u> <u>EVP &amp; CSO</u>	<u>0.0</u> <u>55.0</u>			<input checked="" type="checkbox"/>				<u>0</u>	<u>926,332</u>	<u>336,892</u>
(4) <u>STEVEN ROBERTSON</u> <u>EVP &amp; CIO</u>	<u>5.5</u> <u>47.0</u>			<input checked="" type="checkbox"/>				<u>0</u>	<u>899,339</u>	<u>314,398</u>
(5) <u>LESLIE CHUN, M.D.</u> <u>EVP</u>	<u>8.0</u> <u>52.0</u>			<input checked="" type="checkbox"/>				<u>0</u>	<u>881,508</u>	<u>323,377</u>
(6) <u>DAVID UNDERLINER</u> <u>BOARD OF DIRECTOR, CEO</u>	<u>30.0</u> <u>10.0</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<u>0</u>	<u>933,902</u>	<u>261,582</u>
(7) <u>CHARLES R. CHING</u> <u>EVP, GENERAL COUNSEL &amp; SECRETARY</u>	<u>8.0</u> <u>32.0</u>			<input checked="" type="checkbox"/>				<u>0</u>	<u>830,806</u>	<u>294,495</u>
(8) <u>JENNIE CHAHANOVICH</u> <u>BOD, PRESIDENT &amp; CEO</u>	<u>42.0</u> <u>14.5</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<u>0</u>	<u>726,891</u>	<u>252,177</u>
(9) <u>RUSSELL WOO, M.D.</u> <u>BOARD OF DIRECTOR</u>	<u>0.2</u> <u>40.0</u>	<input checked="" type="checkbox"/>						<u>0</u>	<u>908,002</u>	<u>36,312</u>
(10) <u>TODD MILLER, M.D.</u> <u>BOARD OF DIRECTOR, VICE CHAIR</u>	<u>0.2</u> <u>40.4</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<u>0</u>	<u>755,185</u>	<u>21,039</u>
(11) <u>DAVID CHO, M.D.</u> <u>BOARD OF DIRECTOR</u>	<u>40.0</u> <u>0.2</u>	<input checked="" type="checkbox"/>						<u>0</u>	<u>739,000</u>	<u>36,312</u>
(12) <u>PATRICK O'DONNELL, M.D.</u> <u>BOARD OF DIRECTOR, CHAIR</u>	<u>0.3</u> <u>40.2</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<u>0</u>	<u>635,540</u>	<u>39,362</u>
(13) <u>DOUGLAS KWOCK, M.D.</u> <u>VP</u>	<u>34.0</u> <u>6.0</u>			<input checked="" type="checkbox"/>				<u>0</u>	<u>533,566</u>	<u>121,002</u>
(14) <u>GIDGET RUSCETTA, R.N.</u> <u>COO - KMCWC</u>	<u>40.0</u> <u>10.0</u>			<input checked="" type="checkbox"/>				<u>0</u>	<u>522,999</u>	<u>128,930</u>

Form **990** (2023)

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) SUNSHINE TOPPING SVP (PART YEAR)	9.0 41.0			✓				0	493,721	127,928
(16) SHILPA PATEL, M.D. SVP & CQO	6.4 34.1			✓				0	488,357	120,521
(17) WARREN CHAIKO SVP	16.0 24.0			✓				0	469,027	123,377
(18) TRAVIS CLEGG COO	50.0 0.0			✓				0	461,418	128,213
(19) DAWN DUNBAR SVP	0.0 45.0			✓				0	432,600	119,562
(20) JOHN MCNAMARA SVP & CMO	16.0 24.0			✓				0	440,952	107,976
(21) TYLER CHIHARA, DPM BOARD OF DIRECTOR, VICE CHAIR	0.2 40.0	✓		✓				0	456,098	36,312
(22) GLORIA BROOKS COO	39.0 1.0			✓				0	376,357	94,008
(23) MICHAEL ROBINSON VP	0.6 49.4			✓				0	378,000	81,528
(24) IVICA ZALUD, M.D. BOARD OF DIRECTOR	0.3 40.0	✓						0	441,984	13,200
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								0	17,320,622	5,489,391
<b>c Total from continuation sheets to Part VII, Section A</b>								1,226,055	7,777,008	1,580,421
<b>d Total (add lines 1b and 1c)</b>								1,226,055	25,097,630	7,069,812
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								1,716		

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<b>4</b> 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>	✓	
<b>5</b> 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>		✓

**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) Name and business address	(B) Description of services	(C) Compensation
CLINICAL LABORATORIES OF HAWAII, LLP, MAILCODE NUMBER 60300, PO BOX 1300, HONOLULU, HI 96807-1300	MEDICAL SERVICES	28,212,309
PROLINK HEALTHCARE LLC, 4600 MONTGOMERY RD STE 300, CINCINNATI, OH 45212	STAFFING SERVICES	24,033,447
MEDEFIS INC, 2121 N 117TH AVE STE 200, OMAHA, NE 68164	MANAGEMENT SERVICES	12,690,559
SODEXO INC AND AFFILIATES, 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	FOOD & ENVIRONMENT SERVICES	10,321,283
HI RESIDENCY PROGRAMS INC, 1356 LUSITANA STREET STE 510, HONOLULU, HI 96813	MEDICAL SERVICES	8,155,598
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		264

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	16,939,650			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	1,020,974			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	79,018,737			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 10,681,057			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		96,979,361			
	<b>Program Service Revenue</b>				Business Code		
<b>2a</b>		NET PATIENT REVENUES	622110	1,451,860,755	1,451,860,755		
<b>b</b>		INTER-ENTITY SERVICE REVENUE	900099	118,688,213	118,688,213		
<b>c</b>		OTHER HEALTH CARE REVENUES	622110	3,894,450	3,643,432	251,018	
<b>d</b>		PREMIUM REVENUE	622110	30,490,784	30,490,784		
<b>e</b>		RENTAL INCOME	531120	105,932,143	105,909,351	22,792	
<b>f</b>		All other program service revenue . . . . .		322,242	322,242	0	0
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		1,711,188,587			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		5,028,284			5,028,284
	<b>4</b>	Income from investment of tax-exempt bond proceeds		4,130,056			4,130,056
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
	<b>6b</b>	Less: rental expenses					
	<b>6c</b>	Rental income or (loss)	128,830	0			
	<b>d</b>	Net rental income or (loss) . . . . .		128,830			128,830
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	31,182,008	366,933			
	<b>7c</b>	Gain or (loss) . . . . .	4,741,041	(357,679)			
	<b>d</b>	Net gain or (loss) . . . . .	4,383,361	(352,258)			4,735,619
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
<b>8b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>9b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>10b</b>	Less: cost of goods sold . . . . .	538,110	365,728				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .	172,383				172,383	
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>	HMSA SETTLEMENT PAYMENT	900099	9,400,439	9,400,439		
	<b>b</b>	CAFETERIA REVENUE	722110	2,800,499	2,800,499		
	<b>c</b>	PARKING REVENUE	812930	2,641,658	2,641,658		
	<b>d</b>	All other revenue . . . . .		1,481,840	1,388,316	93,524	0
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		16,324,436			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			1,838,335,298	1,726,793,431	367,334	14,195,172



**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,232,257	2,232,257		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	427,081,896	423,252,833	3,829,063	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	25,338,271	25,039,056	299,215	
<b>9</b> Other employee benefits . . . . .	49,279,037	39,167,587	10,111,450	
<b>10</b> Payroll taxes . . . . .	31,598,473	31,339,804	258,669	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	3,028,689		3,028,689	
<b>d</b> Lobbying . . . . .	52,784		52,784	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	652,989		652,989	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	224,508,087	193,753,690	30,754,397	0
<b>12</b> Advertising and promotion . . . . .	414,165	11,964	402,201	
<b>13</b> Office expenses . . . . .	6,879,221	6,588,438	290,783	
<b>14</b> Information technology . . . . .	16,930,214	15,220,993	1,709,221	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	40,487,276	37,278,984	3,208,292	
<b>17</b> Travel . . . . .	558,255	432,645	125,610	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	252,783	221,016	31,767	
<b>20</b> Interest . . . . .	17,038,556	17,038,554	2	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	45,792,156	45,792,156		
<b>23</b> Insurance . . . . .	10,921,826	10,159,688	762,138	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> MEDICAL SUPPLIES . . . . .	324,685,516	324,825,111	(139,595)	
<b>b</b> INTER-ENTITY PURCHASED SERVICES . . . . .	253,839,888	253,839,888		
<b>c</b> CORPORATE ALLOCATION . . . . .	101,969,292		101,969,292	
<b>d</b> OTHER PURCHASES . . . . .	34,152,986	7,712,060	26,440,926	
<b>e</b> All other expenses . . . . .	1,347,882	56,656	1,291,226	0
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	1,619,042,499	1,433,963,380	185,079,119	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	(432,758)	<b>1</b>	(373,089)
	<b>2</b> Savings and temporary cash investments . . . . .	16,375,767	<b>2</b>	22,455,616
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	68,420,449
	<b>4</b> Accounts receivable, net . . . . .	154,178,926	<b>4</b>	180,478,704
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	27,415,076	<b>8</b>	37,167,065
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,522,996	<b>9</b>	3,344,071
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,182,552,357		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 663,263,022		
	<b>11</b> Investments—publicly traded securities . . . . .	91,086,759	<b>11</b>	105,016,688
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	150,291,940	<b>12</b>	171,473,567
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	1,618,557	<b>13</b>	1,618,557
	<b>14</b> Intangible assets . . . . .	101,844	<b>14</b>	272,727
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	259,735,178	<b>15</b>	272,487,504
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,206,159,738	<b>16</b>	1,381,651,194	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	117,132,441	<b>17</b>	110,036,961
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	161,373,351	<b>25</b>	146,353,103
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	278,505,792	<b>26</b>	256,390,064
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions . . . . .		837,204,443	<b>27</b>	1,020,569,422
<b>28</b> Net assets with donor restrictions . . . . .		90,449,503	<b>28</b>	104,691,708
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .		927,653,946	<b>32</b>	1,125,261,130
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,206,159,738	<b>33</b>	1,381,651,194	

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,838,335,298
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,619,042,499
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	219,292,799
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	927,653,946
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	29,832,041
<b>6</b>	Donated services and use of facilities	<b>6</b>	1,363
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(51,519,019)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,125,261,130

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>c</b> 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 on Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .		✓
<b>b</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 on Schedule O and describe any steps taken to undergo such audits .		

Form **990** (2023)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) JAMES LIN, M.D. ----- VP	0.4 ----- 47.3			✓				0	350,466	100,382
(26) JOAN KANEMORI ----- VP	0.3 ----- 39.7			✓				0	335,708	89,454
(27) WILLIAM BURKE ----- VP	16.0 ----- 36.0			✓				0	326,715	89,507
(28) DAVID STUMBAUGH ----- VP	32.0 ----- 8.0			✓				0	317,042	95,124
(29) LORRIE-ANN LUKE ----- VP	7.0 ----- 34.5			✓				0	315,784	94,698
(30) ANDREW MOATS, R.N. ----- VP	40.0 ----- 0.0			✓				0	317,908	91,153
(31) TROY BRANSTETTER ----- VP	40.0 ----- 18.0			✓				0	318,364	72,299
(32) CARRIE ANN TSUTSUI ----- VP & CONTROLLER	13.0 ----- 35.4			✓				0	307,290	79,120
(33) LOUISE FUKUMOTO ----- VP	16.0 ----- 24.0			✓				0	299,933	81,002
(34) GLENN KAWABATA ----- VP	50.0 ----- 1.0			✓				0	288,156	89,503
(35) PETER LEWIS ----- VP & CHIEF INFORMATION SECURITY OFFICER	3.0 ----- 37.0			✓				0	346,846	25,649
(36) ROBERT WOTRING II, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 40.6	✓						0	340,757	20,705
(37) RODNEY CHELLIAH ----- REGISTERED NURSE	40.0 ----- 0.0					✓		324,521	0	29,832
(38) DEAN TATEYAMA ----- VP	16.0 ----- 24.0			✓				0	308,637	43,961
(39) BEAU NAKAMOTO, M.D. ----- FORMER OFFICER	0.0 ----- 40.4						✓	0	327,377	12,690
(40) ROBYN KALAHIKI, R.N. ----- VP & CNE	40.0 ----- 0.0			✓				0	292,227	44,229
(41) MELANIE KIM, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 30.0	✓						0	306,931	19,913
(42) DARLA SABRY, R.N. ----- VP & CNE	40.0 ----- 0.0			✓				0	289,108	36,758
(43) MATHEW LOUGHLIN ----- VP	40.0 ----- 0.0			✓				0	245,016	44,260
(44) MICHAEL FOUTCH ----- VP	0.3 ----- 40.0			✓				0	278,460	2,656

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(45) MELODY KILCOMMONS ----- CLINICAL DIRECTOR	40.0 ----- 0.0					✓		237,492	0	40,434
(46) GARY NOAH-CASISON ----- DIRECTOR OF NURSING	40.0 ----- 0.0					✓		237,536	0	37,789
(47) KATIE SHIGEMITSU ----- COMPLIANCE OFFICER	18.5 ----- 22.0			✓				0	236,038	33,771
(48) LINDLEE BUTCHER ----- CLINICAL DIRECTOR	40.0 ----- 0.0					✓		211,143	0	43,252
(49) CAROL FUJIYOSHI, M.D. ----- BOARD OF DIRECTOR (PART YEAR)	0.2 ----- 40.0	✓						0	234,934	14,091
(50) CAROLYN SCHWARTZ ----- CLINICAL DIRECTOR	40.0 ----- 0.0					✓		215,363	0	27,493
(51) KENNETH T. NAKAMURA, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 30.3	✓						0	205,306	35,207
(52) BRANDON WONG ----- FORMER OFFICER	0.0 ----- 0.0						✓	0	204,835	28,833
(53) JESSICA LEWIS ----- ASSISTANT CORPORATE SECRETARY	14.0 ----- 26.0			✓				0	183,999	45,659
(54) MONICA PRICE, M.D. ----- BOARD OF DIRECTOR (PART YEAR)	0.2 ----- 40.4	✓						0	177,078	32,967
(55) REINA (FRANCE) GRAVES ----- PRIVACY OFFICER	15.2 ----- 24.8			✓				0	146,853	38,898
(56) ALLEN HIXON, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 40.0	✓						0	145,032	5,801
(57) KENNETH B. ROBBINS, M.D. ----- FORMER OFFICER	0.0 ----- 20.0						✓	0	120,079	27,263
(58) BARBARA CRAFT ----- FORMER OFFICER	0.0 ----- 0.0						✓	0	112,996	5,916
(59) SIDNEY LEE, M.D. ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	41,676	0
(60) JASON ISA, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	24,000	0
(61) DAWN MIURA, M.D. ----- BOARD OF DIRECTOR, VICE CHAIR	0.2 ----- 0.0	✓		✓				0	15,039	0
(62) OWEN CHAN, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	12,625	0
(63) LEE BUENCONSEJO-LUM ----- BOARD OF DIRECTOR (PART YEAR)	0.2 ----- 0.0	✓						0	3,793	152
(64) ANDREW ROSEN ----- BOARD OF DIRECTOR, CHAIR	0.2 ----- 0.0	✓		✓				0	0	0
(65) JERRY PUPILLO ----- BOARD OF DIRECTOR, CHAIR	0.2 ----- 0.0	✓		✓				0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(66) MICHAEL YAMANE ----- BOARD OF DIRECTOR, CHAIR (PART YEAR)	0.2 ----- 0.4	✓		✓				0	0	0
(67) PAUL TONER ----- BOARD OF DIRECTOR, CHAIR	0.2 ----- 0.0	✓		✓				0	0	0
(68) CARL ACKERMAN ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(69) CAROL AI-MAY ----- BOARD OF DIRECTOR	0.2 ----- 0.1	✓						0	0	0
(70) CLAIRE TAMAMOTO ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(71) DENNIS FRANCIS ----- BOARD OF DIRECTOR	0.2 ----- 0.4	✓						0	0	0
(72) DOUGLAS DUVAUCHELLE, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(73) EDWARD NISHIOKA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(74) ELIZABETH (LISA) UBAY ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(75) EMILY KURAOKA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(76) JASMINE TANIOKA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(77) KATHY RICHARDSON ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(78) KIM HEHIR ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(79) LYLE TABATA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(80) MARK YAMAKAWA ----- BOARD OF DIRECTOR	0.3 ----- 0.4	✓						0	0	0
(81) MAYA ROGERS ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(82) MICHAEL O'MALLEY, ESQ. ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(83) MICHELLE HO ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(84) NATHAN TOKUDA, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(85) NEIL MANAGO, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(86) PAUL EAKIN, M.D. ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(87) ROBERT KURISU ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(88) SCOTT KUROSAWA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(89) STEVEN AI ----- BOARD OF DIRECTOR	0.3 ----- 0.4	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . .						
<b>5</b> 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) . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined on 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 <b>Part VI</b>.</i>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		

Schedule A (Form 990) 2023

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

Section D—Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>	
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>	

  

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			

Schedule A (Form 990) 2023

## 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.)

[illegible]

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**HAWAI'I PACIFIC HEALTH GROUP RETURN**

Employer identification number

**38-3835105**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).



Name of organization

HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAPIOLANI HEALTH FOUNDATION 55 MERCHANT ST, 24TH FLOOR HONOLULU, HI 96813	\$ 11,087,693	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANNIE PARKE 111 S. KING STREET HONOLULU, HI 96811	\$ 10,440	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PALI MOMI FOUNDATION 55 MERCHANT ST., 24TH FLOOR HONOLULU, HI 96813	\$ 1,311,847	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	STRAUB FOUNDATION 55 MERCHANT ST., 24TH FLOOR HONOLULU, HI 96813	\$ 756,005	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	LYNNE & MARC R. BENIOFF 455 NORTH CITYFRONT PLAZA DR, SUITE 1730 CHICAGO, IL 60611	\$ 10,553,902	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	WILCOX HEALTH FOUNDATION 55 MERCHANT ST, 24TH FLOOR HONOLULU, HI 96813	\$ 3,779,532	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WEINBERG FOUNDATION  3660 WAIALAE AVENUE, SUTIE 400  HONOLULU, HI 96816	\$ 31,451	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	BOOKS, HOME GOODS/CLOTHING, FOOD, DRUG/MEDICAL SUPPLIES, GIFT CARD, TOYS	\$ 109,258	06/30/2024
3	HOME GOODS/CLOTHING, BOOKS, GIFT CARDS	\$ 6,056	06/30/2024
4	HOME GOODS/CLOTHING, FOOD, GIFT CARDS	\$ 9,067	06/30/2024
5	STOCKS	\$ 10,553,902	06/07/2024
6	HOME GOODS/CLOTHING, DRUGS/MEDICAL SUPPLIES, TOYS	\$ 2,774	06/30/2024
		\$	

Name of organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

**SCHEDULE C**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**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 organization

HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$
- 3 Volunteer hours for political campaign activities. See instructions . . . . .

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50084S

Schedule C (Form 990) 2023

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 60%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

**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
<b>1</b>	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:			
<b>a</b>	Volunteers?		✓	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b>	Media advertisements?		✓	
<b>d</b>	Mailings to members, legislators, or the public?		✓	
<b>e</b>	Publications, or published or broadcast statements?		✓	
<b>f</b>	Grants to other organizations for lobbying purposes?		✓	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b>	Other activities?	✓		52,784
<b>j</b>	Total. Add lines 1c through 1i			52,784
<b>2a</b>	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

**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."

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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 expenditures next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**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.

[SEE NEXT PAGE](#)



**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 - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES ARE THE PORTION OF AMOUNTS PAID TO HEALTHCARE ASSOCIATIONS THAT ENGAGED IN LEGISLATIVE LOBBYING ON BEHALF OF ITS MEMBERS.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	
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 on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	\$
(ii) Assets included in Form 990, Part X . . . . .	\$ 1,758,251
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 FASB 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 make significant use of its collection items (check all that apply).

**a** ☒ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements**

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

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance	267,619,774	241,504,197	265,651,554	213,487,581	205,962,211
<b>b</b> Contributions					67,736
<b>c</b> Net investment earnings, gains, and losses	31,402,913	26,115,577	(24,147,357)	52,193,682	7,620,886
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs				29,709	163,252
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	299,022,687	267,619,774	241,504,197	265,651,554	213,487,581

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

**a** Board designated or quasi-endowment 98.17 %

**b** Permanent endowment 1.83 %

**c** Term endowment 0.00 %

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?

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>	✓	
<b>3b</b>	✓	

**(ii)** Related organizations?

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		19,720,249		19,720,249
<b>b</b> Buildings		721,060,573	378,044,160	343,016,413
<b>c</b> Leasehold improvements		54,071,150	32,022,401	22,048,749
<b>d</b> Equipment		325,896,779	250,035,868	75,860,911
<b>e</b> Other		61,803,606	3,160,593	58,643,013
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				519,289,335

**Part VII Investments—Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) BOARD DESIGNATED SECURITIES	164,654,573	
(B) INVESTMENT IN UNCONSOLIDATED SUB.	4,971,708	
(C) LIMITED PARTNERSHIPS	1,847,286	
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	171,473,567	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) OPERATING & FINANCE LEASE RIGHT OF USE ASSETS	90,103,526
(2) INTEREST IN NET ASSETS OF FOUNDATIONS	92,746,448
(3) DUE FROM THIRD-PARTY PAYORS	31,878,489
(4) BOARD DESIGNATED INVESTMENTS	19,553,522
(5) OTHER RECEIVABLES	13,934,137
(6) DEPOSITS & NON-CURRENT ASSETS	6,186,386
(7) INTEREST IN PERPETUAL TRUST	5,419,355
(8) DECORATIVE ARTWORK	1,758,251
(9) (SEE STATEMENT)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	272,487,504

**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	
(2) OP. & FIN LEASE LIABILITIES	87,305,071
(3) DUE TO THIRD-PARTY PAYORS	8,145,160
(4) OTHER LONG-TERM LIABILITIES	20,384,865
(5) CURRENT OP & FIN LEASE LIABILITIES	10,555,469
(6) DUE TO KAPI'OLANI MEDICAL SPECIALISTS	47,019
(7) DUE TO STRAUB PHARMACY, INC.	4,971,708
(8) DUE TO HAWAII PACIFIC HEALTH	288,546
(9) (SEE STATEMENT)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	146,353,103

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	0
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	0

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	0
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	0

**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.

[SEE STATEMENT](#)

## Schedule D

Other Assets - Complete if the organization answered "Yes" to

## Part IX

Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book values
DUE FROM PROVIDERS INSURANCE CORPORATION	60,421
DUE FROM KAPI'OLANI HEALTH FOUNDATION	9,688,763
DUE FROM STRAUB FOUNDATION	154,150
DUE FROM KAUAI MEDICAL CLINIC	272,556
DUE FROM KAPI'OLANI MEDICAL SPECIALISTS	506,229
DUE FROM WILCOX HEALTH FOUNDATION	80,775
DUE FROM HONOLULU SURGERY CENTER	57,094
DUE FROM PALI MOMI FOUNDATION	60,620
INVESTMENT IN JOINT VENTURES	25,000
DUE FROM HAWAII PACIFIC HEALTH PARTNERS	1,782

## Schedule D

Other Liabilities - Complete if the organization answered "Yes" to

## Part X

Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
DUE TO HAWAI'I PACIFIC HEALTH PARTNERS	282,519
ESCHEAT LIABILITY	70,895
DUE TO KEAHONUOKALANI	128,827
DUE TO STRAUB FOUNDATION	13,202
DUE TO WILCOX HEALTH FOUNDATION	10,963
DUE TO HONOLULU SURGERY CENTER	5,390
DUE TO KAPI'OLANI HEALTH FOUNDATION	8,532
DUE TO PALI MOMI FOUNDATION	15,376
DUE TO PROVIDERS INSURANCE CORPORATION	207,253
DUE TO HAWAI'I PACIFIC HEALTH MEDICAL GROUP	13,912,308

# 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 - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	ARTWORK IS USED TO IMPROVE THE INTERNAL ENVIRONMENT OF THE HOSPITALS SETTING FOR BOTH FAMILIES AND PATIENTS. THIS INCLUDES CREATING AN INVITING PATIENT ATMOSPHERE IN BOTH THE ROOMS AND THE HALLS OF OUR FACILITIES. THIS ENVIRONMENT IS A KEY DIFFERENTIATING FACTOR IN IMPROVING THE OUTLOOK OF THOSE WHO UTILIZE OUR FACILITIES AS WELL AS THE STAFF WHO WORK THERE. BOTH OF WHICH LEADS TO IMPROVED PATIENT RESULTS AND POSITIVE VIEWS OF OUR SERVICES.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT FUNDS ARE INTENDED TO BE USED TO PROVIDE MEDICAL AND OTHER CARE TO PATIENTS WHO ARE UNABLE TO PAY FOR SUCH CARE AND FOR OTHER EXPENSES RELATED TO THE EXEMPT PURPOSE OF THE HOSPITAL.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	UNCERTAIN TAX POSITIONS AUDITED FINANCIAL STATEMENT FOOTNOTE THE COMPANY HAS NOT RECORDED ANY EXPENSE OR ACCRUED FOR ANY RELATED EXPENSE FOR ANY UNCERTAIN TAX POSITIONS.



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization <b>HAWAI'I PACIFIC HEALTH GROUP RETURN</b>	Employer identification number <b>38 3835105</b>
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)		18,021	5,222,936		5,222,936	0.32
<b>b</b> Medicaid (from Worksheet 3, column a)		243,997	335,457,792	301,373,666	34,084,126	2.11
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	262,018	340,680,728	301,373,666	39,307,062	2.43
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	14	3,741	1,134,618	212,517	922,101	0.06
<b>f</b> Health professions education (from Worksheet 5)	8	2,023	9,460,857	2,893,687	6,567,170	0.41
<b>g</b> Subsidized health services (from Worksheet 6)	11		72,930,037	42,842,140	30,087,897	1.86
<b>h</b> Research (from Worksheet 7)					0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	43		2,072,608		2,072,608	0.13
<b>j Total.</b> Other Benefits	76	5,764	85,598,120	45,948,344	39,649,776	2.45
<b>k Total.</b> Add lines 7d and 7j	76	267,782	426,278,848	347,322,010	78,956,838	4.88

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	4		25,000		25,000	0.00
2 Economic development	3		30,000		30,000	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 <b>Total</b>	7	0	55,000	0	55,000	0.00

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** ☐ Yes ☒ No
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . . **2** 17,425,383
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debts as community benefit . . . . . **3** 834,974
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . . **5** 178,754,972
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6** 174,604,031
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . . **7** 4,150,941
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

How many hospital facilities did the organization operate during the tax year? 4

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

	Licensed hospital	General medical	Children's hospital	Teaching hospital	Critical access	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> STRAUB CLINIC & HOSPITAL 888 SOUTH KING STREET, HONOLULU, HI 96813 WWW.HAWAIIIPACIFICHEALTH.ORG/STRAUB STATE LICENSE NO. : 32-H	✓	✓		✓			✓			A
<b>2</b> KAPI'OLANI MEDICAL CENTER FOR WOMEN 1319 PUNAHOU STREET, HONOLULU, HI 96826 WWW.HAWAIIIPACIFICHEALTH.ORG/KAPIOLANI STATE LICENSE NO. : 6-H	✓	✓	✓	✓			✓			A
<b>3</b> PALI MOMI MEDICAL CENTER 98-1079 MOANALUA ROAD, AIEA, HI 96701 WWW.HAWAIIIPACIFICHEALTH.ORG/PALI-MOMI STATE LICENSE NO. : 37-H	✓	✓					✓			A
<b>4</b> WILCOX MEMORIAL HOSPITAL 3-3420 KUHIO HIGHWAY, LIHUE, HI 96766-1099 WWW.HAWAIIIPACIFICHEALTH.ORG/WILCOX STATE LICENSE NO. : 23-H	✓	✓					✓			A
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-4

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	✓
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	✓
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	✓
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	✓
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>https://www.hah.org/chna</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	✓
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	✓
<b>a</b> If "Yes," (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	✓
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>4</u> <u>0</u> <u>0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: A

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: A

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.	<b>23</b>	✓
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.	<b>24</b>	✓

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**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME: REPORTING GROUP A</p> <p>DESCRIPTION: IN CONDUCTING THE MOST RECENT CHNA, CONDUCTED JOINTLY BY HAWAII'S NONPROFIT HOSPITALS WITH SUPPORT FROM THE HEALTHCARE ASSOCIATION OF HAWAII, THE RESEARCHERS CONVENED 18 COMMUNITY MEETINGS ACROSS THE ISLANDS TO ENGAGE EVERYDAY PEOPLE IN DISCUSSIONS AROUND HEALTH IN THEIR COMMUNITIES. A FULL LIST OF COMMUNITY MEETINGS CAN BE FOUND IN APPENDIX E OF THE CHNA. IN ADDITION, 82 INTERVIEWS WERE CONDUCTED WITH "KEY INFORMANTS" WITH EXPERTISE IN COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, OR PARTICULAR RACIAL/ETHNIC GROUPS. A COMPLETE LIST OF THESE KEY INFORMANTS AND THEIR ORGANIZATIONAL AFFILIATIONS CAN BE FOUND IN APPENDIX F OF THE CHNA. ADDITIONALLY, THE RESEARCHERS CONVENED THREE PANELS OF EXPERTS FROM THE UNIVERSITY OF HAWAII THOMPSON SCHOOL OF SOCIAL WORK &amp; PUBLIC HEALTH, AND CONDUCTED FOUR FOCUS GROUPS EACH FOCUSED ON A SIGNIFICANT COMMUNITY HEALTH NEED THAT EMERGED FROM THE COMMUNITY CONVERSATIONS. ALL COMMUNITY MEETINGS AND INTERVIEWS TOOK PLACE FROM AUGUST TO DECEMBER, 2021. A COMMUNITY ADVISORY COMMITTEE, MADE UP OF LEADERS REPRESENTING UNDER-SERVED OR MINORITY POPULATIONS WITH HEALTH DISPARITIES, PROVIDED INPUT TO THE RESEARCH TEAM THROUGHOUT THE CHNA PROCESS. A LIST OF COMMUNITY ADVISORY COMMITTEE MEMBERS CAN BE FOUND IN APPENDIX D OF THE CHNA.</p>
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p>FACILITY NAME: REPORTING GROUP A</p> <p>DESCRIPTION: HAWAII PACIFIC HEALTH'S FOUR HOSPITAL FACILITIES PARTICIPATED WITH FIFTEEN OTHER NONPROFIT HAWAII HOSPITALS TO COLLABORATE ON A JOINT CHNA LED BY THE HEALTHCARE ASSOCIATION OF HAWAII. RESEARCH WAS COMPLETED IN DECEMBER 2021. WARD RESEARCH WAS RETAINED TO CONDUCT THE CHNA RESEARCH. PARTICIPATING HOSPITALS WERE: ADVENTIST HEALTH CASTLE, SUTTER HEALTH KAHU MOHALA, KAHUKU MEDICAL CENTER, KAISER PERMANENTE MOANALUA MEDICAL CENTER, KAPI'OLANI MEDICAL CENTER FOR WOMEN &amp; CHILDREN, KUAKINI MEDICAL CENTER, KULA HOSPITAL, LANAI COMMUNITY HOSPITAL, MAUI MEMORIAL HOSPITAL, MOLOKAI GENERAL HOSPITAL, NORTH HAWAII COMMUNITY HOSPITAL, PALI MOMI MEDICAL CENTER, REHABILITATION HOSPITAL OF THE PACIFIC, SHRINERS HOSPITALS FOR CHILDREN - HONOLULU, STRAUB BENIOFF MEDICAL CENTER, THE QUEEN'S MEDICAL CENTER, THE QUEEN'S MEDICAL CENTER - WEST OAHU, WAHIAWA GENERAL HOSPITAL, AND WILCOX MEDICAL CENTER.</p>
SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	<p>FACILITY NAME: REPORTING GROUP A</p> <p>DESCRIPTION: THE HEALTHCARE ASSOCIATION OF HAWAII, WARD RESEARCH, SOLUTIONS PACIFIC AND THE UNIVERSITY OF HAWAII THOMPSON SCHOOL OF SOCIAL WORK &amp; PUBLIC HEALTH COLLABORATED WITH THE HOSPITALS TO CONDUCT THE HOSPITALS' JOINT CHNA.</p>
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	<a href="https://www.hawaiipacifichealth.org/about-us/community/">HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/ABOUT-US/COMMUNITY/</a>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: KAPI'OLANI MEDICAL CENTER FOR WOMEN &amp; CHILDREN</p> <p>DESCRIPTION: IN FISCAL YEAR 2024, KAPI'OLANI CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE YEAR 2 OF THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY THAT ADDRESSED THE FOLLOWING PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT: FINANCIAL SECURITY, FOOD SECURITY, HOUSING STABILITY, AND TRUST IN &amp; EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM.</p> <p>FINANCIAL SECURITY HAWAIIAN COMMUNITY ASSETS: KAPI'OLANI PROVIDED FINANCIAL SUPPORT TO HAWAIIAN COMMUNITY ASSETS, A NONPROFIT WITH A PARTICULAR FOCUS ON NATIVE HAWAIIANS THAT BUILDS THE CAPACITY OF LOW-INCOME INDIVIDUALS AND COMMUNITIES TO ACHIEVE AND SUSTAIN ECONOMIC SELF-SUFFICIENCY BY PROVIDING CULTURALLY-RELEVANT FINANCIAL EDUCATION, ASSET-BUILDING, AND HOMEOWNERSHIP PROGRAMS.</p> <p>JOB TRAINING FOR LOW-INCOME AND MINORITY POPULATIONS: KAPI'OLANI AND THE OTHER HPH HOSPITALS COLLABORATED WITH RYSE HAWAII, LILIUOKALANI TRUST AND WE ARE OCEANIA TO PROVIDE JOB TRAINING IN HEALTH CAREERS FOR LOW-INCOME VULNERABLE YOUTH, OFFERING PROGRAM GRADUATES CAREER PATHWAYS IN HEALTH CARE.</p> <p>ALOHA UNITED WAY'S ALICE REPORT: KAPI'OLANI PROVIDED FUNDING FOR THE ALICE INITIATIVE, A COMPREHENSIVE STRATEGY FOR GENERATING AWARENESS AND UNDERSTANDING AROUND WHAT ASSET-LIMITED, INCOME-CONSTRAINED, EMPLOYED ("ALICE") HAWAII HOUSEHOLDS FACE IN AN EFFORT TO DRIVE LONG-TERM, SYSTEMIC CHANGE THAT RESULTS IN GREATER FINANCIAL STABILITY FOR THESE HOUSEHOLDS.</p> <p>COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT (CNHA): KAPI'OLANI PROVIDED OPERATIONAL FUNDING FOR CNHA, A NONPROFIT COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION THAT PROVIDES ACCESS TO CAPITAL, FINANCIAL EDUCATION AND INDIVIDUALIZED FINANCIAL COUNSELING SERVICES FOR LOW-INCOME FAMILIES.</p> <p>FOOD SECURITY SNAP DOUBLE-UP FOOD BUCKS INCENTIVE PROGRAM: KAPI'OLANI PARTNERED WITH A MULTISECTOR COALITION TO SUPPORT A FUND THAT OFFERS SNAP HOUSEHOLDS DOUBLE THE VALUE OF ALL PURCHASES OF FRESH, LOCAL PRODUCE MADE WITH SNAP-EBT. PROGRAMS SUCH AS THESE ARE DEMONSTRATED TO INCREASE CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY SNAP RECIPIENTS WHILE SUPPORTING ACCESS TO HEALTHY LOCAL FOODS.</p> <p>FARM TO KEIKI: KAPI'OLANI PARTNERED WITH KAMEHAMEHA SCHOOLS AND OLAPONO, A NONPROFIT SPECIALIZING IN CHILD NUTRITION, TO CREATE A HEALTHY EATING CURRICULUM IN TWO KAUAI PRESCHOOLS TO IMPROVE ACCESS TO HEALTHY FOODS FOR PRESCHOOL-AGED CHILDREN AND BUILD NEW AVENUES FOR FARM TO SCHOOL FOOD PROGRAMS.</p> <p>HAWAII FOOD HUB HUI: THE HOSPITALS OF HPH PARTNERED TO STRENGTHEN COMMUNITY FOOD SYSTEMS AND ASSURE ACCESS TO FRESH, HEALTHY LOCAL FOODS FOR RESIDENTS OF OUR SERVICE AREAS, PARTICULARLY THOSE IN FOOD INSECURE HOUSEHOLDS, BY PROVIDING FINANCIAL SUPPORT TO THE HAWAII FOOD HUB HUI WHICH SUPPORTS THE VIABILITY OF SMALL LOW-INCOME FARMERS AND ENDEAVORS TO TRANSFORM HAWAII'S LOCAL FOOD ECONOMY INTO AN EQUITABLE AND EFFICIENT COMMUNITY-LED SYSTEM.</p> <p>HOUSING STABILITY RESIDENTIAL YOUTH SERVICES &amp; EMPOWERMENT HAWAII (RYSE) IS A YOUTH-SPECIFIC SHELTER PROVIDING TEMPORARY OVERNIGHT LODGING AND SUPPORT SERVICES TO HELP HOMELESS YOUTH ACHIEVE HOUSING, EMPLOYMENT AND SELF-SUFFICIENCY. KAPI'OLANI PROVIDED FINANCIAL SUPPORT FOR EMPLOYMENT COUNSELING AND JOB TRAINING SERVICES FOR THIS VULNERABLE POPULATION.</p> <p>HAWAII COMMUNITY REINVESTMENT CORPORATION AFFORDABLE HOUSING FUND: STABLE HOUSING IS CRUCIAL TO HOUSEHOLDS' HEALTH AND WELLBEING. KAPI'OLANI SUPPORTED AN INCREASE IN AVAILABLE AFFORDABLE HOUSING FOR LOW-INCOME HOUSEHOLDS BY SUPPORTING THE NONPROFIT HAWAII COMMUNITY REINVESTMENT CORPORATION WHICH PROVIDES LOAN CAPITAL AND TECHNICAL ASSISTANCE FOR DEVELOPMENT OF AFFORDABLE HOUSING.</p> <p>TRUST IN AND EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM PARTNERS IN CARE: KAPI'OLANI PROVIDES FUNDING FOR AND COLLABORATES WITH PARTNERS IN CARE, A COALITION OF ORGANIZATIONS PROVIDING SERVICES TO HOMELESS INDIVIDUALS. KAPI'OLANI PARTICIPATES IN PIC'S HOMELESS MANAGEMENT INFORMATION SYSTEM WHICH FACILITATES COORDINATION OF SERVICES FOR HOMELESS INDIVIDUALS ACROSS MULTIPLE PROVIDERS.</p> <p>INSTITUTE FOR HUMAN SERVICES: KAPI'OLANI PROVIDED FUNDING FOR THIS HOMELESS SERVICES PROVIDER TO PURCHASE AED UNITS FOR ITS SHELTER SITES.</p> <p>CANCER RESEARCH CENTER OF HAWAII: KAPI'OLANI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: MANY AREAS OF HAWAII ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HAWAII RESIDENTS, KAPI'OLANI PROVIDES CLINICAL TRAINING AND RESIDENCIES FOR MEDICAL STUDENTS AND RESIDENTS, NURSING STUDENTS, AND ALLIED HEALTH PROFESSIONALS. KAPI'OLANI ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS COMMITTED TO PRACTICING IN HAWAII TO ATTEND THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE.</p> <p>MEDICAL TRANSPORT SERVICES: KAPI'OLANI PROVIDES INTER-HOSPITAL TRANSPORTS FROM THE</p>

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	<p>NEIGHBOR ISLANDS TO O'AHU, WHERE KAPI'OLANI IS LOCATED, AND TO THE CONTINENTAL US, FOR CRITICAL NEONATAL AND PEDIATRIC PATIENTS REQUIRING ACCESS TO SPECIALTY CARE NOT AVAILABLE IN THEIR COMMUNITIES.</p> <p>SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED</p> <p>THE FOLLOWING AREAS OF NEED IDENTIFIED IN KAPI'OLANI'S 2022 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY: NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM SICK CARE, RESTORE ENVIRONMENT AND SENSE OF PLACE, PREPARE FOR EMERGENCIES, MENTAL AND BEHAVIORAL HEALTH AND WORK TOGETHER FOR EQUITY AND JUSTICE. THEY WERE NOT SELECTED AS PRIORITIES FOR KAPI'OLANI TO ADDRESS BECAUSE THEY DID NOT MEET THE FOLLOWING CRITERIA: ALIGNMENT WITH KAPI'OLANI'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE KAPI'OLANI'S PLANNED AND EXISTING COMMUNITY PARTNERSHIPS AND INITIATIVES, KAPI'OLANI'S AVAILABLE RESOURCES AND EXPERTISE TO ADDRESS THE NEEDS, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: PALI MOMI MEDICAL CENTER</p> <p>DESCRIPTION: IN FISCAL YEAR 2024, PALI MOMI CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE YEAR 2 OF THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY THAT ADDRESSED THE FOLLOWING PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT: FINANCIAL SECURITY, FOOD SECURITY, HOUSING STABILITY, AND TRUST IN &amp; EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM.</p> <p>FINANCIAL SECURITY HAWAIIAN COMMUNITY ASSETS: PALI MOMI PROVIDED FINANCIAL SUPPORT TO HAWAIIAN COMMUNITY ASSETS, A NONPROFIT WITH A PARTICULAR FOCUS ON NATIVE HAWAIIANS THAT BUILDS THE CAPACITY OF LOW-INCOME INDIVIDUALS AND COMMUNITIES TO ACHIEVE AND SUSTAIN ECONOMIC SELF-SUFFICIENCY BY PROVIDING CULTURALLY-RELEVANT FINANCIAL EDUCATION, ASSET BUILDING, AND HOMEOWNERSHIP PROGRAMS.</p> <p>JOB TRAINING FOR LOW-INCOME AND MINORITY POPULATIONS: PALI MOMI AND THE OTHER HPH HOSPITALS COLLABORATED WITH RYSE HAWAII, LILIUOKALANI TRUST AND WE ARE OCEANIA TO PROVIDE JOB TRAINING IN HEALTH CAREERS FOR LOW-INCOME VULNERABLE YOUTH, OFFERING PROGRAM GRADUATES CAREER PATHWAYS IN HEALTH CARE.</p> <p>COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT (CNHA): PALI MOMI PROVIDED OPERATIONAL FUNDING FOR CNHA, A NONPROFIT COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION THAT PROVIDES ACCESS TO CAPITAL, FINANCIAL EDUCATION AND INDIVIDUALIZED FINANCIAL COUNSELING SERVICES FOR LOW-INCOME FAMILIES.</p> <p>ALOHA UNITED WAY'S ALICE REPORT: PALI MOMI PROVIDED FUNDING FOR THE ALICE INITIATIVE, A COMPREHENSIVE STRATEGY FOR GENERATING AWARENESS AND UNDERSTANDING AROUND WHAT ASSET-LIMITED, INCOME-CONSTRAINED, EMPLOYED ("ALICE") HAWAII HOUSEHOLDS FACE IN AN EFFORT TO DRIVE LONG-TERM, SYSTEMIC CHANGE THAT RESULTS IN GREATER FINANCIAL STABILITY FOR THESE HOUSEHOLDS.</p> <p>FOOD SECURITY SNAP DOUBLE-UP FOOD BUCKS INCENTIVE PROGRAM: PALI MOMI PARTNERED WITH A MULTISECTOR COALITION TO SUPPORT A FUND THAT OFFERS SNAP HOUSEHOLDS DOUBLE THE VALUE OF ALL PURCHASES OF FRESH, LOCAL PRODUCE MADE WITH SNAP-EBT. PROGRAMS SUCH AS THESE ARE DEMONSTRATED TO INCREASE CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY SNAP RECIPIENTS WHILE SUPPORTING ACCESS TO HEALTHY LOCAL FOODS.</p> <p>FARM TO KEIKI: THE HOSPITALS OF HAWAII PACIFIC HEALTH, INCLUDING PALI MOMI, PARTNERED WITH KAMEHAMEHA SCHOOLS AND OLAPONO, A NONPROFIT SPECIALIZING IN CHILD NUTRITION, TO PILOT A HEALTHY EATING CURRICULUM IN TWO KAUAI PRESCHOOLS TO IMPROVE ACCESS TO HEALTHY FOODS FOR PRESCHOOL-AGED CHILDREN AND BUILD NEW AVENUES FOR FARM TO SCHOOL FOOD PROGRAMS.</p> <p>HAWAII FOOD HUB HUI: PALI MOMI PARTNERED TO STRENGTHEN COMMUNITY FOOD SYSTEMS AND ASSURE ACCESS TO FRESH, HEALTHY LOCAL FOODS FOR RESIDENTS OF OUR SERVICE AREAS, PARTICULARLY THOSE IN FOOD INSECURE HOUSEHOLDS, BY PROVIDING FINANCIAL SUPPORT TO THE HAWAII FOOD HUB HUI WHICH SUPPORTS THE VIABILITY OF SMALL LOW-INCOME FARMERS AND ENDEAVORS TO TRANSFORM HAWAII'S LOCAL FOOD ECONOMY INTO AN EQUITABLE AND EFFICIENT COMMUNITY-LED SYSTEM.</p> <p>HOUSING STABILITY RESIDENTIAL YOUTH SERVICES &amp; EMPOWERMENT HAWAII (RYSE) IS A YOUTH-SPECIFIC SHELTER PROVIDING TEMPORARY OVERNIGHT LODGING AND SUPPORT SERVICES TO HELP HOMELESS YOUTH ACHIEVE HOUSING, EMPLOYMENT AND SELF-SUFFICIENCY. PALI MOMI PROVIDED FINANCIAL SUPPORT FOR EMPLOYMENT COUNSELING AND JOB TRAINING SERVICES FOR THIS VULNERABLE POPULATION.</p> <p>HAWAII COMMUNITY REINVESTMENT CORPORATION AFFORDABLE HOUSING FUND: STABLE HOUSING IS CRUCIAL TO HOUSEHOLDS' HEALTH AND WELLBEING. PALI MOMI SUPPORTED AN INCREASE IN AVAILABLE AFFORDABLE HOUSING FOR LOW-INCOME HOUSEHOLDS BY SUPPORTING THE NONPROFIT HAWAII COMMUNITY REINVESTMENT CORPORATION WHICH PROVIDES FUNDING AND TECHNICAL ASSISTANCE FOR DEVELOPMENT OF AFFORDABLE HOUSING.</p> <p>TRUST IN AND EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM PARTNERS IN CARE: PALI MOMI PROVIDES FUNDING FOR AND COLLABORATES WITH PARTNERS IN CARE, A COALITION OF ORGANIZATIONS PROVIDING SERVICES TO HOMELESS INDIVIDUALS, PARTICIPATING IN PIC'S HOMELESS MANAGEMENT INFORMATION SYSTEM WHICH FACILITATES COORDINATION OF CARE FOR HOMELESS INDIVIDUALS ACROSS MULTIPLE PROVIDERS.</p> <p>INSTITUTE FOR HUMAN SERVICES: PALI MOMI PROVIDED FUNDING FOR THIS HOMELESS SERVICES PROVIDER TO PURCHASE AED UNITS FOR ITS SHELTER SITES.</p> <p>CANCER RESEARCH CENTER OF HAWAII: PALI MOMI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: MANY AREAS OF HAWAII ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HAWAII RESIDENTS, PALI MOMI PROVIDES CLINICAL TRAINING AND RESIDENCIES FOR FAMILY PRACTICE PHYSICIANS. PALI MOMI ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS COMMITTED TO PRACTICING IN HAWAII TO ATTEND THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE.</p> <p>SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN PALI MOMI'S 2022 CHNA WERE NOT ADDRESSED IN THE</p>

Return Reference - Identifier	Explanation
	<p>HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY: NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM SICK CARE, RESTORE ENVIRONMENT AND SENSE OF PLACE, PREPARE FOR EMERGENCIES, MENTAL AND BEHAVIORAL HEALTH, AND WORK TOGETHER FOR EQUITY AND JUSTICE. THEY WERE NOT SELECTED AS PRIORITIES FOR PALI MOMI TO ADDRESS BECAUSE THEY DID NOT MEET THE FOLLOWING CRITERIA: ALIGNMENT WITH PALI MOMI'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE PALI MOMI'S PLANNED AND EXISTING COMMUNITY PARTNERSHIPS AND INITIATIVES, PALI MOMI'S AVAILABLE RESOURCES AND EXPERTISE TO ADDRESS THE NEEDS, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: STRAUB BENIOFF MEDICAL CENTER</p> <p>DESCRIPTION: IN FISCAL YEAR 2024, STRAUB BENIOFF CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE YEAR 2 OF THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY THAT ADDRESSED THE FOLLOWING PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT: FINANCIAL SECURITY, FOOD SECURITY, HOUSING STABILITY, AND TRUST IN &amp; EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM.</p> <p>FINANCIAL SECURITY HAWAIIAN COMMUNITY ASSETS: STRAUB BENIOFF PROVIDED FINANCIAL SUPPORT TO HAWAIIAN COMMUNITY ASSETS, A NONPROFIT WITH A PARTICULAR FOCUS ON NATIVE HAWAIIANS THAT BUILDS THE CAPACITY OF LOW-INCOME INDIVIDUALS AND COMMUNITIES TO ACHIEVE AND SUSTAIN ECONOMIC SELF-SUFFICIENCY BY PROVIDING CULTURALLY-RELEVANT FINANCIAL EDUCATION, ASSET BUILDING, AND HOMEOWNERSHIP PROGRAMS.</p> <p>JOB TRAINING FOR LOW-INCOME AND MINORITY POPULATIONS: STRAUB BENIOFF AND THE OTHER HPH HOSPITALS COLLABORATED WITH RYSE HAWAII, LILIUOKALANI TRUST AND WE ARE OCEANIA TO PROVIDE JOB TRAINING IN HEALTH CAREERS FOR LOW-INCOME VULNERABLE YOUTH, OFFERING PROGRAM GRADUATES CAREER PATHWAYS IN HEALTH CARE.</p> <p>ALOHA UNITED WAY'S ALICE REPORT: STRAUB BENIOFF PROVIDED FUNDING FOR THE ALICE INITIATIVE, A COMPREHENSIVE STRATEGY FOR GENERATING AWARENESS AND UNDERSTANDING AROUND WHAT ASSET-LIMITED, INCOME-CONSTRAINED, EMPLOYED ("ALICE") HAWAII HOUSEHOLDS FACE IN AN EFFORT TO DRIVE LONG-TERM, SYSTEMIC CHANGE THAT RESULTS IN GREATER FINANCIAL STABILITY FOR THESE HOUSEHOLDS.</p> <p>COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT (CNHA): STRAUB BENIOFF PROVIDED OPERATIONAL FUNDING FOR CNHA, A NONPROFIT COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION THAT PROVIDES ACCESS TO CAPITAL, FINANCIAL EDUCATION AND INDIVIDUALIZED FINANCIAL COUNSELING SERVICES FOR LOW-INCOME FAMILIES.</p> <p>FOOD SECURITY SNAP DOUBLE-UP FOOD BUCKS INCENTIVE PROGRAM: STRAUB BENIOFF PARTNERED WITH A MULTISECTOR COALITION TO SUPPORT A FUND THAT OFFERS SNAP HOUSEHOLDS DOUBLE THE VALUE OF ALL PURCHASES OF FRESH, LOCAL PRODUCE MADE WITH SNAP-EBT. PROGRAMS SUCH AS THESE ARE DEMONSTRATED TO INCREASE CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY SNAP RECIPIENTS WHILE SUPPORTING ACCESS TO HEALTHY LOCAL FOODS.</p> <p>FARM TO KEIKI: STRAUB BENIOFF PARTNERED WITH KAMEHAMEHA SCHOOLS AND OLAPONO, A NONPROFIT SPECIALIZING IN CHILD NUTRITION, TO PILOT A HEALTHY EATING CURRICULUM IN TWO KAUAI PRESCHOOLS TO IMPROVE ACCESS TO HEALTHY FOODS FOR PRESCHOOL-AGED CHILDREN AND BUILD NEW AVENUES FOR FARM TO SCHOOL FOOD PROGRAMS.</p> <p>HAWAII FOOD HUB HUI: STRAUB BENIOFF PARTNERED TO STRENGTHEN COMMUNITY FOOD SYSTEMS AND ASSURE ACCESS TO FRESH, HEALTHY LOCAL FOODS FOR RESIDENTS OF OUR SERVICE AREAS, PARTICULARLY THOSE IN FOOD INSECURE HOUSEHOLDS, BY PROVIDING FINANCIAL SUPPORT TO THE HAWAII FOOD HUB HUI WHICH SUPPORTS THE VIABILITY OF SMALL LOW-INCOME FARMERS AND ENDEAVORS TO TRANSFORM HAWAII'S LOCAL FOOD ECONOMY INTO AN EQUITABLE AND EFFICIENT COMMUNITY-LED SYSTEM.</p> <p>HOUSING STABILITY RESIDENTIAL YOUTH SERVICES &amp; EMPOWERMENT HAWAII (RYSE) IS A YOUTH-SPECIFIC SHELTER PROVIDING TEMPORARY OVERNIGHT LODGING AND SUPPORT SERVICES TO HELP HOMELESS YOUTH ACHIEVE HOUSING, EMPLOYMENT AND SELF-SUFFICIENCY. STRAUB BENIOFF PROVIDED FINANCIAL SUPPORT FOR EMPLOYMENT COUNSELING AND JOB TRAINING SERVICES FOR THIS VULNERABLE POPULATION.</p> <p>HAWAII COMMUNITY REINVESTMENT CORPORATION AFFORDABLE HOUSING FUND: STABLE HOUSING IS CRUCIAL TO HOUSEHOLDS' HEALTH AND WELLBEING. STRAUB BENIOFF SUPPORTED AN INCREASE IN AVAILABLE AFFORDABLE HOUSING FOR LOW-INCOME HOUSEHOLDS BY SUPPORTING THE NONPROFIT HAWAII COMMUNITY REINVESTMENT CORPORATION WHICH PROVIDES FUNDING AND TECHNICAL ASSISTANCE FOR DEVELOPMENT OF AFFORDABLE HOUSING.</p> <p>INSTITUTE FOR HUMAN SERVICES: STRAUB BENIOFF PROVIDED FUNDING FOR THIS HOMELESS SERVICES PROVIDER TO PURCHASE AED UNITS FOR ITS SHELTER SITES.</p> <p>TRUST IN AND EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM PARTNERS IN CARE: STRAUB BENIOFF PROVIDES FUNDING FOR, AND COLLABORATES WITH, PARTNERS IN CARE, A COALITION OF ORGANIZATIONS PROVIDING SERVICES TO HOMELESS INDIVIDUALS. STRAUB BENIOFF PARTICIPATES IN PIC'S HOMELESS MANAGEMENT INFORMATION SYSTEM WHICH FACILITATES COORDINATION OF CARE FOR HOMELESS INDIVIDUALS ACROSS MULTIPLE PROVIDERS.</p> <p>CANCER RESEARCH CENTER OF HAWAII: STRAUB BENIOFF, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: MANY AREAS OF HAWAII ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HAWAII RESIDENTS, STRAUB BENIOFF PROVIDES CLINICAL TRAINING AND MEDICAL RESIDENCIES FOR PHYSICIANS. STRAUB BENIOFF ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS COMMITTED TO PRACTICING IN HAWAII TO ATTEND THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE.</p> <p>SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED</p>

Return Reference - Identifier	Explanation
	<p>THE FOLLOWING AREAS OF NEED IDENTIFIED IN STRAUB BENIOFF'S 2022 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY: NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM SICK CARE, RESTORE ENVIRONMENT AND SENSE OF PLACE, PREPARE FOR EMERGENCIES, MENTAL AND BEHAVIORAL HEALTH, AND WORK TOGETHER FOR EQUITY AND JUSTICE. THEY WERE NOT SELECTED AS PRIORITIES FOR STRAUB BENIOFF TO ADDRESS BECAUSE THEY DID NOT MEET THE FOLLOWING CRITERIA: ALIGNMENT WITH STRAUB BENIOFF'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE STRAUB BENIOFF'S PLANNED AND EXISTING COMMUNITY PARTNERSHIPS AND INITIATIVES, STRAUB BENIOFF'S AVAILABLE RESOURCES AND EXPERTISE TO ADDRESS THE NEEDS, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: WILCOX MEDICAL CENTER</p> <p>DESCRIPTION: IN FISCAL YEAR 2024, WILCOX CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE YEAR 2 OF THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY THAT ADDRESSED THE FOLLOWING PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT: FINANCIAL SECURITY, FOOD SECURITY, HOUSING STABILITY, AND TRUST IN &amp; EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM.</p> <p>FINANCIAL SECURITY HAWAIIAN COMMUNITY ASSETS: WILCOX PROVIDED FINANCIAL SUPPORT TO HAWAIIAN COMMUNITY ASSETS, A NONPROFIT WITH A PARTICULAR FOCUS ON NATIVE HAWAIIANS THAT BUILDS THE CAPACITY OF LOW-INCOME INDIVIDUALS AND COMMUNITIES TO ACHIEVE AND SUSTAIN ECONOMIC SELF-SUFFICIENCY BY PROVIDING CULTURALLY-RELEVANT FINANCIAL EDUCATION, ASSET BUILDING, AND HOMEOWNERSHIP PROGRAMS.</p> <p>JOB TRAINING FOR LOW-INCOME AND MINORITY POPULATIONS: WILCOX PROVIDED FINANCIAL SUPPORT TO HALE OPIO'S FIRST JOBS ACADEMY WHICH OFFERS SOCIAL SERVICE SUPPORTS AND TRAINING IN LIFE SKILLS AND WORK READINESS FOR YOUNG ADULTS EXITING FOSTER CARE OR EXPERIENCING HOMELESSNESS OR OTHER VULNERABLE SITUATIONS.</p> <p>COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT (CNHA): WILCOX PROVIDED OPERATIONAL FUNDING FOR CNHA, A NONPROFIT COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION THAT PROVIDES ACCESS TO CAPITAL, FINANCIAL EDUCATION AND INDIVIDUALIZED FINANCIAL COUNSELING SERVICES FOR LOW-INCOME FAMILIES.</p> <p>ALOHA UNITED WAY'S ALICE REPORT: WILCOX PROVIDED FUNDING FOR THE ALICE INITIATIVE, A COMPREHENSIVE STRATEGY FOR GENERATING AWARENESS AND UNDERSTANDING AROUND WHAT ASSET-LIMITED, INCOME-CONSTRAINED, EMPLOYED ("ALICE") HAWAII HOUSEHOLDS FACE IN AN EFFORT TO DRIVE LONG-TERM, SYSTEMIC CHANGE THAT RESULTS IN GREATER FINANCIAL STABILITY FOR THESE HOUSEHOLDS.</p> <p>FOOD SECURITY SNAP DOUBLE-UP FOOD BUCKS INCENTIVE PROGRAM: WILCOX PARTNERED WITH A MULTISECTOR COALITION TO SUPPORT A FUND THAT OFFERS SNAP HOUSEHOLDS DOUBLE THE VALUE OF ALL PURCHASES OF FRESH, LOCAL PRODUCE MADE WITH SNAP-EBT. PROGRAMS SUCH AS THESE ARE DEMONSTRATED TO INCREASE CONSUMPTION OF FRESH FRUITS AND VEGETABLES BY SNAP RECIPIENTS WHILE SUPPORTING ACCESS TO HEALTHY LOCAL FOODS.</p> <p>FARM TO KEIKI: WILCOX PARTNERED WITH KAMEHAMEHA SCHOOLS AND OLAPONO, A NONPROFIT SPECIALIZING IN CHILD NUTRITION, TO PILOT A HEALTHY EATING CURRICULUM IN TWO KAUAI PRESCHOOLS TO IMPROVE ACCESS TO HEALTHY FOODS FOR PRESCHOOL-AGED CHILDREN AND BUILD NEW AVENUES FOR FARM TO SCHOOL FOOD PROGRAMS.</p> <p>MALAMA KAUAI: WILCOX SUPPORTED MALAMA KAUAI'S PROGRAMS TO INCREASE ACCESS TO HEALTHY FOODS ON KAUAI, INCLUDING THE VILLAGE HARVEST GLEANING PROGRAM WHICH COLLECTS FOOD LEFT OVER FROM HARVESTS ON PERSONAL PROPERTIES AND SMALL FARMS AND DONATES IT TO FOOD PANTRIES AND YOUTH PROGRAMS.</p> <p>HOUSING STABILITY HAWAII COMMUNITY REINVESTMENT CORPORATION AFFORDABLE HOUSING FUND: STABLE HOUSING IS CRUCIAL TO HOUSEHOLDS' HEALTH AND WELLBEING. WILCOX SUPPORTED AN INCREASE IN AVAILABLE AFFORDABLE HOUSING FOR LOW-INCOME HOUSEHOLDS BY SUPPORTING THE NONPROFIT HAWAII COMMUNITY REINVESTMENT CORPORATION WHICH PROVIDES FUNDING AND TECHNICAL ASSISTANCE FOR DEVELOPMENT OF AFFORDABLE HOUSING.</p> <p>TRUST IN AND EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM PROJECT VISION IS A NONPROFIT COMMITTED TO INCREASING ACCESS TO CARE FOR HOMELESS INDIVIDUALS THROUGH "STREET-LEVEL" SOCIAL AND MEDICAL SERVICES INCLUDING MOBILE HEALTH CLINICS, VISION CARE, AND HYGIENE TRAILERS. WILCOX PROVIDED FUNDING TO SUPPORT MOBILE HEALTH CLINIC SERVICES ON KAUAI.</p> <p>CHEMOTHERAPY: WILCOX'S CHEMOTHERAPY CENTER, SUBSIDIZED BY THE MEDICAL CENTER, IS THE ONLY ONE AVAILABLE ON THE ISLAND, LESSENING THE NEED FOR ISLAND RESIDENTS WITH CANCER TO FLY TO O'AHU FOR CARE.</p> <p>AFTER HOURS PHARMACY: WILCOX'S AFTER HOURS PHARMACY IS THE ONLY PHARMACY OPEN AFTER NORMAL BUSINESS HOURS ON THE ISLAND OF KAUAI. IT PROVIDES CRITICAL AND TIME SENSITIVE MEDICATIONS TO THE COMMUNITY WHEN THE OTHER PHARMACIES ON THE ISLAND ARE CLOSED. WILCOX SUBSIDIZES PROVISION OF SERVICE DURING THESE HOURS.</p> <p>CANCER RESEARCH CENTER OF HAWAII: WILCOX, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: THE ISLAND OF KAUAI IS AMONG THE MANY AREAS OF HAWAII THAT ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR KAUAI RESIDENTS, WILCOX SUPPORTS SCHOLARSHIPS AND A TRAINING PROGRAM FOR UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE MEDICAL STUDENTS WHO ARE COMMITTED TO PRACTICING IN HAWAII AND ON KAUAI AFTER THEY COMPLETE THEIR MEDICAL TRAINING.</p> <p>SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN WILCOX'S 2022 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY: NURTURE COMMUNITY IDENTITY AND COHESIVENESS,</p>



Return Reference - Identifier	Explanation
	SHIFT ELDER CARE AWAY FROM SICK CARE, RESTORE ENVIRONMENT AND SENSE OF PLACE, PREPARE FOR EMERGENCIES, MENTAL AND BEHAVIORAL HEALTH, AND WORK TOGETHER FOR EQUITY AND JUSTICE. THEY WERE NOT SELECTED AS PRIORITIES FOR WILCOX TO ADDRESS BECAUSE THEY DID NOT MEET THE FOLLOWING CRITERIA: ALIGNMENT WITH WILCOX'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE WILCOX'S PLANNED AND EXISTING COMMUNITY PARTNERSHIPS AND INITIATIVES, WILCOX'S AVAILABLE RESOURCES AND EXPERTISE TO ADDRESS THE NEEDS, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://www.hawaiipacifichealth.org/patients-visitors/financial-assistance-program/">HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAM/</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://www.hawaiipacifichealth.org/patients-visitors/financial-assistance-program/">HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAM/</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.hawaiipacifichealth.org/patients-visitors/financial-assistance-program/">HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAM/</a>



**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of facility (describe)
<b>1</b> STRAUB MEDICAL CENTER-PEARLRIDGE CLINIC 98-151 PALI MOMI ST, SUITE 142 AIEA, HI 96701	CLINIC
<b>2</b> PALI MOMI MEDICAL CENTER 98-1079 MOANLUA RD, STE 300/480/490/630/640/670/680 AIEA, HI 96701	CLINIC
<b>3</b> PALI MOMI PAVILION/WOMEN'S CENTER 98-1005 MOANALUA ROAD, #FS4 AIEA, HI 96701	CLINIC
<b>4</b> STRAUB MEDICAL CENTER-KAPOLEI CLINIC & URGENT CARE 91-5431 KAPOLEI PKWY, SUITE 1706 KAPOLEI, HI 96707	CLINIC
<b>5</b> STRAUB MEDICAL CENTER-MILILANI TOWN CENTER CLINIC 95-1249 MEHEULA PKWY, UNIT 187 MILILANI, HI 96789	CLINIC
<b>6</b> STRAUB MEDICAL CENTER-DOCTORS ON CALL AT SHERATON WAIKIKI 2255 KALAKAUA AVE MANOR WING, LOWER LEVEL HONOLULU, HI 96815	CLINIC
<b>7</b> STRAUB MEDICAL CENTER-HAWAI'I KAI CLINIC 7192 KALANIANA'OLE HIGHWAY, SUITE A200 HONOLULU, HI 96825	CLINIC
<b>8</b> STRAUB MEDICAL CENTER-KANEOHE CLINIC 46-056 KAMEHAMEHA HWY, SUITE 221 KANEOHE, HI 96744	CLINIC
<b>9</b> STRAUB MEDICAL CENTER-KAHALA CLINIC & URGENT CARE 4210 WAIALAE AVE, SUITE 501 HONOLULU, HI 96816	CLINIC
<b>10</b> STRAUB MEDICAL CENTER-FIRST INSURANCE CENTER CLINIC 1100 WARD AVE, STE 700 HONOLULU, HI 96814	CLINIC

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**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of facility (describe)
<b>1</b> PALI MOMI CANCER CENTER 98-1005 MOANALUA RD, STE 4010 AIEA, HI 96701	CLINIC
<b>2</b> STRAUB MEDICAL CENTER-WARD VILLAGE CLINIC & URGENT CARE 1001 QUEEN ST, SUITE 102 HONOLULU, HI 96814	CLINIC
<b>3</b> STRAUB MEDICAL CENTER- KAILUA CLINIC 602 KAILUA ROAD, SUITE 200 KAILUA, HI 96734	CLINIC
<b>4</b> STRAUB MEDICAL CENTER-LANA'I CLINIC 628-B SEVENTH STREET LANAI CITY, HI 96763	CLINIC
<b>5</b> STRAUB MEDICAL CENTER-ARTESIAN SATELLITE 1907 SOUTH BERETANIA ST, 1ST & 5TH FLOORS HONOLULU, HI 96826	CLINIC
<b>6</b> STRAUB MEDICAL CENTER-PALI MOMI CLINIC 98-1079 MOANALUA ROAD, SUITE 600 AIEA, HI 96701	CLINIC
<b>7</b> STRAUB MEDICAL CENTER-MILILANI SHOPPING CENTER CLINIC 95-390 KUAHELANI AVENUE, SUITE J-1 MILILANI, HI 96789	CLINIC
<b>8</b> HPH CANCER CENTER AT PALI MOMI MEDICAL CENTER 98-1005 MOANALUA ROAD AIEA, HI 96701	CLINIC
<b>9</b> STRAUB MEDICAL CENTER-DOWNTOWN HONOLULU CLINIC 1003 BISHOP ST, PAUAHI TOWER, SUITE 395 HONOLULU, HI 96813	CLINIC
<b>10</b> STRAUB MEDICAL CENTER-KAHULUI CLINIC 33 LONO AVENUE, SUITE 250 KAHULUI, HI 96732	CLINIC

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**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of facility (describe)
<b>1</b> STRAUB MEDICAL CENTER-DOCTORS ON CALL AT HILTON HAWAIIAN VILLAGE 2005 KALIA ROAD, RAINBOW BAZAAR, 2F HONOLULU, HI 96815	CLINIC
<b>2</b> CARDIOLOGY CLINIC-KUAKINI MEDICAL PLAZA 321 NORTH KUAKINI ST, SUITE 504 HONOLULU, HI 96817	CLINIC
<b>3</b> STRAUB MEDICAL CENTER-HILO CLINIC 82 PUUHONU PLACE, SUITE 208 HILO, HI 96720	CLINIC
<b>4</b> STRAUB MEDICAL CENTER-WATEFRONT PLAZA CLINIC 500 ALA MOANA BLVD, SUITE 1D HONOLULU, HI 96813	CLINIC
<b>5</b> PALI MOMI/WAIPAHAU HIGH SCHOOL 94-1211 FARRINGTON HWY WAIPAHAU, HI 96797	CLINIC
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I - LINE 3C	HPH FINANCIAL ASSISTANCE POLICY INCLUDES PRESUMPTIVE ELIGIBILITY CRITERIA: PATIENT IS HOMELESS, PATIENT CURRENTLY QUALIFIES FOR MEDICAID, PATIENT IS SEX ABUSE TREATMENT CENTER (SATC)/CRIME VICTIM, PATIENT HAS DECLARED BANKRUPTCY, AND PATIENT IS DECEASED WITH NO SPOUSE, PROPERTY OR PROBATE. HPH ALSO EMPLOYS AN ANALYTICS ENGINE THAT MAY DETERMINE ELIGIBILITY IN ABSENCE OF OTHER DOCUMENTATION.
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	COMMUNITY BENEFITS ARE INCLUDED IN A REPORT PREPARED BY HAWAII PACIFIC HEALTH, THE FILING ORGANIZATIONS' PARENT.
SCHEDULE H, PART I, LINE 7 - COSTING METHODOLOGY USED	COST TO CHARGE RATIO AND SCHEDULE H WORKSHEET WAS USED TO CALCULATE THE COSTS.
SCHEDULE H, PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES	NO COSTS OF A PHYSICIAN CLINIC WERE INCLUDED AS SUBSIDIZED HEALTH SERVICES.
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	IN THE JOINTLY CONDUCTED 2022 CHNA, FOOD SECURITY AND HOUSING SECURITY WERE IDENTIFIED AS SIGNIFICANT HEALTH PRIORITIES FOR HAWAII RESIDENTS. THE HOSPITALS OF HPH PARTNERED TO STRENGTHEN COMMUNITY FOOD SYSTEMS AND ASSURE ACCESS TO FRESH, HEALTHY LOCAL FOODS FOR RESIDENTS OF OUR SERVICE AREAS, PARTICULARLY THOSE IN FOOD INSECURE HOUSEHOLDS, BY PROVIDING FINANCIAL SUPPORT TO THE HAWAII FOOD HUB HUI WHICH SUPPORTS THE VIABILITY OF SMALL LOW-INCOME FARMERS AND ENDEAVORS TO TRANSFORM HAWAII'S LOCAL FOOD ECONOMY INTO AN EQUITABLE AND EFFICIENT COMMUNITY-LED SYSTEM; AND TO HAWAII INVESTMENT READY'S FOOD SYSTEMS ACCELERATOR WHICH SEEKS TO BUILD A MORE SUSTAINABLE, RESILIENT LOCAL FOOD SYSTEM. NUMEROUS STUDIES HAVE AFFIRMED THAT STABLE HOUSING IS CRUCIAL TO HEALTH AND WELLBEING. THE HPH HOSPITALS SUPPORTED AN INCREASE IN AVAILABLE AFFORDABLE HOUSING FOR DISADVANTAGED HOUSEHOLDS BY SUPPORTING THE NONPROFIT HAWAII COMMUNITY REINVESTMENT CORPORATION WHICH PROVIDES FUNDING AND TECHNICAL ASSISTANCE FOR DEVELOPMENT OF AFFORDABLE HOUSING.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	<p>HPH UTILIZES THE ALLOWANCE METHODOLOGY TO CALCULATE BAD DEBT EXPENSE. THIS IS DONE BY ANALYZING PAST BAD DEBT EXPERIENCES, EXPRESSED AS A PERCENTAGE OF PATIENT REVENUE. THIS ESTIMATED AMOUNT IS THEN USED TO CREATE AN ALLOWANCE FOR DOUBTFUL ACCOUNTS, A CONTRA-ASSET ACCOUNT, AND THE CORRESPONDING BAD DEBT EXPENSE IS RECORDED ON THE INCOME STATEMENT.</p> <p>THE ALLOWANCE (CONTRA-ASSET) ACCOUNT, AND THE CORRESPONDING BAD DEBT EXPENSE, IS ALSO ADJUSTED BY THE ESTIMATED UNCOLLECTIBLE AMOUNTS ON ACCOUNTS RECEIVABLES. UNCOLLECTIBLE AMOUNTS ON RECEIVABLES ARE DETERMINED BY AGING AND PERCENT OF RECEIVABLES, AS FOLLOWS:</p> <p>AGING: ANY SELF-PAY ACCOUNT BALANCE AGED &gt; 360 DAYS IS DEEMED TO BE 100% UNCOLLECTIBLE.</p> <p>PERCENTAGE OF RECEIVABLES: HISTORICAL BAD DEBT PERCENTAGES, BY PAYOR, ARE APPLIED TO RECEIVABLE BALANCES &lt;= 360. THE PRODUCT OF THIS CALCULATION IS ALSO CONSIDERED UNCOLLECTIBLE AMOUNTS.</p> <p>THE DIFFERENCE OF THE UNCOLLECTIBLE AMOUNTS ON RECEIVABLES VERSUS THE CONTRA-ASSET ACCOUNT BALANCE IS THE ADJUSTMENT TO THE BAD DEBT EXPENSE.</p> <p>NOTE: WRITING OFF UNCOLLECTIBLE ACCOUNT. WHEN AN ACCOUNT IS OFFICIALLY DEEMED UNCOLLECTIBLE, DEBIT THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CREDIT ACCOUNTS RECEIVABLE. THIS REDUCES THE ALLOWANCE AND THE ACCOUNTS RECEIVABLE BALANCE, BUT DOES NOT AFFECT THE INCOME STATEMENT.</p>
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	IN CALCULATING THE ESTIMATED FY24 BAD DEBT, HPH APPLIED THE CALENDAR YEAR PERCENTAGE OF NO INSURANCE TO THE TOTAL BAD DEBT EXPENSE IN ORDER TO DETERMINE THE BAD DEBT RELATED TO NO INSURANCE. HPH ALSO APPLIED THE CALENDAR YEAR PERCENTAGE OF CHARITY CARE TO BAD DEBT RELATED TO NO INSURANCE TO DETERMINE THE AMOUNTS ELIGIBLE FOR FINANCIAL ASSISTANCE.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	SEE FOOTNOTE 1 ON PAGE 18 OF THE AUDITED FINANCIALS FOR INFORMATION RELATING TO THE ORGANIZATION'S EXPLANATION OF IMPLICIT PRICE CONCESSIONS. A COPY OF THE FY24 AUDITED FINANCIAL STATEMENTS IS AVAILABLE UPON REQUEST AND ATTACHED TO THE FILED COPY OF THIS RETURN.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	BECAUSE TAX-EXEMPT HOSPITALS MUST PARTICIPATE IN MEDICARE AND MEDICAID AS A CONDITION OF MAINTAINING THEIR FEDERAL TAX EXEMPT STATUS, MEDICARE UNDERPAYMENTS ARE NOT OPERATING EXPENSES THAT SHOULD BE EXPECTED IN THE ORDINARY COURSE OF BUSINESS. BECAUSE TAX-EXEMPT HOSPITALS MUST ACCEPT MEDICARE RATES THAT ARE IN SOME CASES BELOW COST, THEY SHOULD BE ABLE TO REPORT ANY NEGATIVE DIFFERENCES BETWEEN MEDICARE RATES AND COST AS LOSSES INCURRED BY SERVICING THE COMMUNITY. TOTAL MEDICARE COSTS WERE CALCULATED IN ACCORDANCE WITH THE FEDERAL STANDARD FORM CMS-2552.96.
SCHEDULE H, PART III, LINE 9B - DEBT COLLECTION POLICY	<p>PATIENTS WHO QUALIFY FOR CHARITY CARE RECEIVE EITHER 100% DISCOUNT (FREE SERVICES) OR 85% DISCOUNT (PARTIAL CHARITY) ON OUTSTANDING BALANCES. PATIENTS RECEIVING PARTIAL CHARITY THAT HAVE REMAINING ACCOUNT BALANCES AFTER THE CHARITY CARE ADJUSTMENT, FOLLOW THE SAME COLLECTION PROCEDURES AS ALL OTHER PATIENTS. PATIENTS WHO QUALIFY FOR 100% DISCOUNT HAVE THEIR PATIENT ACCOUNT BALANCES FULLY ADJUSTED AND ARE NOT SUBJECT TO ANY COLLECTION PROCEDURES.</p> <p>IN GENERAL THE POLICY INVOLVES SENDING FOLLOW UP STATEMENTS AND DOING FOLLOW UP PHONE CALLS. PAYMENT OPTIONS ARE ALSO PRESENTED TO THE PATIENT AS PART OF THE COLLECTION PROCESS. ACCOUNTS NOT COLLECTED WITHIN THE SPECIFIED TIME PERIOD OUTLINED IN THE POLICY (HOSPITAL AND PHYSICIAN CLAIMS) ARE SENT TO A COLLECTION AGENCY FOR COLLECTION.</p> <p>DUE TO IMPROVED ECONOMIC CONDITIONS, HAWAII PACIFIC HEALTH REINSTATED COLLECTION PRACTICES ON OUTSTANDING ACCOUNTS AS FOLLOWS:  -FORWARDING ACCOUNTS TO OUTSIDE COLLECTION AGENCIES EFFECTIVE APRIL 19, 2021  -SENDING FINAL COLLECTION LETTERS FOR HOSPITAL ACCOUNTS EFFECTIVE APRIL 17, 2021  -REPLACED REMINDER NOTICE ON PROFESSIONAL BILLING STATEMENTS WITH FINAL NOTICE DUNNING MESSAGE EFFECTIVE APRIL 24, 2021</p>
SCHEDULE H, PART V, SECTION B, LINE 10 - IMPLEMENTATION STRATEGY PLAN WEBSITE	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN &amp; CHILDREN:  <a href="https://www.hawaiiipacifichealth.org/media/17126/CHI_PLAN_KAPIOLANI_FY23-25.PDF">HTTPS://WWW.HAWAIIIPACIFICHEALTH.ORG/MEDIA/17126/CHI_PLAN_KAPIOLANI_FY23-25.PDF</a></p> <p>PALI MOMI MEDICAL CENTER:  <a href="https://www.hawaiiipacifichealth.org/media/17127/CHI_PLAN_PALIMOMI_FY23-25.PDF">HTTPS://WWW.HAWAIIIPACIFICHEALTH.ORG/MEDIA/17127/CHI_PLAN_PALIMOMI_FY23-25.PDF</a></p> <p>STRAUB CLINIC &amp; HOSPITAL:  <a href="https://www.hawaiiipacifichealth.org/media/17128/CHI_PLAN_STRAUB_FY23-25.PDF">HTTPS://WWW.HAWAIIIPACIFICHEALTH.ORG/MEDIA/17128/CHI_PLAN_STRAUB_FY23-25.PDF</a></p> <p>WILCOX MEMORIAL HOSPITAL:  <a href="https://www.hawaiiipacifichealth.org/media/17129/CHI_PLAN_WILCOX_FY23-25.PDF">HTTPS://WWW.HAWAIIIPACIFICHEALTH.ORG/MEDIA/17129/CHI_PLAN_WILCOX_FY23-25.PDF</a></p>
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	HAWAII PACIFIC HEALTH'S FOUR HOSPITAL FACILITIES PARTICIPATED WITH FIFTEEN OTHER NONPROFIT HAWAII HOSPITALS TO COLLABORATE ON A JOINT CHNA LED BY THE HEALTHCARE ASSOCIATION OF HAWAII. RESEARCH WAS COMPLETED IN DECEMBER 2021 AND EACH HPH HOSPITAL FACILITY ADOPTED ITS CHNA IN 2022 OUR APPROACH FOLLOWED THE PUBLIC HEALTH MODEL OF ASSESSING AND UNDERSTANDING COMMUNITY HEALTH HOLISTICALLY. A FRAMEWORK FOR ANALYSIS WAS CONSTRUCTED BASED ON DETERMINANTS OF HEALTH; THE FRAMEWORK INCLUDED A BROAD DEFINITION OF COMMUNITY HEALTH THAT CONSIDERS SECONDARY DATA ON THE SOCIAL, ECONOMIC, AND PHYSICAL ENVIRONMENTS, AS WELL AS HEALTH RISKS AND OUTCOMES. SPECIAL ATTENTION WAS GIVEN TO IDENTIFYING HEALTH DISPARITIES, THE NEEDS OF VULNERABLE POPULATIONS, AND UNMET HEALTH NEEDS OR GAPS IN SERVICES. A BROAD ARRAY OF SECONDARY AND PRIMARY DATA WAS COLLECTED AND SYNTHESIZED TO DETERMINE COMMUNITY NEEDS. OVER 375 INDICATORS FROM OVER 20 SOURCES FROM A DATABASE MAINTAINED BY THE HAWAII DEPARTMENT OF HEALTH WERE ANALYZED USING A SYSTEMATIC AND QUANTITATIVE APPROACH THAT INCORPORATED MULTIPLE BENCHMARKS AND COMPARISONS. ADDITIONAL ANALYSIS INCLUDED PREVENTABLE CAUSES OF HOSPITALIZATION USING DATA PROVIDED BY THE HAWAII HEALTH INFORMATION CORPORATION, AND INFORMATION FROM RECENTLY PUBLISHED REPORTS ON ACCESS TO CARE, HEALTH DISPARITIES, PRIMARY CARE NEEDS, AND BEHAVIORAL HEALTH NEEDS. KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS HAVING SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, HEALTH DISPARITIES, AND VULNERABLE POPULATIONS IN THE IDENTIFIED COMMUNITIES.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	WHEN A PATIENT PRESENTS FOR SERVICES AND THE PATIENT DOES NOT HAVE INSURANCE COVERAGE FOR SERVICES TO BE PROVIDED, THE PATIENT, OR GUARANTOR IS ASKED TO SIGN THE "SELF-PAY ACKNOWLEDGEMENT" LETTER. THE LETTER DESCRIBES THE TERMS OF THE HAWAII PACIFIC HEALTH ("HPH") UNINSURED DISCOUNT PROGRAM, AND BY SIGNING THE LETTER, THE PATIENT ACKNOWLEDGES THAT HE/SHE UNDERSTANDS AVAILABLE UNINSURED PAYMENT TERMS. IN MOST UNINSURED CASES, THE PATIENT WILL BE OFFERED A HAWAII STATE MEDICAL ASSISTANCE APPLICATION. THIS IS THE APPLICATION FOR THE HAWAII STATE MEDICAID/QUEST PROGRAM. THE HOSPITAL CONTRACTS WITH SERVICE PROVIDERS WHO SPECIALIZE IN ASSISTING PATIENTS WITH THE MEDICAID/QUEST PROGRAM APPLICATION PROCESS. IF THE PATIENT'S APPLICATION FOR MEDICAID/QUEST IS DENIED OR IT IS DETERMINED THAT THE PATIENT IS INELIGIBLE TO APPLY FOR MEDICAID/QUEST, THE PATIENT MAY APPLY FOR HPH FINANCIAL ASSISTANCE EITHER IN THE HOSPITAL FINANCIAL SERVICES DEPARTMENT OR BY MAIL DIRECTLY TO THE HPH BUSINESS SERVICES OFFICE. FINANCIAL COUNSELORS ARE AVAILABLE ON SITE TO REVIEW PAYMENT OPTIONS WITH THE PATIENT OR THE GUARANTOR. THESE OPTIONS INCLUDE THE AFOREMENTIONED HPH UNINSURED DISCOUNT PROGRAM, THE HAWAII STATE MEDICAID/QUEST PROGRAM, THE HPH FINANCIAL ASSISTANCE PROGRAM, PAYMENT PLANS AND ANY GRANT OR FUNDING SOURCE THAT MAY BE APPROPRIATE FOR THE SERVICES PROVIDED. IN SOME CASES, HPH DETERMINES THAT A PATIENT OR GUARANTOR MAY NEED ASSISTANCE AFTER SERVICES ARE PROVIDED, AND FINANCIAL INFORMATION IS MAILED TO THE PATIENT. EDUCATION AND ASSISTANCE IS OFTEN PROVIDED VIA PHONE CONTACT IN THESE CASES. PAYMENT PLAN ARRANGEMENTS ARE HANDLED VIA PHONE CONTACT WITH THE PATIENT.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>HAWAII PACIFIC HEALTH'S MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS SAFETY NET PROVIDERS OF HEALTH CARE FOR THE COMMUNITY. DEMOGRAPHICS OF THE STATE OF HAWAII INCLUDE 1.4 MILLION RESIDENTS (2024 U.S. CENSUS BUREAU DATA) AND 9.6 MILLION VISITORS (2023 DBEDT DATA). THERE ARE MORE THAN 20 OTHER HOSPITALS IN THE STATE THAT PROVIDE ACUTE CARE SERVICES, INCLUDING THOSE THAT ARE COMMUNITY ACCESS HOSPITALS. AREAS AND POPULATIONS DESIGNATED AS MEDICALLY UNDERSERVED BY THE FEDERAL GOVERNMENT ARE PRESENT.</p> <p>KAPI'OLANI MEDICAL CENTER FOR WOMEN &amp; CHILDREN HAS BEEN TREATING WOMEN, CHILDREN AND INFANTS FOR MORE THAN A CENTURY. IT IS HAWAII'S ONLY FULL SERVICE MATERNITY, NEWBORN AND PEDIATRIC SPECIALTY HOSPITAL WITH 253 BEDS. IT IS ALSO A TERTIARY CARE, TEACHING AND RESEARCH FACILITY. FOR WOMEN, KAPI'OLANI PROVIDES COMPLETE OBSTETRICAL AND GYNECOLOGICAL CARE. FOR INFANTS AND CHILDREN, IT HAS HUNDREDS OF PEDIATRIC SPECIALISTS AND SUBSPECIALISTS. IN FISCAL YEAR 2024, KAPI'OLANI HAD 5,539 DELIVERIES (BIRTHS), 64,033 WOMEN'S CENTER PROCEDURES, 51,486 ER VISITS, 67,932 IMAGING PROCEDURES, 470 TRANSPORTS AND 15,240 INPATIENT ADMISSIONS. ITS GEOGRAPHIC SERVICE AREA IS THE ENTIRE PACIFIC REGION AS MANY SPECIALTIES OFFERED ARE NOT AVAILABLE ELSEWHERE.</p> <p>PALI MOMI MEDICAL CENTER IS A COMMUNITY-BASED, ACUTE-CARE, 118-BED HOSPITAL THAT OFFERS A FULL RANGE OF SERVICES IN CARDIOLOGY, ORTHOPEDICS, EMERGENCY MEDICINE, GENERAL SURGERY AND MEDICINE, OPHTHALMOLOGY, WOMEN'S SERVICES, ONCOLOGY AND MORE. IT HAS DELIVERED MANY MEDICAL FIRSTS FOR THE COMMUNITY, INCLUDING WEST O'AHU'S ONLY INTERVENTIONAL CARDIAC CATHETERIZATION UNITS, A WOMEN'S CENTER, AND THE REGION'S ONLY COMPREHENSIVE CANCER CENTER. IT HAS BEEN DESIGNATED AS A LEVEL III TRAUMA CENTER BY THE STATE OF HAWAII AND IT IS ALSO A CERTIFIED PRIMARY STROKE CENTER. IN FISCAL YEAR 2024, PALI MOMI HAD 45,149 ER VISITS, 61,657 WOMEN'S CENTER PROCEDURES, 95,547 IMAGING PROCEDURES AND 6,139 INPATIENT ADMISSIONS. PALI MOMI'S GEOGRAPHIC SERVICE AREA IS PRIMARILY CENTRAL O'AHU, WEST O'AHU AND THE NORTH SHORE.</p> <p>STRAUB MEDICAL CENTER HAS SERVED THE PEOPLE OF HAWAII FOR MORE THAN 100 YEARS. IT IS A FULLY INTEGRATED HEALTH CARE PROVIDER WITH A 159-BED HOSPITAL IN HONOLULU, A NETWORK OF NEIGHBORHOOD CLINICS, AND A VISITING SPECIALISTS PROGRAM TO IMPROVE ACCESS TO MEDICAL SERVICES FOR NEIGHBOR ISLAND RESIDENTS. STRAUB HOUSES AN ARRAY OF PHYSICIAN SPECIALISTS UNDER ONE ROOF, ENABLING PATIENTS TO RECEIVE DIAGNOSIS AND TREATMENT IN MORE THAN 32 MEDICAL SPECIALTIES. IN FISCAL YEAR 2024, STRAUB HAD 36,289 ER VISITS, 7,254 INPATIENT ADMISSIONS, 115,545 IMAGING PROCEDURES AND 1,089,189 CLINIC ENCOUNTERS. STRAUB IS PROUD TO PROVIDE SERVICES THAT ARE NOT OFFERED BY ANY OTHER PROVIDERS IN THE REGION. THE BURN CARE UNIT, FOR EXAMPLE, IS THE ONLY DEDICATED BURN TREATMENT FACILITY IN HAWAII AND TREATS MILITARY AND CIVILIAN PATIENTS THROUGHOUT THE PACIFIC REGION.</p> <p>WILCOX MEDICAL CENTER HAS SERVED KAUA'I FOR MORE THAN 80 YEARS. THE ACUTE-CARE, 72-BED FACILITY OFFERS OVER 30 SPECIALTIES AND PROGRAMS, AND A FULL SUITE OF SERVICES INCLUDING CARDIOLOGY, EMERGENCY, FAMILY PRACTICE, GASTROENTEROLOGY, HEALTH MANAGEMENT, INTERNAL MEDICINE, NEUROLOGY, OB-GYN, ONCOLOGY, ORTHOPEDICS, PEDIATRICS AND UROLOGY. IN FISCAL YEAR 2024, WILCOX HAD 24,338 ER VISITS, 455 DELIVERIES (BIRTHS), 78,274 IMAGING PROCEDURES AND 3,751 INPATIENT ADMISSIONS. WILCOX'S GEOGRAPHIC SERVICE AREA IS THE ISLAND OF KAUA'I. DEMOGRAPHICS OF THE KAUA'I COMMUNITY IN FISCAL YEAR 2024 INCLUDE AN ESTIMATED POPULATION OF APPROXIMATELY 73,840 (2024 U.S. CENSUS BUREAU DATA) AND NEARLY 1.4 MILLION VISITORS ANNUALLY (2023 DBEDT DATA). THERE ARE TWO OTHER HOSPITALS IN THE COMMUNITY, AND FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS ARE PRESENT.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>EACH AFFILIATE HOSPITAL OF HAWAII PACIFIC HEALTH IS A LEADER IN COMMUNITY HEALTH CARE EDUCATION AND ADVOCACY AND MAINTAINS AN OPEN MEDICAL STAFF; THIS ARRANGEMENT GRANTS ADMITTING PRIVILEGES TO NONAFFILIATED PHYSICIAN SPECIALISTS AND BROADENS EACH FACILITY'S ABILITY TO OFFER HIGH-QUALITY, SPECIALIZED CARE TO THEIR RESPECTIVE COMMUNITY. EACH HOSPITAL IS GOVERNED BY A COMMUNITY BOARD COMPRISED OF PHYSICIANS, COMMUNITY MEMBERS AND KEY LEADERSHIP WITHIN HAWAII PACIFIC HEALTH. THESE VOLUNTEER, UNPAID MEMBERS ENSURE THAT EACH FACILITY FULFILLS ITS MISSION-DRIVEN GOALS. AS AFFILIATES OF THE NOT-FOR-PROFIT HAWAII PACIFIC HEALTH NETWORK, EACH HOSPITAL REINVESTS ALL SURPLUS RESOURCES BACK INTO PATIENT CARE AND TO SUBSIDIZE THOSE WHO CANNOT PAY.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	<p>HAWAII PACIFIC HEALTH, ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, IS COMMITTED TO PROVIDING HIGH-QUALITY, ACCESSIBLE CARE AND SERVICES TO THE PEOPLE OF HAWAII AND THE PACIFIC REGION. THE HAWAII PACIFIC HEALTH SYSTEM INCLUDES FOUR MEDICAL CENTERS, 70 LOCATIONS, MORE THAN 1,800 AFFILIATED PHYSICIANS AND MORE THAN 8,300 EMPLOYEES. THE MEDICAL CENTERS PROVIDE ACUTE AND SPECIALTY CARE WITH 602 BEDS AND HANDLED 32,384 ADMISSIONS IN FISCAL YEAR 2024.</p> <p>KAPI'OLANI MEDICAL CENTER FOR WOMEN &amp; CHILDREN IS THE PRIMARY PEDIATRIC AND OBSTETRIC TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE. KAPI'OLANI SUPPORTS THE TRAINING AND TEACHING OF HAWAII'S FUTURE DOCTORS, NURSES AND OTHER HEALTH CARE PROFESSIONALS, AS WELL AS CLINICAL AND COMMUNITY HEALTH RESEARCH THAT BRINGS NEW THERAPIES AND TREATMENT PROTOCOLS TO THE ISLANDS. KAPI'OLANI ACTIVELY SUPPORTS COMMUNITY ORGANIZATIONS AND EVENTS THAT ARE IN LINE WITH ITS MISSION, INCLUDING THE GREAT ALOHA RUN AND KEIKI GREAT ALOHA RUN, SUSAN G. KOMEN BREAST CANCER FOUNDATION, MARCH OF DIMES, HAWAII CHILDREN'S CANCER FOUNDATION AND OTHERS. THE KAPI'OLANI CHILDREN'S MIRACLE NETWORK SUPPORTS THE COST OF PEDIATRIC HEALTH CARE PROGRAMS AND SERVICES AT THE HOSPITAL, AS WELL AS MEDICAL EQUIPMENT, NEIGHBOR ISLAND TRAVEL, RESEARCH AND PUBLIC AWARENESS. THE HOSPITAL ALSO OPERATES THE SEX ABUSE TREATMENT CENTER OF HAWAII, WHICH PROVIDES TREATMENT SERVICES FOR SURVIVORS OF SEXUAL ASSAULT, PROMOTES PREVENTION AND EDUCATION, AND ENGAGES IN PUBLIC POLICY ACTIVITIES RELATING TO SEXUAL ASSAULT, AND THE KAPI'OLANI CHILD ADVOCACY AND PROTECTION CENTER, WHICH PROVIDES EXPERTISE IN RECOGNIZING AND TREATING CHILD ABUSE AND NEGLECT.</p> <p>PALI MOMI MEDICAL CENTER CONTINUES TO FOCUS ON MEETING THE NEEDS OF THE COMMUNITIES OF CENTRAL AND WEST O'AHU AND THE NORTH SHORE. IN FISCAL YEAR 2024, PALI MOMI CONTINUED TO PROVIDE SERVICES AS A DESIGNATED LEVEL III TRAUMA CENTER BY THE STATE OF HAWAII. PALI MOMI HOLDS THIS DESIGNATION BECAUSE OF ITS KEY GEOGRAPHIC LOCATION AND ADVANCED HOSPITAL CAPABILITIES THAT ENABLE IT TO PROVIDE THIS CRITICALLY NEEDED SERVICE TO THE COMMUNITY. IT IS ALSO CERTIFIED AS A PRIMARY STROKE CENTER IN RECOGNITION OF ITS COMMITMENT TO THE CARE OF STROKE PATIENTS. IN FISCAL YEAR 2024, PALI MOMI ALSO HOSTED AND PARTICIPATED IN COMMUNITY HEALTH EVENTS, HEALTH FAIRS AND HEALTH SCREENINGS, AND SUPPORT GROUPS.</p> <p>STRAUB MEDICAL CENTER HAS MANY SPECIALTY CARE UNITS. THE BURN CARE UNIT IS THE STATE'S ONLY MULTIDISCIPLINARY BURN TREATMENT UNIT, PROVIDING VICTIMS WITH IMMEDIATE AND COMPREHENSIVE CARE CLOSE TO HOME. STRAUB PHYSICIANS PROVIDE PATIENTS WITH DIAGNOSES AND TREATMENTS FOR MORE THAN 32 DIFFERENT MEDICAL SPECIALTIES, INCLUDING BONE AND JOINT, HEART, CANCER, ENDOCRINOLOGY/DIABETES, FAMILY MEDICINE, GASTROENTEROLOGY, GERIATRIC MEDICINE, INTERNAL MEDICINE, VASCULAR AND UROLOGY. IT PROVIDES CHARITY CARE, HEALTH EDUCATION AND PREVENTIVE PROGRAMS TO THE COMMUNITY. IN FISCAL YEAR 2024, STRAUB PROVIDED A VARIETY OF FREE HEALTH EDUCATION PROGRAMS, ACTIVITIES AND EVENTS.</p> <p>WILCOX MEDICAL CENTER IS DEDICATED TO PROVIDING KAUA'I WITH AFFORDABLE AND ACCESSIBLE HEALTH CARE. WILCOX PHYSICIANS OFFER CARE IN 30 SPECIALTIES AND PROGRAMS. WILCOX IS AN ACTIVE COMMUNITY PARTNER. IN FISCAL YEAR 2024, ITS HEALTH EDUCATION, PREVENTION PROGRAMS AND SUPPORT GROUPS FOCUSED ON DIABETES, OBESITY, CANCER, HEART ATTACK/STROKE, IMMUNIZATION, SPORTS MEDICINE, WATER SAFETY, INJURY PREVENTION, AND HEALTH FAIRS. TOGETHER WITH KAUA'I MEDICAL CLINIC, WILCOX HOSTED OR SPONSORED A VARIETY OF COMMUNITY HEALTH EDUCATION EVENTS, AND STAFF SUPPORTED THEIR COMMUNITY BY PARTICIPATING IN ANNUAL CHARITABLE ENDEAVORS. THESE INCLUDED "HAWAII PACIFIC HEALTH GREAT ALOHA RUN," "KIDS FEST," "KAUA'I MARATHON," SEVERAL PHYSICIAN LED COMMUNITY WALKS, AND THE "KEIKI BIKE AND SKATEBOARD SAFETY DAY.</p>
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	N/A



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	45-2280259	501(C)(3)	1,000,000				GENERAL SUPPORT
(2) (SEE STATEMENT)	99-0085260	501(C)(3)	677,831				(SEE STATEMENT)
(3) (SEE STATEMENT)	91-0313383	501(C)(3)	60,000				GENERAL SUPPORT
(4) (SEE STATEMENT)	26-0349475	501(C)(3)	50,000				GENERAL SUPPORT
(5) (SEE STATEMENT)	99-0348767	501(C)(3)	50,000				GENERAL SUPPORT
(6) (SEE STATEMENT)	81-2102826	501(C)(3)	47,500				GENERAL SUPPORT
(7) (SEE STATEMENT)	99-0073494	501(C)(3)	40,000				GENERAL SUPPORT
(8) (SEE STATEMENT)	58-1341679	501(C)(3)	30,675				GENERAL SUPPORT
(9) HAWAII GOOD FOOD ALLIANCE PO BOX 1334, KAUNAKAKAI, HI 96748	83-4503785	501(C)(3)	30,000				GENERAL SUPPORT
(10) HAWAII COMMUNITY REINVESTMENT CORP P.O. BOX 3409, HONOLULU, HI 96801	99-0282148	501(C)(3)	25,000				GENERAL SUPPORT
(11) IHS, THE INSTITUTE FOR HUMAN SERVICES, INC 546 KAAHI STREET, HONOLULU, HI 96817	99-0199107	501(C)(3)	20,000				GENERAL SUPPORT
(12) (SEE STATEMENT)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16
- 3 Enter total number of other organizations listed in the line 1 table 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2023



**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					

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

**Part II****Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(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
(12) PROJECT VISION HAWAII PO BOX 23212, HONOLULU, HI 96823	27-2831637	501(C)(3)	20,000				GENERAL SUPPORT
(13) OLAPONO PO BOX 508, KOLOA, HI 96756	85-3025920	501(C)(3)	20,000				GENERAL SUPPORT
(14) GIRL SCOUTS OF HAWAII 410 ATKINSON DRIVE, SUITE 2E1, BOX 3, HONOLULU, HI 96814	99-0073488	501(C)(3)	10,000				GENERAL SUPPORT
(15) THE KAUAI MARATHON PO BOX 573, KOLOA, HI 96756	26-4084075	501(C)(3)	10,000				GENERAL SUPPORT
(16) MALAMA KAUAI PO BOX 1414, KILAUEA, HI 96754	20-5137488	501(C)(3)	10,000				GENERAL SUPPORT

## Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE HAWAII PACIFIC HEALTH DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO IRC SECTIONS 501(C)(3) ORGANIZATIONS ON AN ANNUAL BASIS. NO FURTHER MONITORING IS DONE FOR DONATIONS MADE TO 501(C)(3) ORGANIZATIONS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HAWAII CANCER CONSORTIUM 201 MERCHANT STREET, SUITE 1830, HONOLULU, HI 96813
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UH FOUNDATION (JABSOM) 1314 S. KING STREET, SUITE B, HONOLULU, HI 96814
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT 91-1270 KINOIKI STREET, BUILDING 1, KAPOLEI, HI 96707
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HAWAII ISLANDS FOOD BANK (THE FOOD BASKET) 40 HOLOMUA STREET, HILO, HI 96720
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HAWAIIAN COMMUNITY ASSETS INC 200 N VINEYARD BLVD, SUITE B140, HONOLULU, HI 96817
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	RESIDENTIAL YOUTH SERVICES & EMPOWERMENT P.O. BOX 11662, KAILUA, HI 96828
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALOHA UNITED WAY 200 N VINEYARD BLVD, SUITE 700, HONOLULU, HI 96817
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ARTHRITIS FOUNDATION HAWAII 1355 PEACHTREE STREET NE, SUITE 600, ATLANTA, GA 30309
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UH FOUNDATION (JABSOM): 4-YEAR SCHOLARSHIP TUITION - PLEDGE #7

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account           </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)           </div> </div>		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the 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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations           </div> <div> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee           </div> </div>		
<b>4</b> 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: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?           </div>	<b>4a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?           </div>	<b>4b</b>	✓
<div style="margin-left: 20px;"> <b>c</b> Participate in or receive payment from an equity-based compensation arrangement?           </div> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	✓
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<b>5</b> 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: <div style="margin-left: 20px;"> <b>a</b> The organization?           </div>	<b>5a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?           </div> If "Yes" on line 5a or 5b, describe in Part III.	<b>5b</b>	✓
<b>6</b> 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: <div style="margin-left: 20px;"> <b>a</b> The organization?           </div>	<b>6a</b>	✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?           </div> If "Yes" on line 6a or 6b, describe in Part III.	<b>6b</b>	✓
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	✓
<b>8</b> 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.	<b>8</b>	✓
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
<b>1</b>	RAYMOND P. VARA JR. BOARD OF DIRECTOR, PRESIDENT	(i) 0	0	0	0	0	0	0
		(ii) 1,231,412	505,774	727,699	1,923,428	23,039	4,411,352	671,154
<b>2</b>	DAVID OKABE EVP, CFO & TREASURER	(i) 0	0	0	0	0	0	0
		(ii) 601,227	206,576	316,350	408,248	16,173	1,548,574	244,318
<b>3</b>	ARTHUR GLADSTONE EVP & CSO	(i) 0	0	0	0	0	0	0
		(ii) 544,689	190,612	191,031	311,153	25,739	1,263,224	216,711
<b>4</b>	STEVEN ROBERTSON EVP & CIO	(i) 0	0	0	0	0	0	0
		(ii) 489,039	173,887	236,413	298,225	16,173	1,213,737	192,849
<b>5</b>	LESLIE CHUN, M.D. EVP	(i) 0	0	0	0	0	0	0
		(ii) 581,407	181,467	118,634	298,021	25,356	1,204,885	191,112
<b>6</b>	DAVID UNDERRINER BOARD OF DIRECTOR, CEO	(i) 0	0	0	0	0	0	0
		(ii) 627,499	184,891	121,512	243,795	17,787	1,195,484	164,363
<b>7</b>	CHARLES R. CHING EVP, GENERAL COUNSEL & SECRETARY	(i) 0	0	0	0	0	0	0
		(ii) 474,538	139,662	216,606	278,322	16,173	1,125,301	187,977
<b>8</b>	JENNIE CHAHANOVICH BOD, PRESIDENT & CEO	(i) 0	0	0	0	0	0	0
		(ii) 403,402	126,291	197,198	238,403	13,774	979,068	142,527
<b>9</b>	RUSSELL WOO, M.D. BOARD OF DIRECTOR	(i) 0	0	0	0	0	0	0
		(ii) 862,588	2,599	42,815	13,200	23,112	944,314	0
<b>10</b>	TODD MILLER, M.D. BOARD OF DIRECTOR, VICE CHAIR	(i) 0	0	0	0	0	0	0
		(ii) 669,933	3,857	81,395	13,200	7,839	776,224	0
<b>11</b>	DAVID CHO, M.D. BOARD OF DIRECTOR	(i) 0	0	0	0	0	0	0
		(ii) 707,941	9,464	21,595	13,200	23,112	775,312	0
<b>12</b>	PATRICK O'DONNELL, M.D. BOARD OF DIRECTOR, CHAIR	(i) 0	0	0	0	0	0	0
		(ii) 600,001	3,885	31,654	13,200	26,162	674,902	0
<b>13</b>	DOUGLAS KWOCK, M.D. VP	(i) 0	0	0	0	0	0	0
		(ii) 410,417	73,135	50,014	96,006	24,996	654,568	70,038
<b>14</b>	GIDGET RUSCETTA, R.N. COO - KMCWC	(i) 0	0	0	0	0	0	0
		(ii) 377,504	93,440	52,055	113,957	14,973	651,929	58,022
<b>15</b>	SUNSHINE TOPPING SVP (PART YEAR)	(i) 0	0	0	0	0	0	0
		(ii) 361,974	94,627	37,120	102,865	25,063	621,649	63,758
<b>16</b>	(SEE STATEMENT)	(i)						
		(ii)						

Schedule J (Form 990) 2023

**Part II**
**Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) SHILPA PATEL, M.D. SVP & CQO	(i)	0	0	0	0	0	0	0
	(ii)	356,250	72,211	59,896	95,189	25,332	608,878	0
(17) WARREN CHAIKO SVP	(i)	0	0	0	0	0	0	0
	(ii)	280,105	67,798	121,124	94,588	28,789	592,404	62,456
(18) TRAVIS CLEGG COO	(i)	0	0	0	0	0	0	0
	(ii)	348,946	85,611	26,861	100,435	27,778	589,631	74,663
(19) DAWN DUNBAR SVP	(i)	0	0	0	0	0	0	0
	(ii)	313,399	74,859	44,342	94,230	25,332	552,162	68,960
(20) JOHN MCNAMARA SVP & CMO	(i)	0	0	0	0	0	0	0
	(ii)	320,895	75,674	44,383	98,251	9,725	548,928	0
(21) TYLER CHIHARA, DPM BOARD OF DIRECTOR, VICE CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	445,290	1,148	9,660	13,200	23,112	492,410	0
(22) GLORIA BROOKS COO	(i)	0	0	0	0	0	0	0
	(ii)	287,572	61,348	27,437	85,585	8,423	470,365	36,720
(23) MICHAEL ROBINSON VP	(i)	0	0	0	0	0	0	0
	(ii)	283,128	59,914	34,958	71,469	10,059	459,528	45,542
(24) IVICA ZALUD, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	406,710	35,274	0	13,200	0	455,184	0
(25) JAMES LIN, M.D. VP	(i)	0	0	0	0	0	0	0
	(ii)	275,354	49,423	25,689	75,043	25,339	450,848	45,528
(26) JOAN KANEMORI VP	(i)	0	0	0	0	0	0	0
	(ii)	252,180	47,034	36,494	73,481	15,973	425,162	29,907
(27) WILLIAM BURKE VP	(i)	0	0	0	0	0	0	0
	(ii)	248,945	45,000	32,770	71,420	18,087	416,222	41,453
(28) DAVID STUMBAUGH VP	(i)	0	0	0	0	0	0	0
	(ii)	247,602	43,837	25,603	70,012	25,112	412,166	37,815
(29) LORRIE-ANN LUKE VP	(i)	0	0	0	0	0	0	0
	(ii)	240,929	43,449	31,406	68,959	25,739	410,482	36,781
(30) ANDREW MOATS, R.N. VP	(i)	0	0	0	0	0	0	0
	(ii)	250,636	45,746	21,526	66,157	24,996	409,061	39,886
(31) TROY BRANSTETTER VP	(i)	0	0	0	0	0	0	0
	(ii)	246,540	42,056	29,768	64,596	7,703	390,663	12,437
(32) CARRIE ANN TSUTSUI VP & CONTROLLER	(i)	0	0	0	0	0	0	0
	(ii)	239,446	42,745	25,099	67,840	11,280	386,410	38,265
(33) LOUISE FUKUMOTO VP	(i)	0	0	0	0	0	0	0
	(ii)	228,478	40,805	30,650	65,485	15,517	380,935	0
(34) GLENN KAWABATA VP	(i)	0	0	0	0	0	0	0
	(ii)	223,254	41,247	23,655	62,378	27,125	377,659	35,620

(a) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(35) PETER LEWIS VP & CHIEF INFORMATION SECURITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	274,619	48,447	23,780	24,329	1,320	372,495	0
(36) ROBERT WOTRING II, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	275,961	10,856	53,940	13,200	7,505	361,462	0
(37) RODNEY CHELLIAH REGISTERED NURSE	(i)	195,719	4,000	124,802	22,129	7,703	354,353	0
	(ii)	0	0	0	0	0	0	0
(38) DEAN TATEYAMA VP	(i)	0	0	0	0	0	0	0
	(ii)	228,523	40,805	39,309	28,688	15,273	352,598	0
(39) BEAU NAKAMOTO, M.D. FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	223,966	7,368	96,043	12,690	0	340,067	0
(40) ROBYN KALAHIKI, R.N. VP & CNE	(i)	0	0	0	0	0	0	0
	(ii)	227,535	37,186	27,506	28,276	15,953	336,456	0
(41) MELANIE KIM, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	5,580	35,959	265,392	11,908	8,005	326,844	0
(42) DARLA SABRY, R.N. VP & CNE	(i)	0	0	0	0	0	0	0
	(ii)	230,953	34,769	23,386	22,805	13,953	325,866	0
(43) MATHEW LOUGHLIN VP	(i)	0	0	0	0	0	0	0
	(ii)	192,554	31,463	20,999	21,740	22,520	289,276	0
(44) MICHAEL FOUTCH VP	(i)	0	0	0	0	0	0	0
	(ii)	227,528	26,180	24,752	1,344	1,312	281,116	0
(45) MELODY KILCOMMONS CLINICAL DIRECTOR	(i)	213,988	22,538	966	25,217	15,217	277,926	0
	(ii)	0	0	0	0	0	0	0
(46) GARY NOAH-CASISON DIRECTOR OF NURSING	(i)	209,025	22,538	5,973	22,816	14,973	275,325	0
	(ii)	0	0	0	0	0	0	0
(47) KATIE SHIGEMITSU COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	230,075	0	5,963	24,381	9,390	269,809	0
(48) LINDLEE BUTCHER CLINICAL DIRECTOR	(i)	189,609	20,759	775	18,140	25,112	254,395	0
	(ii)	0	0	0	0	0	0	0
(49) CAROL FUJIYOSHI, M.D. BOARD OF DIRECTOR (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	184,627	8,615	41,692	8,955	5,136	249,025	0
(50) CAROLYN SCHWARTZ CLINICAL DIRECTOR	(i)	190,517	0	24,846	19,239	8,254	242,856	0
	(ii)	0	0	0	0	0	0	0
(51) KENNETH T. NAKAMURA, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	164,935	36,503	3,868	21,254	13,953	240,513	0
(52) BRANDON WONG FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	55,230	0	149,605	5,721	23,112	233,668	14,729
(53) JESSICA LEWIS ASSISTANT CORPORATE SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	176,275	5,000	2,724	18,051	27,608	229,658	0
(54) MONICA PRICE, M.D. BOARD OF DIRECTOR (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	150,244	15,107	11,727	6,813	26,154	210,045	0

(a) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(55) REINA (FRANCE) GRAVES PRIVACY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	145,547	0	1,306	14,366	24,532	185,751	0
(56) ALLEN HIXON, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	127,338	1,774	15,920	5,801	0	150,833	0
(57) KENNETH B. ROBBINS, M.D. FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	120,079	0	0	12,920	14,343	147,342	0
(58) BARBARA CRAFT FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	112,996	0	0	0	5,916	118,912	60,609



## 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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	<p>THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS, INCLUDED IN PART II, COLUMN (B)(III), DURING THE 2023 CALENDAR YEAR:</p> <p>BRANDON WONG - \$133,092 BARBARA CRAFT - \$112,996</p>
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p> <p>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.</p> <p>AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION:</p> <p>JENNIE CHAHANOVICH - \$ 53,405 RAYMOND P. VARA JR. - \$ 307,960 LESLIE CHUN - \$ 60,329 ARTHUR GLADSTONE - \$ 83,383 DAVID OKABE - \$ 114,710 CHARLES R. CHING - \$ 77,492 STEVEN ROBERTSON - \$ 94,544 DAVID UNDERRINER - \$ 30,738</p> <p>ANNUAL INCENTIVE PLAN</p> <p>THE ANNUAL INCENTIVE PLAN IS AFFORDED TO EXECUTIVES BASED ON ANNUAL SYSTEM GOALS THAT ARE NOT BASED ON A PERCENTAGE OF NET EARNINGS.</p> <p>AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION:</p> <p>JENNIE CHAHANOVICH - \$ 126,291 RAYMOND P. VARA JR. - \$ 505,774 LESLIE CHUN - \$ 181,467 ARTHUR GLADSTONE - \$ 160,613 DAVID OKABE - \$ 176,576 CHARLES R. CHING - \$ 139,662 STEVEN ROBERTSON - \$ 143,887 DAVID UNDERRINER - \$ 184,891 SHILPA PATEL - \$ 72,211 CARRIE ANN TSUTSUI - \$ 42,745 WARREN CHAIKO - \$ 67,798 DAWN DUNBAR - \$ 74,859 LOUISE FUKUMOTO - \$ 40,805 MICHAEL ROBINSON - \$ 49,914 JOHN MCNAMARA - \$ 75,674 LORRIE-ANN LUKE - \$ 43,449 DAVID STUMBAUGH - \$ 43,837 PETER LEWIS - \$ 48,447 GLORIA BROOKS - \$ 61,348 GIDGET RUSCETTA, R.N. - \$ 93,440 DEAN TATEYAMA - \$ 40,805 TRAVIS CLEGG - \$ 85,611 JOAN KANEMORI - \$ 47,034 ANDREW MOATS - \$ 45,747 GLENN KAWABATA - \$ 41,247 ROBYN KALAHIKI - \$ 37,186 WILLIAM BURKE - \$ 45,000 JAMES LIN - \$ 49,423 DOUGLAS KWOCK - \$ 73,135 TROY BRANSTETTER - \$ 42,056 SUNSHINE TOPPING - \$ 84,627</p> <p>RETENTION INCENTIVE PLAN</p> <p>THE RETENTION INCENTIVE PLAN WAS DESIGNED TO ENCOURAGE CONTINUED INTEREST IN THE SUCCESS OF THE ORGANIZATION AND PROVIDE COMPETITIVE RETIREMENT BENEFITS. THE SOLE PLAN PARTICIPANT IS HAWAII PACIFIC HEALTH'S CHIEF EXECUTIVE OFFICER, RAYMOND P. VARA JR. THE PLAN DOES NOT REPLACE THE ANNUAL AND LONG-TERM INCENTIVE PLAN NOR THE SERP RESTORATION PLAN.</p> <p>AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION:</p> <p>RAYMOND P. VARA JR. - \$500,000</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - SUPPLEMENTAL COMPENSATION INFORMATION</p>	<p>THE ORGANIZATION'S PRESIDENT IS PAID BY ITS TAX EXEMPT PARENT, HAWAI'I PACIFIC HEALTH ('HPH'), AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION.</p> <p>COMPENSATION FOR HPH EXECUTIVES IS SET BY THE INDEPENDENT BOARD MEMBERS OF THE HAWAI'I PACIFIC BOARD'S COMPENSATION COMMITTEE. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE'S COMPENSATION AND BENEFITS. THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING. INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS. THE COMPENSATION COMMITTEE MAKES 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.</p> <p>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 07, 2024 TO REVIEW PHYSICIAN COMPENSATION AND ON AUGUST 08, 2024 TO REVIEW EXECUTIVE COMPENSATION.</p>

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open To Public  
Inspection**

Name of the organization

HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50056A

Schedule L (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

(SEE STATEMENT)

**Part V****Supplemental Information.** Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV - HAWAI'I BIO WASTE	MICHELLE HO, WHO SERVES ON THE BOARD OF DIRECTORS, OWNS MORE THAN 65% DIRECTLY AND INDIRECTLY OF HAWAI'I BIO WASTE.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	✓		1,225	MARKET VALUE
5 Clothing and household goods . . . . .	✓		8,508	MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	1	10,553,902	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	✓	2	8,268	MARKET VALUE
20 Drugs and medical supplies . . . . .	✓	2	2,491	MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( <u>PREPAID GIFT CARDS</u> ) . . . . .	✓	3	46,653	MARKET VALUE
26 Other ( <u>TOYS</u> ) . . . . .	✓	2	49,527	MARKET VALUE
27 Other ( <u>BICYCLES</u> ) . . . . .	✓	1	483	MARKET VALUE
28 Other ( ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .			29	0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN B	COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

<b>SCHEDULE O (Form 990)</b>  Department of Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	OMB No. 1545-0047  <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>2023</b>          Open to Public Inspection       </div>
	▶ Attach to Form 990 or 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	
Name of the Organization <b>HAWAI'I PACIFIC HEALTH GROUP RETURN</b>		Employer Identification Number <b>38-3835105</b>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>HAWAI'I PACIFIC HEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM WITH OVER 70 LOCATIONS STATEWIDE INCLUDING MEDICAL CENTERS, CLINICS, PHYSICIANS AND OTHER CAREGIVERS COMMITTED TO THE ORGANIZATION'S MISSION TO CREATE A HEALTHIER HAWAI'I. ITS FOUR MEDICAL CENTERS - KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN (KAPI'OLANI), PALI MOMI MEDICAL CENTER (PALI MOMI), STRAUB CLINIC AND HOSPITAL (STRAUB) AND WILCOX MEMORIAL HOSPITAL (WILCOX) - SPECIALIZE IN INNOVATIVE PROGRAMS IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, CANCER CARE, BONE AND JOINT SERVICES AND MORE. HAWAI'I PACIFIC HEALTH IS RECOGNIZED NATIONALLY FOR ITS EXCELLENCE IN PATIENT CARE AND THE USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY AND PATIENT SAFETY.</p>
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>OUTPATIENT OPERATING ROOMS          IN FISCAL YEAR 2024, HAWAI'I PACIFIC HEALTH MEDICAL CENTERS AND CLINICS SPENT A TOTAL OF \$55,372,907 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.</p> <p>PEDIATRIC SURGERIES AT KAPI'OLANI INCLUDE THORACIC/HEART; CLEFT LIP/PALATE; EAR, NOSE AND THROAT; ORTHOPEDIC; NEUROLOGIC; UROLOGIC; OPHTHALMOLOGIC; GASTROINTESTINAL; PLASTIC AND GENERAL PROCEDURES. WOMEN'S SURGERIES INCLUDE BREAST BIOPSIES, LUMPECTOMIES, MASTECTOMIES AND RECONSTRUCTION, HYSTEROSCOPIES, INTERSTIM BLADDER IMPLANT AND SUB URETHRAL SLING TO TREAT INCONTINENCE, TUBAL LIGATION AND ENDOMETRIAL ABLATION. KAPI'OLANI IS THE ONLY MEDICAL CENTER IN THE STATE PROVIDING DA VINCI ROBOT-AIDED PEDIATRIC SURGERY. ADDITIONALLY, THE ROBOT IS UTILIZED IN PERFORMING GYNCOLOGICAL SURGICAL SERVICES. THE MINIMALLY INVASIVE SURGERIES PERFORMED USING THE DA VINCI PROVIDE INCREASED BENEFITS FOR PATIENTS, INCLUDING LESS PAIN, LOWER RISK OF INFECTION AND LESS BLOOD LOSS. IN 2023 KAPI'OLANI BECAME THE FIRST AND ONLY MEDICAL CENTER IN HAWAI'I TO ACHIEVE LEVEL 1 CHILDREN'S SURGERY VERIFICATION FROM THE AMERICAN COLLEGE OF SURGEONS (ACS). KAPI'OLANI WAS EVALUATED ON MORE THAN 140 REQUIREMENTS AND CONSIDERATIONS IN ORDER TO BE AWARDED THE HIGHEST OF ACS' THREE SURGERY DESIGNATIONS FOR CHILDREN'S HOSPITALS. IN FISCAL YEAR 2024, KAPI'OLANI PERFORMED 5,933 PEDIATRIC AND ADULT OUTPATIENT SURGERIES.</p> <p>PALI MOMI HAS A FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE EQUIPPED WITH TELEMEDICINE CAPABILITY, TOUCHSCREEN CONTROL PANELS AT THE NURSES' STATION, VOICE ACTIVATION SYSTEM, AND LIVE VIDEO FEED TO MEDICAL CENTERS AROUND THE WORLD. IN FISCAL YEAR 2024, PALI MOMI PERFORMED 5,607 OUTPATIENT SURGERIES. PALI MOMI UTILIZES THE DA VINCI FIREFLY ROBOT-AIDED SYSTEM TO ASSIST WITH MINIMALLY INVASIVE SURGERY. THE MINIMALLY INVASIVE SURGERIES PERFORMED USING THE DA VINCI PROVIDE INCREASED BENEFITS FOR PATIENTS INCLUDING LESS PAIN, LOWER RISK OF INFECTION AND LESS BLOOD LOSS.</p> <p>STRAUB OFFERS INTEGRATED OUTPATIENT SURGERY IN A 7-ROOM SUITE, 2-ROOM PLASTIC SURGERY SUITE, 2-ROOM GENERAL SURGERY DEPARTMENT, 2-ROOM INTERVENTIONAL CARDIAC CATHETERIZATION LABORATORY, INTERVENTIONAL RADIOLOGY SUITES, AND ENDOSCOPY DEPARTMENT. PROCEDURES PERFORMED RANGE FROM MINOR EXCISIONS TO COMPLEX PERIPHERAL INTRAVASCULAR TECHNIQUES. IN FISCAL YEAR 2024, STRAUB PERFORMED 5,589 OUTPATIENT SURGERIES.</p> <p>WILCOX HAS A STATE-OF-THE-ART SURGICAL CENTER WITH 6 SURGICAL SUITES, 20 SAME-DAY SURGERY BEDS, VOICE-ACTIVATED ROBOTICS AND OTHER COMPUTER-ASSISTED TECHNOLOGIES. IN FISCAL YEAR 2024, WILCOX PERFORMED 3,555 OUTPATIENT SURGERIES.</p> <p>PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.</p>



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<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>OUTPATIENT EMERGENCY DEPARTMENTS</p> <p>IN FISCAL YEAR 2024, HAWAII PACIFIC HEALTH MEDICAL CENTERS SPENT A TOTAL OF \$50,787,855 IN DIRECT EXPENSES FOR OUTPATIENT EMERGENCY DEPARTMENT (ED) SERVICES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.</p> <p>KAPI'OLANI IS THE ONLY LEVEL III PEDIATRIC TRAUMA CENTER SERVING HAWAII AND THE PACIFIC REGION. KAPI'OLANI'S EXPANDED ED FEATURES 24 PRIVATE TREATMENT ROOMS, INCLUDING TWO TRAUMA ROOMS AND TWO TRIAGE ROOMS; THREE ROOMS EQUIPPED AS NEGATIVE-PRESSURE ISOLATION ROOMS; ON-SITE SATELLITE RADIOLOGY SUITE FOR PLAIN X-RAYS, SEPARATE ADULT AND PEDIATRIC WAITING AREAS; CHILD-FRIENDLY DECOR; AND A CENTRAL, OPEN BUSINESS CENTER.</p> <p>KAPI'OLANI'S ED IS THE ONLY ONE IN THE STATE WITH PEDIATRIC SPECIALISTS AVAILABLE 24/7. IT HAS A TEAM FOR ADULTS AND ANOTHER DEDICATED TO PEDIATRICS, WHERE BOARD-CERTIFIED PEDIATRIC EMERGENCY PHYSICIANS CAN QUICKLY DIAGNOSE AND TREAT A FULL RANGE OF MEDICAL CONDITIONS IN BABIES, CHILDREN AND TEENS, FROM RARE INFECTIONS TO SPORTS INJURIES. IN FISCAL YEAR 2024, KAPI'OLANI HAD 51,486 OUTPATIENT ED CASES.</p> <p>PALI MOMI IS THE ONLY LEVEL III TRAUMA CENTER SERVING CENTRAL AND WEST O'AHU. IT HAS A TEAM OF BOARD-CERTIFIED EMERGENCY PHYSICIANS WHO HAVE UNIQUE SPECIALTY SERVICES AVAILABLE AT PALI MOMI WHICH INCLUDE THE FIRST AND ONLY INTERVENTIONAL CARDIAC CATHETERIZATION UNIT TO DETECT AND TREAT HEART DISEASE IN CENTRAL AND WEST OAHU AS WELL AS A PRIMARY STROKE CENTER. IN FISCAL YEAR 2024, THE PALI MOMI ED HAD 45,149 OUTPATIENT ED CASES.</p> <p>THE STRAUB ED ALSO HAS BOARD-CERTIFIED EMERGENCY PHYSICIANS ON STAFF 24/7, 365 DAYS A YEAR. IN FISCAL YEAR 2024, THE STRAUB ED HAD 36,289 OUTPATIENT ER CASES.</p> <p>WILCOX IS THE FIRST AMERICAN COLLEGE OF SURGEONS VERIFIED LEVEL III TRAUMA CENTER IN THE STATE OF HAWAII. THE WILCOX 20-BED ER IS THE FIRST NEIGHBOR ISLAND FACILITY TO OBTAIN A LEVEL III TRAUMA DESIGNATION. IT IMPLEMENTED A TRIAGE BEST PRACTICE, "RAPID TRIAGE AND IMMEDIATE BED PLACEMENT," TO DECREASE DOOR-TO-BED AND DOOR-TO-DOC TIMES, ALLOW SOME PATIENTS TO BYPASS THE TRIAGE AREA, AND LET NURSE ASSESSMENT AND ER PHYSICIAN EVALUATION OCCUR SIMULTANEOUSLY. THIS IMPROVES SERVICE, QUALITY AND SAFETY. IN FISCAL YEAR 2024, THE WILCOX ED HAD 24,338 OUTPATIENT ED CASES.</p> <p>PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.</p>
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>PEDIATRICS-NEONATAL SERVICES</p> <p>IN FISCAL YEAR 2024, HAWAII PACIFIC HEALTH SPENT \$44,045,505 IN DIRECT EXPENSES FOR PEDIATRIC-NEONATAL SERVICES AS PART OF ITS COMMITMENT TO PROVIDE HIGH-QUALITY MEDICAL CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY.</p> <p>KAPI'OLANI IS RECOGNIZED AS HAWAII'S PEDIATRIC MEDICAL CENTER AND ALSO PROVIDES CARE TO SERVE PATIENTS THROUGHOUT THE PACIFIC REGION. IT HAS THE ONLY INTENSIVE CARE UNITS IN HAWAII TO TREAT CRITICALLY-ILL CHILDREN AND INFANTS. IN FISCAL YEAR 2024, THE PEDIATRIC INTENSIVE CARE UNIT SERVED NEARLY 700 CHILDREN RANGING IN AGE FROM ONE WEEK TO 21 YEARS OF AGE. SPECIAL SERVICES DELIVERED BY THE PEDIATRIC INTENSIVE CARE UNIT INCLUDE AN OPEN-HEART PROGRAM THROUGH ITS NEW PEDIATRIC HEART CENTER, ECMO (EXTRACORPOREAL MEMBRANE OXYGENATION), DIALYSIS CRRT (CONTINUOUS RENAL REPLACEMENT THERAPY), AND TRAUMA AND TRANSPLANT COLLABORATION WITH OTHER MEDICAL CENTERS FOR POSTOPERATIVE CARE. THE NEONATAL INTENSIVE CARE UNIT TREATS MORE THAN 1,000 OF THE TINIEST AND MOST VULNERABLE INFANTS IN HAWAII EACH YEAR. SPECIALIZED PROCEDURES INCLUDE ECMO (EXTRACORPOREAL MEMBRANE OXYGENATION) AND WHOLE-BODY COOLING. KAPI'OLANI ALSO PROVIDES SPECIALTY PEDIATRIC CARE IN CARDIOLOGY, GASTROENTEROLOGY, NEUROLOGY, OPHTHALMOLOGY, UROLOGY, ONCOLOGY, SURGERY, ORTHOPEDICS, REHABILITATION AND OTHER SUPPORT SERVICES. IT IS A MAJOR TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE'S PEDIATRIC AND NEONATAL-PERINATAL MEDICINE PROGRAMS. IN FISCAL YEAR 2024, KAPI'OLANI PROVIDED SPECIALIZED CARE FOR 3,534 PEDIATRIC-NEONATAL PATIENTS.</p> <p>WILCOX PROVIDES PREVENTIVE CARE AND TREATMENT SERVICES TO MEET THE HEALTH NEEDS OF KAUAI'S CHILDREN. THROUGH KAUAI MEDICAL CLINIC, WILCOX PROVIDES COMPREHENSIVE PEDIATRIC CARE FOR CHILDREN OF ALL AGES. PEDIATRICIANS AT WILCOX ALSO COLLABORATE WITH PHYSICIANS AT KAPI'OLANI OR OTHER HAWAII PACIFIC HEALTH FACILITIES WHEN KAUAI CHILDREN NEED SPECIALIZED CARE. IN FISCAL YEAR 2024, WILCOX PROVIDED SPECIALIZED CARE FOR 171 PEDIATRIC-NEONATAL PATIENTS.</p> <p>PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.</p>

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<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$1,283,757,113 INCLUDING GRANTS OF \$2,232,257)(REVENUE \$1,444,838,810)</p> <p><b>OTHER PROGRAMS</b></p> <p>HAWAII PACIFIC HEALTH IS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS WITH FOUR MEDICAL CENTERS, MORE THAN 70 LOCATIONS, 1,500+ AFFILIATED PHYSICIANS, MORE THAN 7,000 EMPLOYEES, AND HUNDREDS OF VOLUNTEERS FROM THE COMMUNITY. HAWAII RESIDENTS AND VISITORS RELY ON HAWAII PACIFIC HEALTH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES. IN FISCAL YEAR 2024, THE MEDICAL CENTERS ADMITTED 32,384 PATIENTS.</p> <p>IN ADDITION, PALI MOMI CLINICS HAD 93,711 PATIENT CLINIC ENCOUNTERS, STRAUB CLINICS HAD 980,924 PATIENT CLINIC ENCOUNTERS, KAUAI MEDICAL CLINIC HAD 308,358 PATIENT CLINIC ENCOUNTERS AND KAPI'OLANI MEDICAL SPECIALISTS HAD 267,377 PATIENT CLINIC ENCOUNTERS.</p> <p><b>AFFILIATES AND SUBSIDIARIES</b></p> <p>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 FOR WOMEN AND CHILDREN. KAUAI MEDICAL CLINIC IS ORGANIZED TO SUPPORT WILCOX MEMORIAL HOSPITAL. 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 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.</p> <p><b>PATIENT CARE</b></p> <p>HAWAII PACIFIC HEALTH HAS STRATEGIC INITIATIVES IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, BONE &amp; 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.</p> <p>THE HAWAII PACIFIC HEALTH SYSTEM INCLUDES: THE PACIFIC REGION'S ONLY FULL-SERVICE WOMEN'S AND CHILDREN'S MEDICAL CENTER AND ONLY DEDICATED BURN UNIT, HAWAII'S ONLY PEDIATRIC HEART CENTER, STATE-OF-THE-ART IMAGING CENTER ON KAUAI, WEST O'AHU'S ONLY CARDIAC CATHETERIZATION LABS, CENTRAL AND WEST O'AHU'S ONLY COMPREHENSIVE CANCER CENTER, MINIMALLY INVASIVE BONE AND JOINT CENTER, STATE'S FIRST WOMEN'S CENTER, SPECIALIZED BREAST AND WOMEN'S CANCER CENTERS, AND OTHER SERVICES CONSIDERED CRITICAL TO THE REMOTE HAWAIIAN ARCHIPELAGO.</p> <p><b>COMMUNITY ROLE/ACTIVITY</b></p> <p>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, HAWAII PACIFIC HEALTH SPONSORS HEALTH EDUCATION, TEACHING AND RESEARCH, AND SUPPORTS LIKE-MINDED ORGANIZATIONS.</p> <p>HAWAII PACIFIC HEALTH CONTINUES TO SUPPORT 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, HEMOPHILIA PROGRAMS, AND OTHER EDUCATION AND SCREENINGS FOR HAWAII RESIDENTS ON HEALTH, WELLNESS AND DISEASE-PREVENTION STRATEGIES.</p> <p>IN FISCAL YEAR 2024, HAWAII PACIFIC HEALTH SPONSORED OR SUPPORTED NUMEROUS HEALTH EVENTS, INCLUDING "AMERICAN HEART ASSOCIATION HAWAII HEART WALK," "SUSAN G. KOMENMORE THAN PINK WALK," "ARTHRITIS FOUNDATION'S WALK TO CURE ARTHRITIS," AND MANY MORE INITIATIVES THAT PROMOTE A HEALTHIER LIFESTYLE AND HEALTHY OUTLOOK FOR PHYSICAL AND EMOTIONAL WELL BEING. IN FISCAL YEAR 2024, NEARLY 1,000 PARTICIPANTS REGISTERED FOR HAWAII PACIFIC HEALTH'S WOMEN'S 10K &amp; 5K FUN. THIS HPH EVENT IS HAWAII'S ONLY ALL-FEMALE SANCTIONED RACE. HAWAII PACIFIC HEALTH ALSO SERVED AS THE PRESENTING SPONSOR FOR THE GREAT ALOHA RUN. PROCEEDS FROM THE EVENT BENEFIT MORE THAN 150 NONPROFIT ORGANIZATIONS IN HAWAII.</p> <p>HAWAII PACIFIC HEALTH ALSO PARTICIPATED IN SYMPOSIA AND MEETINGS FOR HEALTH CARE PROFESSIONALS, HIRED STUDENTS AS SUMMER INTERNS, FACILITATED CLINICAL TRAINING PROGRAMS FOR PUBLIC HIGH SCHOOL STUDENTS TO EARN NATIONAL CERTIFICATION IN MEDICAL FIELDS AND SPONSORED WORKSHOPS FOR VOLUNTEERS. TO TRAIN HEALTH CARE PROVIDERS, HAWAII PACIFIC HEALTH HAS ALLIANCES WITH THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE AND HAWAII PACIFIC UNIVERSITY, PLUS WORKS CLOSELY IN PARTNERSHIP WITH THE HAWAII STATE DEPARTMENT OF EDUCATION. HAWAII PACIFIC HEALTH INVESTS EACH YEAR IN TEACHING AND RESEARCH AS A PEDIATRIC AND OB-GYN TRAINING FACILITY FOR THE UNIVERSITY OF HAWAII. HAWAII PACIFIC HEALTH IS ALSO ACTIVELY INVOLVED IN CLINICAL TRIALS AND RESEARCH THROUGH ITS VARIOUS FACILITIES IN PEDIATRICS, ONCOLOGY, OPHTHALMOLOGY AND CARDIOLOGY.</p> <p><b>PUBLIC POLICY</b></p> <p>HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION. HAWAII PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS FOR</p>

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	<p>VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSICIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS AND ACCESS TO CARE AND SERVICES FOR RESIDENTS ACROSS THE STATE.</p> <p>OTHER HAWAI'I PACIFIC HEALTH MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS A SAFETY NET PROVIDER OF HEALTH CARE FOR THE COMMUNITY. AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES BY WHICH IT IS DETERMINED IF PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. HAWAI'I PACIFIC HEALTH CONTRIBUTES MORE THAN \$1 BILLION TO THE STATE ECONOMY EACH YEAR, SUPPORTING ITS MORE THAN 7,000 EMPLOYEES, THEIR FAMILIES, AND MANY BUSINESSES THROUGH PURCHASES MADE BY ITS MEDICAL CENTERS AND CLINICS.</p> <p>ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.</p>
FORM 990, PART IV, LINE 8 - COLLECTION OF WORKS OF ART, HISTORICAL TREASURES OR SIMILAR	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN &amp; CHILDREN (KMCWC) AND PALI MOMI MEDICAL CENTER (PMMC) MAINTAIN WORKS OF ART.</p> <p>STRAUB CLINIC &amp; HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) DID NOT MAINTAIN WORKS OF ART.</p>
FORM 990, PART IV, LINE 10 - ENDOWMENT FUNDS	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN &amp; CHILDREN (KMCWC), PALI MOMI MEDICAL CENTER (PMMC) AND STRAUB CLINIC &amp; HOSPITAL (SCH) HELD ASSETS IN ENDOWMENT FUNDS.</p> <p>WILCOX MEMORIAL HOSPITAL DID NOT HOLD ASSETS IN ENDOWMENT FUNDS.</p>
FORM 990, PART IV, LINE 11B - INVESTMENTS - OTHER SECURITIES 5% OR MORE OF TOTAL ASSETS	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN &amp; CHILDREN (KMCWC) AND PALI MOMI MEDICAL CENTER (PMMC) BOTH REPORTED INVESTMENTS IN OTHER SECURITIES GREATER OR EQUAL TO 5% OF TOTAL ASSETS.</p> <p>STRAUB CLINIC &amp; HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) BOTH DID NOT REPORT INVESTMENTS IN OTHER SECURITIES GREATER OR EQUAL TO 5% OF TOTAL ASSETS.</p>
FORM 990, PART IV, LINE 28C - BUSINESS TRANSACTION WITH A CONTROLLED ENTITY	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN &amp; CHILDREN (KMCWC) WAS A PARTY TO A BUSINESS TRANSACTION WITH A 35% CONTROLLED ENTITY BY A CURRENT OFFICER.</p> <p>PALI MOMI MEDICAL CENTER (PMMC), STRAUB CLINICAL &amp; HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) WERE NOT A PARTY TO A BUSINESS TRANSACTION WITH A 35% CONTROLLED ENTITY BY A CURRENT OFFICER.</p>
FORM 990, PART V, LINE 1A - FORM 1096 REPORTING	<p>HAWAI'I PACIFIC HEALTH (HPH), THE ORGANIZATION'S TAX EXEMPT PARENT, PAYS ALL VENDORS. THEREFORE, HPH ISSUES FORMS 1099 UNDER ITS TAX ID.</p>
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	<p>JESSICA LEWIS AND PETER LEWIS - FAMILY RELATIONSHIP</p>
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	<p>THE KMCWC BYLAWS WERE AMENDED EFFECTIVE JULY 1, 2023 AND THE STRAUB MEDICAL BYLAWS WERE AMENDED MARCH 21, 2024. THE AMENDMENT REMOVED ONE DIRECTOR POSITION ON THE BOARD.</p>
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	<p>HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER WHO HAS THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD.</p>
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER, AND HAS THE POWER TO APPROVE THE ELECTION OF MEMBERS OF THE GOVERNING BODY. HAWAI'I PACIFIC HEALTH, AS MEMBER, ALSO HAS THE POWER TO ELECT ONE OR MORE EX OFFICIO VOTING MEMBERS OF THE GOVERNING BODY.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO KAPI'OLANI MEDICAL CENTER FOR WOMEN &amp; CHILDREN AND PALI MOMI MEDICAL CENTER:</p> <p>(I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: PRESIDENT, CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, OTHER EXECUTIVE VICE PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS;</p> <p>(II) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER BOARD;</p> <p>(III) AMEND THE BYLAWS;</p> <p>(IV) DETERMINE AND EFFECT THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLARS (\$1,000,000) OR MORE;</p> <p>(V) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED;</p> <p>(VI) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;</p> <p>(VII) DETERMINE AND EFFECT INTER CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE;</p> <p>(VIII) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS;</p> <p>(IX) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;</p> <p>(X) CLOSE THE ACUTE CARE HOSPITAL OWNED AND OPERATED BY THE CORPORATION;</p> <p>(XI) AFTER CONSULTING WITH THE BOARD, REMOVE THE PRESIDENT, CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, TREASURER, SECRETARY, OTHER EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, ASSISTANT SECRETARIES, AND/OR ALL VICE PRESIDENTS EXCEPT THE OPERATING UNIT VICE PRESIDENTS;</p> <p>(XII) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION; AND</p> <p>(XIII) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.</p> <p>HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO STRAUB CLINIC &amp; HOSPITAL:</p> <p>(I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: THE CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE CLINIC AND HOSPITAL UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS;</p> <p>(II) REMOVE ANY DIRECTOR FROM THE BOARD; PROVIDED, HOWEVER, THAT THE BOARD MAY REMOVE ANY DIRECTOR FROM THE BOARD IF APPROVED BY THE MEMBER BOARD;</p> <p>(III) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER BOARD;</p> <p>(IV) AMEND THE BYLAWS;</p> <p>(V) CAUSE THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLARS (\$1,000,000) OR MORE;</p> <p>(VI) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000);</p> <p>(VII) ACQUIRE SHARES IN ANOTHER CORPORATION;</p> <p>(VIII) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED;</p> <p>(IX) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;</p> <p>(X) DETERMINE AND EFFECT INTER CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE;</p> <p>(XI) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS;</p> <p>(XII) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;</p> <p>(XIII) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY;</p> <p>(XIV) CLOSE THE ACUTE CARE HOSPITAL OR CLINIC FACILITIES OWNED AND OPERATED BY THE CORPORATION;</p> <p>(XV) RELOCATE THE ACUTE CARE HOSPITAL OR CLINIC FACILITIES OWNED AND OPERATED BY THE CORPORATION;</p> <p>(XVI) CONVERT THE ACUTE CARE HOSPITAL OWNED AND OPERATED BY THE CORPORATION INTO A NON-ACUTE CARE FACILITY;</p> <p>(XVII) AFTER CONSULTING WITH THE BOARD, REMOVE THE CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND/OR ALL VICE PRESIDENTS EXCEPT THE CLINIC AND HOSPITAL UNIT VICE PRESIDENTS;</p> <p>(XVIII) DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION;</p> <p>(XIX) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.</p> <p>THE FOLLOWING ACTIONS REQUIRE APPROVAL FROM THE MEMBER BOARD:</p> <p>(I) ADD ANY DIRECTOR TO THE BOARD;</p> <p>(II) AMEND THE ARTICLES OF INCORPORATION;</p> <p>(III) SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE AMOUNT OF PROPERTY OR ASSETS HELD BY THE ORGANIZATION, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, TO ANY ENTITY THAT IS NOT AN AFFILIATE;</p>

Return Reference - Identifier	Explanation
	(IV) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE ORGANIZATION WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE ORGANIZATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE; (V) ISSUE THE ORGANIZATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER; (VI) MERGE THE ORGANIZATION WITH ANY ENTITY; (VII) DISSOLVE THE ORGANIZATION; AND (VIII) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.



Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS - CONTINUED	<p>HAWAII PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO WILCOX MEMORIAL HOSPITAL:</p> <p>(I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: THE PRESIDENT/CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS;</p> <p>(II) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER BOARD;</p> <p>(III) AMEND THE BYLAWS;</p> <p>(IV) CAUSE THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLAR (\$1,000,000) OR MORE;</p> <p>(V) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED;</p> <p>(VI) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION;</p> <p>(VII) DETERMINE AND EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE;</p> <p>(VIII) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS;</p> <p>(IX) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION;</p> <p>(X) EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS OR AS REQUIRED BY THE LAW OF THE STATE OF HAWAII, SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY WILCOX MEMORIAL HOSPITAL, KAUA'I MEDICAL CLINIC AND WILCOX HEALTH FOUNDATION (THE "WILCOX AFFILIATES");</p> <p>(XI) EXCEPT AS PROVIDED IN THE BYLAWS OR AS REQUIRED BY THE LAWS OF THE STATE OF HAWAII, SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE WILCOX AFFILIATES WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE WILCOX AFFILIATES DURING THE PRIOR FISCAL YEAR;</p> <p>(XII) CLOSE THE HOSPITAL OWNED AND OPERATED BY THE CORPORATION; PROVIDED, THAT, AFTER THE EFFECTIVE DATE OF THE BYLAWS, ANY ELIMINATION OF A CLINICAL SERVICE PROVIDED BY THE CORPORATION MUST ALSO BE APPROVED BY THE BOARD;</p> <p>(XIII) CONVERT THE HOSPITAL OWNED AND OPERATED BY THE CORPORATION INTO A FACILITY NO LONGER OFFERING INPATIENT AND OUTPATIENT SERVICES; PROVIDED, THAT, AFTER THE EFFECTIVE DATE OF THE BYLAWS, ANY ELIMINATION OF A CLINICAL SERVICE PROVIDED BY THE CORPORATION MUST ALSO BE APPROVED BY THE BOARD;</p> <p>(XIV) AFTER CONSULTING WITH THE BOARD, REMOVE THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, TREASURER, SECRETARY, OTHER EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS; PROVIDED, HOWEVER, THAT TO REMOVE OR TERMINATE THE PRESIDENT/CHIEF EXECUTIVE OFFICER WILL REQUIRE THE CHIEF EXECUTIVE OFFICER OF THE MEMBER TO FULLY COLLABORATE AND CONSULT WITH THE BOARD AND SEEK THE BOARD'S ADVANCE CONSENT FOR SUCH REMOVAL OR TERMINATION. IF THE BOARD DOES NOT CONCUR WITH THE PROPOSED REMOVAL OR TERMINATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SUCH REMOVAL OR TERMINATION WILL REQUIRE THE APPROVAL OF A MAJORITY OF THE MEMBERS ON THE MEMBER BOARD;</p> <p>(XV) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG RANGE AND STRATEGIC PLANS OF THE CORPORATION; AND</p> <p>(XVI) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.</p> <p>THE CORPORATION SHALL NOT TAKE THE FOLLOWING ACTIONS WITHOUT FIRST OBTAINING MEMBER BOARD APPROVAL:</p> <p>(I) ADD ANY DIRECTOR TO THE BOARD;</p> <p>(II) REMOVE ANY DIRECTOR FROM THE BOARD;</p> <p>(III) AMEND THE ARTICLES;</p> <p>(IV) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE;</p> <p>(V) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000);</p> <p>(VI) ACQUIRE SHARES IN ANOTHER CORPORATION;</p> <p>(VII) SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY THE WILCOX AFFILIATES;</p> <p>(VIII) SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE PROPERTY AND ASSETS HELD BY THE CORPORATION TO ANY ENTITY THAT IS NOT AN AFFILIATE;</p> <p>(IX) SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE WILCOX AFFILIATES WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE WILCOX AFFILIATES DURING THE PRIOR FISCAL YEAR;</p> <p>(X) MERGE THE CORPORATION WITH ANY ENTITY;</p> <p>(XI) DISSOLVE OR LIQUIDATE THE CORPORATION;</p> <p>(XII) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER</p> <p>(XIII) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY; AND</p> <p>(XIV) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.</p>

Return Reference - Identifier	Explanation																																																																											
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>VARIOUS SCHEDULES OF THE FORM 990 ARE PREPARED PRIMARILY BY STAFF WITHIN THE ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL, ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED INTERNALLY BASED ON INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF THE REPORTING ENTITY. THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS AND APPROVES THE DISCLOSURE NARRATIVES WHICH DESCRIBES THE MISSION/PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION. SENIOR MANAGEMENT OF THE HEALTH CARE SYSTEM REVIEWS THE FORM 990 OF EACH FILING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM. ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE FORMS 990 ARE THEN PROVIDED TO THE GOVERNANCE AND NOMINATING COMMITTEE OF THE HEALTH CARE SYSTEM'S BOARD OF DIRECTORS FOR THEIR REVIEW. THE GOVERNANCE AND NOMINATING COMMITTEE OF THE PARENT ENTITY'S (HAWAII PACIFIC HEALTH "HPH") BOARD PROVIDES OVERSIGHT FOR THE FORM 990 REPORTING AND REVIEWS THE FORM 990 FOR EACH ENTITY PRIOR TO FILING. IN ADDITION, THE FORM 990 FOR EACH ENTITY IS MADE AVAILABLE TO THE BOARD MEMBERS OF EACH SUBSIDIARY UNIT OF HPH AND THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER PORTAL FOR REVIEW PRIOR TO THE FILING OF THE FORM 990. THE FORMS 990 WILL BE POSTED TO HPH'S WEBSITE FOR PUBLIC ACCESS AFTER THE FILING OF THE RETURNS WITH THE IRS.</p>																																																																											
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>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:</p> <p>1) RECEIVED A COPY OF THE CONFLICT OF INTEREST ("COI") POLICY;</p> <p>2) HAS READ AND UNDERSTANDS THE POLICY;</p> <p>3) AGREES TO COMPLY WITH THE POLICY;</p> <p>4) HAS DISCLOSED ANY CONFLICTS OR POTENTIAL CONFLICTS OR ECONOMIC INTERESTS AS REQUIRED; AND</p> <p>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.</p> <p>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.</p> <p>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>																																																																											
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND STANDARDS OF CONDUCT ARE AVAILABLE ON THE HAWAII PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWAII PACIFIC HEALTH WEBSITE.</p>																																																																											
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table><tr><th>(a) Description</th><th>(b) Total Expenses</th><th>(c) Program Service Expenses</th><th>(d) Management and General Expenses</th><th>(e) Fundraising Expenses</th></tr><tr><td>PHYSICIAN SERVICES</td><td>26,075,188</td><td>25,670,112</td><td>405,076</td><td></td></tr><tr><td>MEDICAL SERVICES</td><td>3,444,278</td><td>3,400,198</td><td>44,080</td><td></td></tr><tr><td>CONSULTING SERVICES</td><td>1,139,451</td><td>945,877</td><td>193,574</td><td></td></tr><tr><td>REGISTRY SERVICES</td><td>27,767,113</td><td>16,100,262</td><td>11,666,851</td><td></td></tr><tr><td>TEMPORARY LABOR ADMIN SERVICES</td><td>719,039</td><td>719,039</td><td></td><td></td></tr><tr><td>TEMPORARY LABOR OTHER SERVICES</td><td>12,181,208</td><td>12,181,208</td><td></td><td></td></tr><tr><td>LAUNDRY SERVICES</td><td>4,975,669</td><td>4,972,732</td><td>2,937</td><td></td></tr><tr><td>CONTRACT &amp; RECURRING SERVICES</td><td>54,004,541</td><td>50,192,380</td><td>3,812,161</td><td></td></tr><tr><td>COLLECTION FEES SERVICES</td><td>589,468</td><td>589,468</td><td></td><td></td></tr><tr><td>OTHER SERVICES</td><td>30,629,842</td><td>27,269,471</td><td>3,360,371</td><td></td></tr><tr><td>REPAIRS &amp; MAINTENANCE</td><td>12,006,010</td><td>11,560,707</td><td>445,303</td><td></td></tr><tr><td>INTERNAL SERVICE PROVIDED EXPENSE</td><td>51,619,654</td><td>40,795,610</td><td>10,824,044</td><td></td></tr><tr><td>OTHER EXPENSE RECOVERY</td><td>-643,374</td><td>-643,374</td><td></td><td></td></tr><tr><td>Total</td><td>224,508,087</td><td>193,753,690</td><td>30,754,397</td><td>0</td></tr></table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	PHYSICIAN SERVICES	26,075,188	25,670,112	405,076		MEDICAL SERVICES	3,444,278	3,400,198	44,080		CONSULTING SERVICES	1,139,451	945,877	193,574		REGISTRY SERVICES	27,767,113	16,100,262	11,666,851		TEMPORARY LABOR ADMIN SERVICES	719,039	719,039			TEMPORARY LABOR OTHER SERVICES	12,181,208	12,181,208			LAUNDRY SERVICES	4,975,669	4,972,732	2,937		CONTRACT & RECURRING SERVICES	54,004,541	50,192,380	3,812,161		COLLECTION FEES SERVICES	589,468	589,468			OTHER SERVICES	30,629,842	27,269,471	3,360,371		REPAIRS & MAINTENANCE	12,006,010	11,560,707	445,303		INTERNAL SERVICE PROVIDED EXPENSE	51,619,654	40,795,610	10,824,044		OTHER EXPENSE RECOVERY	-643,374	-643,374			Total	224,508,087	193,753,690	30,754,397	0
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																																																																								
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Total	224,508,087	193,753,690	30,754,397	0																																																																								

Return Reference - Identifier	Explanation	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	OBLIGATED GROUP INTERCOMPANY TRANSFERS	- 64,172,665
	NET ASSETS RELEASED FROM RESTRICTION	- 12,977,728
	EQUITY TRANSFERS	- 563,654
	CHANGE IN INTEREST IN KHF/WHF	12,695,263
	CHANGE IN INTEREST IN PERPETUAL TRUSTS	549,687
	RESTRICTED GRANTS AND CONTRIBUTIONS	12,950,081
	ROUNDING	- 3



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

38-3835105

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PROVIDERS INSURANCE COMPANY (71-0893000) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INSURANCE	HI	501(C)(3)	12 TYPE II	HPH	✓	
(2) KAPI'OLANI HEALTH FOUNDATION (99-0246364) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(3) KAPI'OLANI MEDICAL SPECIALISTS (99-0322406) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HEALTHCARE	HI	501(C)(3)	3	HPH	✓	
(4) WILCOX HEALTH FOUNDATION (99-0204242) 3-3420 KUHIO HIGHWAY, LIHUE, HI 96766	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(5) KAUA'I MEDICAL CLINIC (99-0326099) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(6) STRAUB FOUNDATION (99-0109350) 55 MERCHANT STREET, 26TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(7) PALI MOMI FOUNDATION (38-3840327) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2023

**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) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	✓
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	✓
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	✓
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	✓
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	✓
<b>2</b> 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.		

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) KAPI'OLANI HEALTH FOUNDATION	P	160,633	FMV
(2) KAPI'OLANI MEDICAL SPECIALISTS	Q	157,798,026	FMV
(3) KAPI'OLANI MEDICAL SPECIALISTS	P	11,880,469	FMV
(4) KAPI'OLANI MEDICAL SPECIALISTS	R	895,684	FMV
(5) KAPI'OLANI MEDICAL SPECIALISTS	S	397,441	FMV
(6) (SEE STATEMENT)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
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(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part III**
**Identification of Related Organizations Taxable as a Partnership** (continued)

(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) HONOLULU SURGERY CENTER, LP (62-1506645) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	AMBU. SURG. CTR.	TN	N/A	N/A								
(2) SPECIALTY SURGICAL SUITES, LLC (46-1674512) 1401 S. BERETANIA ST., STE 750, HONOLULU, HI 96814	AMBU. SURG. CTR.	HI	N/A	N/A								
(3) HONOLULU IMAGING CENTER LLC (87-1602945) 55 MERCHANT STREET, 27TH FLOOR, HONOLULU, HI 96814	DIAG. IMAGING CTR	DE	N/A	N/A								
(4) HAWAI'I ISOTOPE TECHNOLOGY LLC (99-1995020) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	PHARMACEUTICAL MANUFACTURING	HI	N/A	N/A								
(5) ALL ACCESS ORTHO OAHU, LLC (93-4678472) 1401 S. BERETANIA ST, SUITE 102, HONOLULU, HI 96814	URGENT CARE CLINICS	HI	N/A	N/A								

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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. (99-0318588) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOLDING COMPANY	HI	N/A	C CORPORATION					
(2) STRAUB PHARMACY, INC. (99-0145107) 888 SOUTH KING STREET, HONOLULU, HI 96813	INACTIVE	HI	SCH	C CORPORATION			100.00	✓	
(3) HICORD, INC. (99-0251496) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INVESTMENT	HI	N/A	C CORPORATION					

**Part V****Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) KAUAI MEDICAL CLINIC	P	1,182,855	FMV
(7) KAUAI MEDICAL CLINIC	R	909,703	FMV
(8) PALI MOMI FOUNDATION	P	301,263	FMV
(9) PALI MOMI FOUNDATION	R	351,615	FMV
(10) PALI MOMI FOUNDATION	C	1,311,847	FMV
(11) PROVIDERS INSURANCE CORPORATION	R	10,642,784	FMV
(12) STRAUB FOUNDATION	C	756,005	FMV
(13) WILCOX HEALTH FOUNDATION	C	3,779,532	FMV
(14) WILCOX HEALTH FOUNDATION	P	58,192	FMV
(15) KAPIOLANI HEALTH FOUNDATION	S	251,153	FMV
(16) KAPIOLANI HEALTH FOUNDATION	C	11,087,693	FMV

CONSOLIDATED FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION

Hawai'i Pacific Health  
Years Ended June 30, 2024 and 2023  
With Report of Independent Auditors

Ernst & Young LLP





Hawai‘i Pacific Health  
Consolidated Financial Statements and  
Supplementary Information  
Years Ended June 30, 2024 and 2023

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## Report of Independent Auditors

The Board of Directors  
Hawai‘i Pacific Health

### Opinion

We have audited the consolidated financial statements of Hawai‘i Pacific Health, which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Hawai‘i Pacific Health at June 30, 2024 and 2023, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Hawai‘i Pacific Health and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hawai‘i Pacific Health’s ability to continue as a going concern for one year after the date that the financial statements are issued.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hawai'i Pacific Health's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Hawai'i Pacific Health's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Members of the Hawai'i Pacific Health Obligated Group combined financial statements are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

*Ernst + Young LLP*

November 18, 2024

Hawai'i Pacific Health

Consolidated Balance Sheets

(Dollars in Thousands)

	June 30	
	2024	2023
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 213,981	\$ 264,962
Patient accounts receivable, net	205,152	177,811
Due from third-party payors	28,022	32,894
Other receivables	44,394	23,076
Inventories	37,167	27,415
Funds held by trustee under bond indenture agreement	21,524	16,364
Prepaid expenses and other	43,831	17,234
Total current assets	<u>594,071</u>	<u>559,756</u>
Assets whose use is limited or restricted:		
Project funds held by trustee under bond indenture agreement	182,842	—
Board-designated	417,556	376,538
Restricted by donor or grantor	32,715	26,060
Total assets whose use is limited or restricted	<u>633,113</u>	<u>402,598</u>
Investments	537,372	482,949
Property and equipment, net	592,657	571,639
Right of use assets – operating	112,969	121,004
Right of use assets – finance	3,134	3,909
Due from third-party payors	3,808	—
Prepaid pension	47,466	41,991
Investments in business ventures	17,076	16,364
Goodwill	66,124	66,124
Other	142,731	77,748
Total assets	<u><u>\$ 2,750,521</u></u>	<u><u>\$ 2,344,082</u></u>

# Hawai'i Pacific Health

## Consolidated Balance Sheets (continued) (Dollars in Thousands)

	June 30	
	2024	2023
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 72,161	\$ 80,154
Payroll and related liabilities	101,204	92,110
Accrued expenses	44,165	38,767
Due to third-party payors	8,145	8,882
Current portion of long-term debt	15,050	12,804
Current portion of operating lease obligations	14,624	14,586
Current portion of finance lease obligations	1,573	1,719
Total current liabilities	256,922	249,022
Long-term debt, less current portion	577,568	395,503
Operating lease obligations, less current portion	109,337	118,111
Finance lease obligations, less current portion	1,772	2,251
Other long-term liabilities	133,643	125,611
Net assets:		
Net assets without donor restrictions:		
Attributable to Hawai'i Pacific Health	1,525,634	1,326,857
Attributable to noncontrolling interests	18,244	17,146
Net assets without donor restrictions	1,543,878	1,344,003
Net assets with donor restrictions	127,401	109,581
Total net assets	1,671,279	1,453,584
Total liabilities and net assets	\$ 2,750,521	\$ 2,344,082

See accompanying notes.

# Hawai'i Pacific Health

## Consolidated Statements of Operations and Changes in Net Assets (Dollars in Thousands)

	Year Ended June 30	
	2024	2023
<b>Revenues</b>		
Net patient service revenue	\$ 1,588,916	\$ 1,559,592
Premium revenue	45,023	42,321
Other revenue	232,601	89,697
Net assets released from restrictions for operations	17,583	17,519
Total revenues	1,884,123	1,709,129
<b>Expenses</b>		
Salaries and employee benefits	972,710	916,319
Services	274,891	254,623
Supplies	357,374	280,526
Other purchases	116,607	116,984
Depreciation and amortization	58,899	57,285
Specific purpose projects/donations	17,583	17,519
Interest	19,800	18,704
Other	21,498	35,688
Total expenses	1,839,362	1,697,648
Operating income	44,761	11,481
Business venture investment income	3,698	9,175
Investment income, net	129,108	79,488
Pension nonoperating income	1,873	2,183
	134,679	90,846
Excess of revenues over expenses	179,440	102,327
Less excess of revenues over expenses attributable to noncontrolling interests	(984)	(1,701)
Excess of revenues over expenses attributable to Hawai'i Pacific Health	\$ 178,456	\$ 100,626

Continued to next page.

# Hawai'i Pacific Health

## Consolidated Statements of Operations and Changes in Net Assets (continued) (Dollars in Thousands)

	Year Ended June 30	
	2024	2023
<b>Net assets without donor restrictions</b>		
Controlling:		
Excess of revenues over expenses		
attributable to Hawai'i Pacific Health	\$ 178,456	\$ 100,626
Change in net unrealized gains (losses) on debt securities	3,023	(525)
Net assets released from restrictions for purchase of		
property and equipment	12,978	1,399
Pension-related changes other than net periodic		
pension costs	4,293	(3,010)
Change in interest rate swap value	759	809
Other changes in net assets	(732)	704
Transfer of noncontrolling interest	—	(13,566)
Increase in controlling interests	198,777	86,437
Noncontrolling:		
Excess of revenues over expenses attributable to		
noncontrolling interests	984	1,701
Other changes in net assets attributable to		
noncontrolling interests	114	1,879
Transfer of noncontrolling interest	—	13,566
Increase in noncontrolling interests	1,098	17,146
Increase in net assets without donor restrictions	199,875	103,583
<b>Net assets with donor restrictions</b>		
Restricted contributions	43,954	30,652
Investment income	2,626	1,652
Change in net unrealized gains on investments	1,209	562
Net assets released from restrictions	(30,561)	(18,917)
Change in beneficial interest in perpetual trusts	550	243
Other changes in net assets with donor restrictions	42	(54)
Increase in net assets with donor restrictions	17,820	14,138
Increase in net assets	217,695	117,721
Net assets at beginning of year	1,453,584	1,335,863
Net assets at end of year	\$ 1,671,279	\$ 1,453,584

See accompanying notes.



# Hawai'i Pacific Health

## Consolidated Statements of Cash Flows (Dollars in Thousands)

	Year Ended June 30	
	2024	2023
<b>Operating activities</b>		
Increase in net assets	\$ 217,695	\$ 117,721
Adjustments to reconcile increase in net assets to net cash (used in) provided by operating activities:		
Depreciation and amortization	58,899	57,285
Business venture investment income	(3,698)	(9,175)
Net distributions from business venture	2,986	—
Noncontrolling interest in acquired business venture	—	(3,950)
Net realized and unrealized gains on alternative investments	(68,350)	(42,226)
Net realized and unrealized gains on debt and equity investments	(38,232)	(22,483)
Restricted contributions	(43,954)	(30,652)
Changes in operating assets and liabilities:		
Patient accounts receivable	(27,341)	4,175
Due to/from third-party payors	327	(32,308)
Other receivables	(21,318)	(4,383)
Inventories, prepaid expenses and other assets	(101,332)	(11,423)
Restricted pledges receivable	(2,840)	1,068
Prepaid pension	(5,475)	3,152
Accounts payable and accrued expenses	3,226	(2,615)
Other long-term liabilities	8,032	18,315
Net cash (used in) provided by operating activities	(21,375)	42,501
<b>Investing activities</b>		
Purchases of property and equipment	(75,355)	(55,836)
Net distributions from business venture	—	3,489
Acquisitions	—	(21,281)
Purchases of investment securities	(39,326)	(82,020)
Sales of investment securities	44,896	73,534
Increase in funds held by trustee under bond indenture agreement	(5,160)	(460)
Assets whose use is limited or restricted:		
Purchases of investment securities	(33,552)	(56,809)
Sales of investment securities	35,309	48,355
Project funds held by trustee under bond indenture agreement	(182,842)	—
Net cash used in investing activities	(256,030)	(91,028)

Continued to next page.

# Hawai'i Pacific Health

## Consolidated Statements of Cash Flows (continued) (Dollars in Thousands)

	Year Ended June 30	
	2024	2023
<b>Financing activities</b>		
Payment of long-term debt	\$ (195,706)	\$ (9,793)
Proceeds from long-term debt	380,017	—
Payments of finance lease obligations	(1,841)	(1,677)
Restricted contributions	43,954	30,652
Net cash provided by financing activities	226,424	19,182
Decrease in cash and cash equivalents	(50,981)	(29,345)
Cash and cash equivalents at beginning of year	264,962	294,307
Cash and cash equivalents at end of year	\$ 213,981	\$ 264,962
<b>Supplemental disclosures of noncash activity</b>		
Noncontrolling interest in acquired business venture	\$ —	\$ 3,950
Equity investment consideration as part of business acquisition	\$ —	\$ 6,000
Accruals of equipment	\$ 2,598	\$ 1,577

See accompanying notes.

# Hawai‘i Pacific Health

## Notes to Consolidated Financial Statements (Dollars in Thousands)

June 30, 2024

### 1. Organization and Summary of Accounting Policies

Hawai‘i Pacific Health (HPH) is the sole member of Kapi‘olani Medical Center for Women and Children (KMCWC); Pali Momi Medical Center (PMMC); Pali Momi Foundation; Kapi‘olani Medical Specialists; Providers Insurance Corporation (PIC); Kapi‘olani Health Foundation; Straub Clinic & Hospital (SCH); Straub Foundation; Wilcox Memorial Hospital (WMH); Kauai Medical Clinic; Wilcox Health Foundation; Hawai‘i Pacific Health Partners, Inc. (HPHPI); Hawai‘i Health Partners; and other smaller health-care-related entities (some of which are for profit) located in Hawai‘i. The accompanying consolidated financial statements reflect the consolidated operations of all wholly owned affiliates and business ventures in which HPH, through affiliates, holds a controlling interest. The unrelated investor’s ownership interest of the consolidated business ventures is recorded as noncontrolling interest. HPH and the above affiliates are collectively referred to as the Company. All interorganizational transactions and balances have been eliminated in consolidation.

Except with regard to unrelated business income, which is taxed at corporate income tax rates, the Company’s not-for-profit organizations are (1) exempt from federal and state income taxes pursuant to Internal Revenue Code Section 501(a) and applicable state laws and (2) generally exempt from Hawai‘i general excise tax on revenue related to their tax-exempt purpose.

The taxable affiliates of the Company utilize the liability method of accounting for income taxes. Under this method, deferred income tax assets and liabilities are determined based on differences between the financial reporting and tax bases of assets and liabilities and are measured using the currently enacted tax rates and laws. Valuation allowances are used to reduce deferred tax assets to their estimated net realizable values and are established by management when it is more likely than not that a deferred tax asset will not be realized.

The accounting principles followed by the Company and the methods of applying those principles comply with accounting principles generally accepted in the United States of America and general practice within the health care industry. The significant policies are summarized below.

#### Cash and Cash Equivalents

Cash and cash equivalents consist primarily of cash and highly liquid investments with a maturity of three months or less when purchased.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

### 1. Organization and Summary of Accounting Policies (continued)

#### Inventories

Inventories, consisting of medical, surgical, and other supplies, are stated at the lower of cost (first-in, first-out method) or net realizable value.

#### Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, ranging from approximately 2 to 40 years for buildings and improvements, 75 years for the Pali Momi Medical Center building, and 3 to 20 years for equipment.

Gifts of long-lived assets such as land, buildings, or equipment are reported as net assets without donor restrictions and are excluded from the excess of revenues over expenses. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported within net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported within net assets without donor restrictions when the donated or acquired long-lived assets are placed in service.

#### Investments

Investments in equity securities with readily determinable fair values, and all investments in debt securities, are measured at fair value on the consolidated balance sheets. Fair value is established based on quoted prices from established securities exchanges or based on quoted market prices of similar instruments. The Company determined that all marketable securities held at June 30, 2024 and 2023, are designated as other than trading. The Company uses multiple investment managers to diversify its investment portfolio.

The Company also holds investments in fund of funds and direct funds, which include private equities and limited partnerships that are classified as alternative investments. These alternative investments seek positive returns regardless of market direction and are not restricted to any particular asset class. At the investment managers' direction, these alternative investments may invest in both registered and non-registered securities in the United States and globally, with

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

### 1. Organization and Summary of Accounting Policies (continued)

exposure to both emerging and developed markets. The alternative investment fund managers employ a range of investment strategies, including, but not limited to, long/short equity positions, derivatives, forward and futures contracts, and currency hedges.

The Company accounts for its ownership interests in these alternative investments under the equity method of accounting based on the Company's shares held in the funds and the funds' net asset values. The net asset value is determined based on the estimated fair value of the underlying investments. However, the fair value of such investments may have been estimated by the alternative investment fund managers in the absence of readily ascertainable fair values. Due to the inherent uncertainty of these estimates, these values may differ from the values that would have been used had an active market for these investments existed. The investment income recorded is based on the Company's proportionate share of the fund's portfolio net asset value.

Investment income, including interest and dividends received, realized gains and losses on investments, unrealized gains and losses on equity securities, and net gains on alternative investments, is included in excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on debt securities, except for credit losses or other-than-temporary declines in fair value, are excluded from the excess of revenue over expenses for the years ended June 30, 2024 and 2023.

The Company evaluates whether a credit loss allowance should be recorded for debt securities in an unrealized loss position or when there is a decline in the fair market value of debt securities below amortized cost. The Company's credit loss evaluation is based on objective evidence, as well as subjective factors, including knowledge of recent events and assumptions of future events. If a credit loss allowance relating to the debt instruments decline in fair value is recognized, the cost basis of the individual debt security is written down to fair value. There were no credit loss allowances recorded for the years ended June 30, 2024 or 2023.

The Company's investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the consolidated balance sheets.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

### 1. Organization and Summary of Accounting Policies (continued)

#### Equity Method Investments

Investments in business ventures that are 20% to 50% owned or where the Company has the ability to exercise significant influence over the operating and financial activities of the business venture are recorded under the equity method of accounting, which approximates the Company's interest in the business ventures' underlying net book values. Investments in business ventures that are more than 50% owned and where the Company can exert control are consolidated in the accompanying consolidated financial statements.

At June 30, investments in business ventures that are accounted for using the equity method of accounting include ownership in the following organizations:

	<b>Ownership Percentage</b>	
	<b>2024</b>	<b>2023</b>
Pacific ASC, LLC	<b>50%</b>	50%
The Cancer Center of Hawaii, LLC	<b>30</b>	30
Pacific Medical Collections, Inc.	<b>33</b>	33

Summarized financial information (unaudited) for unconsolidated business ventures as of and for the years ended June 30 follows:

	<b>2024</b>	<b>2023</b>
Current assets	\$ <b>10,697</b>	\$ 9,635
Noncurrent assets	<b>25,626</b>	27,029
Total assets	<b>\$ 36,323</b>	\$ 36,664
Current liabilities	\$ <b>4,521</b>	\$ 4,420
Noncurrent liabilities	<b>9,364</b>	12,063
Capital	<b>22,438</b>	20,181
Total liabilities and capital	<b>\$ 36,323</b>	\$ 36,664
	<b>2024</b>	<b>2023</b>
Excess of revenues over expenses	<b>\$ 10,400</b>	\$ 10,507

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 1. Organization and Summary of Accounting Policies (continued)

#### Assets Whose Use is Limited

Project funds held by trustee under bond indenture agreement consists of funds received as part of the Series 2023C Special Purpose Revenue Bonds issuance (see Note 10) that are to be used to pay for the SCH campus redevelopment project.

Board-designated assets consist of investments and accumulated income that have been designated by the Board of Directors for expansion and support of fundraising activities. The Board of Directors can redesignate these assets at its discretion.

#### Contributions

Contributions received, including unconditional promises to give, are recognized as revenue at fair value in the period received. Fair value is measured as the present value of estimated cash flows using a discount rate commensurate with the risks involved. Pledges receivable are stated at their estimated net realizable value and are included in other receivables and assets whose use is limited or restricted – restricted by donor or grantor on the accompanying consolidated balance sheets.

Pledges receivable as of June 30 follow:

	2024	2023
Receivable in less than one year	\$ 4,371	\$ 4,135
Receivable in one to five years	14,341	5,100
Thereafter	700	260
	<u>19,412</u>	<u>9,495</u>
Less present value discount	2,205	970
Less allowance for uncollectible pledges	1,371	1,393
	<u>\$ 15,836</u>	<u>\$ 7,132</u>

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

### 1. Organization and Summary of Accounting Policies (continued)

#### Grants

In February 2024, the Company received a \$100.0 million irrevocable grant for the naming rights of the Straub Medical Center. The Straub Medical Center campus is currently under redevelopment and the redeveloped medical center has been named Straub Benioff Medical Center. The grant is to be used for the planning, design, construction and equipment of the Straub Medical Center. The grant contained certain conditions including the Company obtaining financing for the Straub Medical Center, receipt of requisite government approvals, executing construction contracts and commencing construction. As of June 30, 2024, the Company has complied with each of these conditions, or performance obligations, and accordingly has recognized the grant in the consolidated financial statements as of and for the year ended June 30, 2024. The grant will be paid over a 10 year period, and accordingly, the present value of the grant amounting to \$79.0 million has been reported in other revenue on the consolidated statement of operations for the year ended June 30, 2024. The Company has also recorded the grant receivable amounting to \$69.0 million on the consolidated balance sheet as of June 30, 2024, of which \$10.0 million has been included in other current receivables and \$59.0 million has been included in other assets.

#### Net Assets With Donor Restrictions

Net assets with donor restrictions are used to differentiate resources, the use of which is restricted by donors to a specific time period or purpose, from resources on which no restrictions have been placed or that arise from the general operations of the Company. Donor-restricted gifts are recorded as an addition to net assets with donor restrictions in the period received. When the time period or purpose is met, the gifts are released into net assets without donor restrictions. Donor-restricted gifts include amounts held in perpetuity or for terms designated by donors. Earnings on donor-endowment gifts are recorded as investment income in net assets with donor restrictions and subsequently used in accordance with the donor's designation. Net assets with donor restrictions are primarily restricted for health and hospital care, plant expansion and equipment replacement, research and grants and education and scholarships.

#### Net Patient Service Revenue and Patient Accounts Receivable

Net patient accounts receivable and net patient service revenue have been adjusted to the estimated amounts expected to be received based on contractual rates for services rendered, inclusive of the estimated price concessions and retroactive adjustments. The Company has entered into



## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### **1. Organization and Summary of Accounting Policies (continued)**

agreements with third-party payors, including government programs and managed care health plans, under which the facilities are paid based upon established charges, the cost of providing services, predetermined rates per diagnosis, fixed per diem rates, or discounts from established charges.

The Company uses a portfolio approach to estimate the transaction price used to record net patient service revenue. The transaction price reflects the amount of consideration the Company expects to collect in exchange for satisfying its service performance obligations. The portfolios consist of various payor classes and patient types for inpatient and outpatient revenue, including the identification of uninsured, under insured, and patient coinsurance and deductible as a separate portfolio. Based on historical collection trends and other analyses, the Company believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

The transaction price, which involves significant estimates, is determined based on the Company's established charges, with a reduction recorded for price concessions. The Company estimates the transaction price associated with services provided to patients who have third-party payor coverage based on the reimbursement terms outlined in contractual agreements and historical experience and includes estimated retroactive revenue adjustments under the agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as final settlements are determined. For uninsured and under insured patients who do not qualify for charity care, the Company determines the transaction price associated with services on the basis of charges reduced by implicit price concessions. Implicit price concessions included in the estimate of the transaction price are based on the Company's historical collection experience, changes in collection patterns, composition of patient accounts by patient type, and general economic conditions. Patients who meet the Company's criteria for charity care are provided care without charge; such amounts are not reported as revenue. Management regularly reviews payment data for each major payor in evaluating the sufficiency of the estimated allowance for price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenue in the period of the change.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 1. Organization and Summary of Accounting Policies (continued)

Net patient service revenue is recognized as performance obligations are satisfied. Inpatient service performance obligations are satisfied over time and revenue is recognized based on actual charges incurred in relation to total expected or actual charges. Unsatisfied or partially satisfied performance obligations for inpatient services primarily relate to patients in-house at the end of each reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period. Outpatient services are performance obligations satisfied over a period of time, which is often less than one day, and revenue is recognized when services are provided.

The Company has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the payors, the lines of business that render services to patients, and the timing of when revenue is recognized and billed. Net patient service revenue by line of business for the years ended June 30 follows:

	<b>2024</b>	<b>2023</b>
Hospital	<b>\$ 1,295,187</b>	\$ 1,280,045
Clinic	<b>234,710</b>	224,460
Other	<b>59,019</b>	55,087
	<b><u>\$ 1,588,916</u></b>	<b><u>\$ 1,559,592</u></b>

Net patient service revenue, by significant payor classification, for the years ended June 30 follows:

	<b>2024</b>	<b>2023</b>
Medicare	<b>\$ 464,944</b>	\$ 426,117
Medicaid/QUEST integration	<b>316,460</b>	340,286
Commercial	<b>721,195</b>	701,694
Self-pay and other	<b>86,317</b>	91,495
	<b><u>\$ 1,588,916</u></b>	<b><u>\$ 1,559,592</u></b>

Significant concentrations of patient accounts receivable include Hawaii Medical Service Association – 20% and 18%, Medicaid and QUEST Integration programs – 23% and 26%, and Medicare and Medicare Advantage – 33% and 32% as of June 30, 2024 and 2023, respectively.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

### 1. Organization and Summary of Accounting Policies (continued)

#### Government Reimbursement Programs

The Company renders service to patients under contractual arrangements with the Medicare and Medicaid programs. The Medicare program includes the traditional Medicare fee for service and Medicare managed care plans. Medicare hospital reimbursement for hospital inpatient and outpatient services is based on the Medicare prospective payment systems, fee schedules, and cost reimbursement methods. A portion of the Company's Medicare reimbursement, primarily disproportionate share, medical education, and bad debt, is paid during the year at an interim rate. Final settlement is determined after annual cost reports submitted by the Company are audited by the Medicare contractors. Differences between final cost report settlements and amounts accrued in previous years, due to audit adjustments recorded by the Medicare contractor, are reported as current year changes to net patient service revenue. The Company has the ability to appeal the adjustments based on a process established by Medicare.

The state of Hawai'i administers its QUEST Integration Medicaid program through participating Medicaid managed care health plans under a Section 1115 waiver. The Medicaid managed care plans provide access to health care services to Medicaid eligible members. The Company contracts with the Medicaid managed care health plans to provide health care services under negotiated reimbursement rates and methodologies, which include per diem, per discharge, fee schedules, percentage of charge, and capitation. Newly eligible Medicaid beneficiaries receive health care services under the traditional Medicaid program based on Hawai'i Administrative Rules pending assignment to a Medicaid managed care health plan.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Company believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigation involving allegations of potential wrongdoing that would have a material impact on its consolidated financial statements. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

### 1. Organization and Summary of Accounting Policies (continued)

The state of Hawai'i uses a provider fee to help finance the state's share of Medicaid expenditures. The Hospital Sustainability Program Act (HSPA) was amended in federal fiscal year 2017 to make payments to private hospitals through three payment types: (1) additional access payments based on increased rates received through Medicaid Managed Care Plans; (2) additional payments received under the state of Hawai'i pay-for-performance program, incentivizing quality care measured on a calendar year basis; and (3) additional payments made for Medicaid disproportionate share hospital portions of payments as compared with levels of uncompensated care measured on a federal fiscal year basis.

For the years ended June 30, 2024 and 2023, the Company recorded approximately \$53.6 million and \$83.0 million, respectively, in net patient service revenues related to HSPA payments and approximately \$22.3 million and \$21.1 million, respectively, in other purchases expense related to provider tax payments.

The Company recorded a change in estimate, for the years ended June 30, 2024 and 2023, of approximately \$(1.2) million and \$22.4 million, respectively, as a (decrease) increase in net patient service revenues relating to the HSPA monies received, relating to prior year program revenues that were final settled during the year.

### Charity Care

The Company will treat patients regardless of their ability to pay. An established charity care policy sets guidelines to determine which patients qualify for care given at no charge. Since the Company does not pursue collection from qualified charity care patients, related charges are not reported as revenue. Charity care cost provided in both 2024 and 2023 was less than 1% of total net patient service revenue, as measured by applying the cost to gross charges ratio to gross uncompensated charges associated with providing charity care to patients

### Collective Bargaining Agreements

The Company has several collective bargaining agreements covering approximately 34% of its labor force. As of June 30, 2024, five collective bargaining agreements with four unions, or approximately 8% of the Company's labor force, will expire within one year.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

### 1. Organization and Summary of Accounting Policies (continued)

#### Deferred Financing Costs

Costs incurred in obtaining long-term financing, reported within long-term debt, are deferred and amortized over the terms of the related obligations using the effective-interest method.

#### Impairment of Long-Lived Assets

The Company reviews long-lived assets for circumstances which could indicate that carrying values may not be recoverable. Management determined that no long-lived assets were impaired as of or during the fiscal years ended June 30, 2024 or 2023.

#### Excess of Revenues Over Expenses

The consolidated financial statements of operations and changes in net assets include the excess of revenues over expenses. Changes in net assets without donor restrictions, which are excluded from the excess of revenues over expenses, include changes in unrealized gains (losses) on debt securities, net assets released from restrictions for purchase of property and equipment, pension-related changes other than net periodic pension costs, change in interest rate swap value, transfers of noncontrolling interests, and other changes in net assets.

#### Subsequent Events

Subsequent events have been evaluated through November 18, 2024, the date these consolidated financial statements were issued. During this period, the following subsequent event warranted disclosure:

Subsequent to June 30, 2024, the Company drew \$40.0 million of the \$75.0 million line of credit (Note 9).

In August 2024, the Company completed the acquisition of a 60% controlling interest in All Access Ortho O'ahu LLC for \$22.1 million. The difference between the purchase consideration and the fair value of the assets acquired, liabilities assumed and non-controlling interest amounted to approximately \$36.0 million is being recognized as goodwill in fiscal year ending June 30, 2025.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 1. Organization and Summary of Accounting Policies (continued)

#### Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes and supplementary information. Actual results could differ from those estimates.

#### New Accounting Standard

In June 2016, the Financial Accounting Standards Board issued a new accounting standard, *Financial Instruments – Credit Losses*, which requires the use of an “expected loss” model on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The expected loss model requires consideration of a broader range of reasonable and supportable information to calculate credit loss estimates. This accounting standard was effective for the Company on July 1, 2023. The adoption of the credit loss standard did not have a material impact to the Company’s consolidated financial statements.

### 2. Liquidity and Availability

Financial assets available for general expenditures within one year of the consolidated balance sheet date are composed of the following as of June 30:

	2024	2023
Cash and cash equivalents	\$ 213,981	\$ 264,962
Patient accounts receivable, net	205,152	177,811
Due from third-party payor receivable	28,022	32,894
Other current receivable	34,394	23,076
Board-designated investments	171,893	176,754
Unrestricted investments	479,392	428,578
Financial assets available to meet general expenditures within one year	<u>\$ 1,132,834</u>	<u>\$ 1,104,075</u>

## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### **2. Liquidity and Availability (continued)**

The Company has certain board-designated assets limited to use that are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the quantitative information above. Private equity funds amounting to approximately \$67.9 million cannot be liquidated until the end of the fund term period, which generally ranges from 10 to 15 years after initial purchase. Accordingly, these investments are excluded from the liquidity table.

As part of the Company's liquidity management plan, a \$75.0 million line of credit is maintained, as discussed in more detail in Note 9.

#### **3. Fair Value**

The Company's investments are recorded at fair value based on an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or a liability. As a basis for considering such assumptions, the fair value measurement accounting standard establishes a three-tier fair value hierarchy and prioritizes the inputs used in measuring fair value as follows:

Level 1 – Pricing inputs are based on quoted prices, unadjusted, for identical assets or liabilities in active markets.

Level 2 – Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full contractual term of the assets or liabilities.

Level 3 – Pricing inputs are generally unobservable and include situations where there is little, if any, market activity for the instrument. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. Level 3 fair values are therefore determined using factors that involve considerable judgment and interpretations, including, but not limited to, private and public comparables, discounted cash flow models, and fund manager estimates.

## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 3. Fair Value (continued)

Assets and liabilities measured at fair value are based on one or more of the three valuation techniques. The three valuation techniques are identified in the tables below. The valuation techniques are as follows:

- (a) Market approach – Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.
- (b) Cost approach – Amount that would be required to replace the service capacity of an asset (replacement cost).
- (c) Income approach – Techniques to convert future amounts to a single present value amount based on market expectations (including present value techniques, option-pricing, and excess earnings models for intangibles).

As of June 30, 2024 and 2023, the Company's alternative investments, amounting to approximately \$545.7 million and \$477.5 million, respectively, are accounted for using the equity method of accounting and are recorded within assets whose use is limited or restricted and investments within the consolidated balance sheets. Since alternative investments are accounted for using the equity method of accounting, which is not a fair value measurement, they are omitted from the following tables.

The Company has unfunded capital commitments under alternative investment private equity funds totaling approximately \$45.8 million as of June 30, 2024. Capital commitments are determined by fund managers and the unfunded capital commitments can be funded through June 2032.

As of June 30, 2024 and 2023, the Company's investments in cash surrender values of life insurance policies amounting to approximately \$22.0 million and \$21.0 million, respectively, are omitted from the following tables as they are accounted for as life insurance contracts and are recorded within investments on the consolidated balance sheets.



# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

### 3. Fair Value (continued)

The tables below present the Company's fair value measurements on a recurring basis as of June 30:

Description	2024				Valuation Technique
	Total	Level 1	Level 2	Level 3	
Board-designated investments:					
Money market funds	\$ 15,090	\$ 15,090	\$ –	\$ –	a
Equity securities mutual funds	119,075	119,075	–	–	a
Debt securities:					
U.S. Treasury obligations	9,830	9,830	–	–	a
Asset-backed securities	4,587	–	4,587	–	a
Corporate and municipal bonds	9,496	–	9,496	–	a
Funds held by trustee under bond indenture agreement:					
Money market funds	21,524	21,524	–	–	a
Project funds held by trustee under bond indenture agreement:					
Debt securities:					
U.S. Treasury obligations	182,843	182,843	–	–	a
Equity securities mutual funds	4,075	4,075	–	–	a
Debt securities:					
Asset-backed securities	126	–	126	–	a
Corporate bonds	387	–	387	–	a
Foreign bonds	3	–	3	–	a
U.S. Treasury obligations	391	391	–	–	a
Charitable remainder trust assets	62	–	62	–	a
Certificate of deposit	600	–	600	–	a
Money market funds	414	414	–	–	a
Beneficial interest in perpetual trusts	5,419	–	–	5,419	c
Unrestricted investments:					
Money market funds	18,819	18,819	–	–	a
Equity securities mutual funds	160,627	160,627	–	–	a
Global equity common stocks	85	85	–	–	a
Debt securities:					
U.S. Treasury obligations	23,492	23,492	–	–	a
Asset-backed securities	5,720	–	5,720	–	a
Corporate bonds	20,929	–	20,929	–	a
Foreign bonds	14	–	14	–	a
Deferred compensation plan assets:					
Cash	995	995	–	–	a
Money market funds	623	623	–	–	a
Mutual funds	45,440	45,440	–	–	a
Equity securities	5,761	5,761	–	–	a
Indexed option	524	–	–	524	c
Collective investment trusts	3,579	–	3,579	–	a
Total investments at fair value	\$ 660,530	\$ 609,084	\$ 45,503	\$ 5,943	
Funds held by trustee under bond indenture agreement	\$ 21,524				
Project funds held by trustee under bond indenture agreement	182,842				
Assets whose use is limited or restricted	450,271				
Investments	537,372				
Deferred compensation plan assets – within other assets	56,921				
Less alternative investments	(545,733)				
Less cash surrender value of life insurance policies	(22,040)				
Less cost investment	(5,971)				
Less restricted pledge receivables, net	(9,056)				
Less cash and cash equivalents	(5,600)				
Total investments at fair value	\$ 660,530				

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 3. Fair Value (continued)

Description	2023				Valuation Technique
	Total	Level 1	Level 2	Level 3	
Board-designated investments:					
Money market funds	\$ 22,342	\$ 22,342	\$ —	\$ —	a
Equity securities mutual funds	103,726	103,726	—	—	a
Debt securities:					
U.S. Treasury obligations	8,257	8,257	—	—	a
Asset-backed securities	4,487	—	4,487	—	a
Corporate and municipal bonds	9,336	—	9,336	—	a
Funds held by trustee under bond indenture agreement:					
Money market funds	16,364	16,364	—	—	a
Investments restricted by donor or grantor:					
Equity securities mutual funds	3,322	3,322	—	—	a
Debt securities:					
Asset-backed securities	113	—	113	—	a
Corporate bonds	380	—	380	—	a
Foreign bonds	3	—	3	—	a
U.S. Treasury obligations	330	330	—	—	a
Charitable remainder trust assets	59	—	59	—	a
Certificate of deposit	600	—	600	—	a
Money market funds	561	561	—	—	a
Beneficial interest in perpetual trusts	4,869	—	—	4,869	c
Unrestricted investments:					
Money market funds	27,763	27,763	—	—	a
Equity securities mutual funds	138,992	138,992	—	—	a
Global equity common stocks	76	76	—	—	a
Debt securities:					
U.S. Treasury obligations	20,393	20,393	—	—	a
Asset-backed securities	5,576	—	5,576	—	a
Corporate bonds	21,383	—	21,383	—	a
Foreign bonds	13	—	13	—	a
Deferred compensation plan assets:					
Cash	1,668	1,668	—	—	a
Money market funds	578	578	—	—	a
Mutual funds	35,400	35,400	—	—	a
Equity securities	7,086	7,086	—	—	a
Indexed option	500	—	—	500	c
Collective investment trusts	3,810	—	3,810	—	a
Total investments at fair value	<u>\$ 437,987</u>	<u>\$ 386,858</u>	<u>\$ 45,760</u>	<u>\$ 5,369</u>	
Funds held by trustee under bond indenture agreement	\$ 16,364				
Assets whose use is limited or restricted	402,598				
Investments	482,949				
Deferred compensation plan assets – within other assets	49,041				
Less alternative investments	(477,489)				
Less cash surrender value of life insurance policies	(20,987)				
Less cost investment	(4,000)				
Less restricted pledge receivables, net	(6,216)				
Less cash and cash equivalents	(4,273)				
Total investments at fair value	<u>\$ 437,987</u>				

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 3. Fair Value (continued)

The Company received restricted pledges and contributions amounting to approximately \$43.9 million and \$30.6 million in 2024 and 2023, respectively, which are recorded within net assets with donor restrictions – restricted grants and contributions on the consolidated financial statements of operations and changes in net assets. These restricted pledges are subject to fair value measurement upon initial receipt using discounted cash flow projections. Pledges receivable, net of the present value discount, using discount rates from 0.21% to 4.45%, and allowance for uncollectible pledges were approximately \$15.8 million and \$7.1 million as of June 30, 2024 and 2023, respectively.

### 4. Property and Equipment

Property and equipment as of June 30 follow:

	2024	2023
Land and land improvements	\$ 45,874	\$ 45,877
Buildings and improvements	811,997	796,684
Equipment	487,853	465,902
Construction-in-progress	75,403	57,559
	<u>1,421,127</u>	<u>1,366,022</u>
Less accumulated depreciation	828,470	794,383
Property and equipment, net	<u>\$ 592,657</u>	<u>\$ 571,639</u>

### 5. Other Assets

Other assets as of June 30 follow:

	2024	2023
Grant receivable	\$ 58,421	\$ –
Deferred compensation plan assets	56,921	49,041
Reinsurance receivable	14,856	15,476
Other	12,533	13,231
Total other assets	<u>\$ 142,731</u>	<u>\$ 77,748</u>

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

### 6. Goodwill

Changes in goodwill for the years ended June 30, 2024 and 2023, follow:

Goodwill, July 1, 2022	\$	37,696
Goodwill from acquisitions		28,428
Goodwill, June 30, 2023		66,124
Goodwill from acquisitions		—
Goodwill, June 30, 2024	\$	<b>66,124</b>

On August 8, 2022, Honolulu Imaging Center LLC (a wholly owned entity of HPHPI) entered into an agreement to acquire a 100% controlling interest in InVision, LLC and Avanti Imaging LLC dba InSight Imaging for \$9.0 million and \$15.5 million, respectively. Accordingly, the financial results of InVision, LLC and InSight Imaging have been consolidated with the Company's financial statements as of and for the eleven months ended June 30, 2023. As part of these business acquisitions, a 9% ownership interest in Honolulu Imaging Center LLC was sold to a third party. These transactions are considered to be business acquisitions. The InVision, LLC and InSight Imaging purchase consideration is allocated to the underlying assets acquired, liabilities assumed, and noncontrolling interest based upon the estimated fair value at the date of acquisition. The difference between the purchase consideration and the fair value of the assets acquired, liabilities assumed, and noncontrolling interest amounting to approximately \$28.4 million is recorded as goodwill.

### 7. Other Long-Term Liabilities

Other long-term liabilities as of June 30 follow:

	2024	2023
Deferred compensation liability	\$ 54,610	\$ 46,683
Long-term malpractice reserves	38,777	33,544
Reinsurance obligations	14,283	15,475
Other	25,973	29,909
Total other long-term liabilities	<b>\$ 133,643</b>	<b>\$ 125,611</b>

## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 8. Employee Benefit Plans

Eligible employees of the Company are covered under the Hawai'i Pacific Health Retirement Plan (the Plan), a noncontributory defined benefit pension plan. Benefits are based on years of service and a percentage of the employee's compensation. The Company's policy is to accrue actuarially determined net periodic pension costs and to annually contribute an amount within regulatory guidelines. Active eligible participant accounts receive a cash balance credit, ranging from 3.0% to 6.5% of eligible compensation based on the participant's age and years of service.

The following is a summary of the changes in the projected benefit obligation and the fair value of plan assets for the years ended June 30:

	<b>2024</b>	<b>2023</b>
<b>Projected benefit obligation</b>		
Benefit obligation, at beginning of year	\$ 376,659	\$ 385,534
Service cost	17,682	17,349
Interest cost	19,069	16,555
Actuarial gain	(9,595)	(13,870)
Annuity purchase	(21,535)	—
Benefits paid	(22,412)	(28,909)
Benefit obligation, at end of year	<u>359,868</u>	<u>376,659</u>
<b>Fair value of plan assets</b>		
Fair value of plan assets, at beginning of year	418,650	430,676
Contributions	17,000	15,000
Actual return on plan assets	15,841	1,883
Annuity purchase	(21,745)	—
Benefits paid	(22,412)	(28,909)
Fair value of plan assets, at end of year	<u>407,334</u>	<u>418,650</u>
Prepaid pension, at end of year	<u>\$ 47,466</u>	<u>\$ 41,991</u>
	<b>2024</b>	<b>2023</b>
Unrecognized net actuarial loss	\$ 171,555	\$ 183,256
Unrecognized prior service credit	(34,743)	(42,151)
Accumulated other comprehensive loss	<u>\$ 136,812</u>	<u>\$ 141,105</u>

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 8. Employee Benefit Plans (continued)

The overfunded status of the Plan of approximately \$47.5 million and \$42.0 million at June 30, 2024 and 2023, respectively, is recognized on the accompanying consolidated balance sheets as prepaid pension. The accumulated benefit obligation approximated \$360.0 million and \$376.7 million at June 30, 2024 and 2023, respectively. No plan assets are expected to be returned to the Company during the year ending June 30, 2025.

In June 2024, the Plan completed a noncancelable group annuity purchase with Securian Life Insurance Company (Securian). There were approximately 300 retirees in pay status whose future benefit obligations were sold, and risk was legally transferred, to Securian for a premium of \$21.7 million.

Components of net periodic benefit cost for the years ended June 30 follow:

	<b>2024</b>	<b>2023</b>
Service cost	\$ 17,682	\$ 17,349
Interest cost	19,069	16,555
Expected return on plan assets	(24,335)	(22,368)
Recognized prior service credit	(7,408)	(7,408)
Recognized net loss	10,801	11,038
Net periodic benefit cost	<u>\$ 15,809</u>	<u>\$ 15,166</u>

Weighted average assumptions used to determine benefit obligations as of June 30 follow:

	<b>2024</b>	<b>2023</b>
Discount rate	5.48%	5.21%

Weighted average assumptions used to determine net periodic benefit cost for the years ended June 30 follow:

	<b>2024</b>	<b>2023</b>
Discount rate	5.21%	4.78%
Expected return on plan assets	6.30	5.25
Rate of compensation increase	4.25	3.50

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 8. Employee Benefit Plans (continued)

#### Asset Allocations

The assets of the Plan are held by the plan trustee in the HPH combined pension fund. Oversight of the combined pension fund assets is provided by the HPH Investment Advisory Group and the HPH Finance Committee of the Board of Directors. The long-term financial objectives of the combined pension fund are to comply with regulatory funding requirements and balance liquidity needs to meet benefit and expense obligations when due with long-term investment return goals to satisfy future plan obligations.

The long-term investment objective is to earn an average real return of 5%, after adjusting for inflation and management fees, over long time periods. In order to achieve this objective, the fund needs to exceed the investment objectives in certain periods in order to compensate for shortfalls in other periods. This implies a higher average allocation to equity securities. HPH's current asset allocation policy target of 40% equity securities and 60% fixed-income securities and cash will change based on the Plan's status to hedge interest rate risk.

The expected return on plan assets of 6.30% was developed based upon analysis of historical market returns, current market conditions, targeted future asset allocations, the plan assets' past performance, and expectations on potential future market returns. The expected return represents a long-term average view of the performance of the plan assets, which may not be achieved during a given plan year.

The weighted average target asset allocations, compared with actual asset allocations as of June 30, by major asset category, follow:

Major asset category	Target Allocation	Percentage of Actual Plan Assets	
	2024	2024	2023
Global equity	23%	26%	27%
Fixed income	60	57	56
Marketable alternative and private investments	15	12	11
Real estate	–	3	3
Cash and cash equivalents	2	2	3
	100%	100%	100%

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

### 8. Employee Benefit Plans (continued)

The table below presents the plan's assets measured at fair value on a recurring basis as of June 30:

	2024				Valuation Technique (Note 3)
	Total	Level 1	Level 2	Level 3	
Equity securities:					
Mutual funds	\$ 67,767	\$ 67,767	\$ –	\$ –	a
Common stock	5,503	5,503	–	–	a
Real estate	12,450	–	12,450	–	a
Common collective funds	106,232	106,232	–	–	a
Limited liability companies	68,854	68,854	–	–	a
Cash and cash equivalents	6,620	6,620	–	–	a
Total investments	267,426	\$ 254,976	\$ 12,450	\$ –	
Alternative investments measured at net asset value:					
Closely held securities	14,516				
Common collective funds	27,217				
Limited partnerships	80,593				
Limited liability companies	17,582				
Total investments at fair value	\$ 407,334				



# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

### 8. Employee Benefit Plans (continued)

	2023				Valuation Technique (Note 3)
	Total	Level 1	Level 2	Level 3	
Equity securities:					
Mutual funds	\$ 35,562	\$ 35,562	\$ –	\$ –	a
Common stock	9,243	9,243	–	–	a
Real estate	12,620	–	12,620	–	a
Common collective funds	132,796	132,796	–	–	a
Limited liability companies	79,069	79,069	–	–	a
Cash and cash equivalents	12,075	12,075	–	–	a
Total investments	281,365	\$ 268,745	\$ 12,620	\$ –	
Alternative investments measured at net asset value:					
Closely held securities	14,311				
Common collective funds	25,915				
Limited partnerships	80,581				
Limited liability companies	16,478				
Total investments at fair value	\$ 418,650				

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 8. Employee Benefit Plans (continued)

The Plan's alternative investments are reported at net asset value per share as a practical expedient or its equivalent. The following tables and explanations identify attributes relating to the nature and risk of such investments as of June 30:

2024				
	Fair Value	Redemption Frequency (if Currently Eligible)	Redemption Notice Period (if Currently Eligible)	Redemption Restrictions and Expiration of Restriction
Fixed income	\$ 175,086	Daily	2–5 business days	–
Global ex-U.S. equity	14,883	Monthly	10 days	–
U.S. equity ex small-cap	24,044	Monthly	31 days	–
Emerging markets equity	6,588	Monthly	10–32 days	–
Diversified arbitrage/ event driven	4,363	Quarterly	65 days	Side pockets, gates
Distressed	223	Every 24 months, 25% quarterly	65 days	Side pockets, gates
Global long/short equity	33,665	Monthly	3–60 days	Side pockets, gates
U.S. long/short equity	17,582	Quarterly	45 days	–
Global macro	7,741	Monthly, quarterly	14–60 days	–
Private equity	30,812	–	–	–
Opportunistic	7	–	–	Side pockets
	<u>\$ 314,994</u>			

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 8. Employee Benefit Plans (continued)

2023				
	Fair Value	Redemption Frequency (if Currently Eligible)	Redemption Notice Period (if Currently Eligible)	Redemption Restrictions and Expiration of Restriction
Fixed income	\$ 200,599	Daily	2–5 business days	–
Global ex-U.S. equity	21,113	Daily, monthly	1 or 10 days	–
U.S. equity ex small-cap	30,945	Daily, monthly	3 or 31 days	–
Emerging markets equity	7,990	Daily, monthly	2, 10, 30 or 32 days	–
Diversified arbitrage/ event driven	4,029	Quarterly	65 days	Side pockets, gates
Distressed	282	Every 24 months, 25% quarterly Semimonthly, monthly, quarterly, annually, semiannually	60–65 days	Side pockets, gates
Global long/short equity	32,813	Quarterly	3–60 days	Side pockets, gates
U.S. long/short equity	16,478	Quarterly	45 days	–
Global macro	6,956	Monthly, quarterly	14–60 days	–
Private equity	27,937	–	–	–
Opportunistic	8	Every 24 months	90 days	Side pockets
	<u>\$ 349,150</u>			

**Fixed income:** Portfolios that seek to exploit mispricings in fixed-income securities, utilizing a variety of investment instruments, including corporate and municipal bonds, sovereign debt, mortgage-backed securities, swaps, and options. These managers often utilize leverage to magnify their returns.

**Global ex-U.S. equity:** This category invests in portfolios consisting of a core group of long stock positions and stock indexes in global ex.-U.S. equity markets. These managers do not focus on a single sector or geographic region, instead employing a broad, global ex-U.S. mandate.

**U.S. equity ex small-cap:** This category has products investing in U.S. equity securities that do not fall in small market cap categories.

**Emerging markets equity:** This category has products investing in the equity securities of companies located in emerging and frontier market countries.

## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 8. Employee Benefit Plans (continued)

**Diversified arbitrage/event driven:** This category has multi-strategy portfolios that have broad investment parameters, seeking to profit from mispricings across asset classes and strategies and exploit security mispricings caused by mergers and acquisitions, spin-offs, tracking stocks, accounting write-offs, reorganizations, bankruptcies, share buybacks, and special dividends.

**Distressed:** This category has portfolios consisting primarily of investments in debt securities of companies that are experiencing business, financial, market, or legal uncertainties, attempting to capture the difference between the market price of security or debt obligations and their underlying intrinsic value.

**Global long/short equity:** This category has portfolios consisting of a core group of long stock positions with short sales of stock and stock indexes in global and global ex.-U.S. equity markets.

**U.S. long/short equity:** This category has portfolios consisting of a core group of long stock positions with short sales of stock and stock indexes in U.S. equity markets.

**Global macro:** This category has broad, top-down strategies that seek to capitalize on perceived macroeconomic and political shifts in investor behavior and market positions. This category is unconstrained by asset class or geography and implemented through long and short positions and means of cash, asset purchases (including physical commodities), futures, options, and other instruments. Leverage is often applied, and return and volatility targets may vary sharply.

**Private equity:** Private equity is capital that is not traded on a public exchange. Private equity is composed of funds and investors that directly invest in private companies, or that engage in buyouts of public companies, resulting in the delisting of public equity. The Plan has unfunded capital commitments for private equity funds totaling approximately \$24.8 million as of June 30, 2024. Capital commitments are determined by fund managers and the unfunded capital commitments can be funded through June 2028.

**Opportunistic:** This category has multi-strategy portfolios that have a broad mandate and employ an opportunistic investment approach, shifting capital across asset classes and strategies, depending on their profitability.

The Company expects to make contributions to the Plan amounting to approximately \$19.5 million in fiscal year 2025.

## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 8. Employee Benefit Plans (continued)

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

Year ending June 30:	
2025	\$ 27,715
2026	24,511
2027	26,371
2028	26,804
2029	26,636
Years 2030–2033	149,105
Total	<u>\$ 281,142</u>

The Company has defined contribution retirement plans (Retirement Plans) that cover substantially all employees and provide participants with the ability to make pretax payroll deduction contributions for deposit into retirement savings accounts. The participants' contributions are matched at a percentage of their total contributions up to annual dollar limits per participant, as defined by the Retirement Plans. The Company may also make discretionary contributions. The total expense related to the Retirement Plans was approximately \$25.9 million and \$24.2 million in 2024 and 2023, respectively.

#### 9. Line and Letters of Credit

The Company has a \$75.0 million unsecured revolving line of credit available, expiring March 1, 2029. The interest rate on the line is based on the adjusted term Secured Overnight Financial Rate. There were no outstanding draws on this facility as of June 30, 2024 or 2023.

As of June 30, 2024, the Company's available letters of credit were as follows:

Coverage	Amount	Expiration Date	Interest Rate
Malpractice insurance policies:			
PIC	\$2 million	February 15, 2025	*
Workers' compensation insurance policies:			
HPH	\$1 million	February 1, 2025	*

\* Interest rate would be determined if drawn upon.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 9. Line and Letters of Credit (continued)

There were no draws on the above letters of credit as of June 30, 2024 or 2023.

### 10. Long-Term Debt

Long-term debt, net of issuance costs, as of June 30 follows:

	2024	2023
Series 2023C Special Purpose Revenue Bonds, interest payable semiannually at rates ranging from 3.47% to 5.33% (4.85% at June 30, 2024), principal payments in varying annual amounts ranging from \$950 to \$14,190 due July 2024 through 2043; term bond of \$31,965 due July 2047 and \$49,780 due July 2052	\$ 198,095	\$ —
Series 2023B Special Purpose Revenue Bonds, interest payable semiannually at rates ranging from 2.20% to 2.90% (2.56% at June 30, 2024), principal payments in varying annual amounts ranging from \$2,030 to \$2,855 due July 2024 through 2032	23,559	—
Series 2023A Special Purpose Revenue Bonds, interest payable semiannually at rates ranging from 2.20% to 3.69% (3.40% at June 30, 2024), principal payments in varying annual amounts ranging from \$1,645 to \$22,770 due July 2024 through 2043	110,236	—
Prudential 3.25% Series A Senior Note due March 2043, semiannual amortizing principal and interest payments due in March and September	48,205	50,000
Series 2019 Special Purpose Revenue Bonds, interest payable monthly at a fixed rate of 2.71%, principal payments in varying annual amounts ranging from \$3,033 to \$4,425 due July 2024 through 2033	35,666	38,684
Series 2018B Taxable Refunding Revenue Bonds, interest payable semiannually at rates ranging from 3.52% to 4.27% (4.13% at June 30, 2024), principal payments in varying annual amounts ranging from \$1,925 to \$2,605 due July 2024 through 2032; \$2,715 to \$3,610 due July 2033 through July 2040	44,999	46,817
Series 2018A Taxable Refunding Revenue Bonds, interest payable semiannually at rates ranging from 3.52% to 4.27% (4.23% at June 30, 2024), principal payments in varying annual amounts ranging from \$645 to \$1,665 due July 2024 through 2032; \$1,210 to \$11,605 due July 2033 through July 2040	84,629	85,112

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 10. Long-Term Debt (continued)

	2024	2023
Prudential 3.81% Series A Senior Note due September 2042 annual amortizing principal payments due in September and semiannual interest payments due in March and September	\$ 47,229	\$ 48,899
Series 2013B Special Purpose Revenue Bonds, interest payable semiannually 4.00%, principal payment of \$2,515 through 2023. 2013B Bonds were paid in full through proceeds received from the Series 2023A and 2023B Special Purpose Revenue Bonds issued July 6, 2023	–	26,490
Series 2013A Special Purpose Revenue Bonds, interest payable semi-annually at 5.00%, principal payment of \$1,505 through 2023. 2013A Bonds were paid in full through proceeds received from the Series 2023A and 2023B Special Purpose Revenue Bonds issued July 6, 2023	–	112,305
Total long-term debt	592,618	408,307
Less current portion	15,050	12,804
Non-current portion	\$ 577,568	\$ 395,503

In August 2022, the Company entered into a commitment to issue approximately \$205.7 million of direct purchase forward delivery bonds (Series 2023C Special Purchase Revenue Bonds) in November 2023. The forward delivery bond agreement was amended in November 2023 to issue approximately \$204.0 million of direct purchase forward delivery bonds in January 2024. The proceeds from the Series 2023C Special Purchase Revenue Bonds were placed in a project fund held by trustee and will be used to finance early phase costs of the SCH campus redevelopment project.

The Company executed a shelf note arrangement (Prudential Note) in September 2017, which allowed the Company to issue senior notes up to an aggregate of \$150.0 million through September 2020. In September 2017, senior notes payable totaling \$56.5 million were issued with interest at 3.81% due September 2042. Principal is payable annually, and interest is payable semiannually. The proceeds from the notes were used to fund additional contributions to the Plan in fiscal year 2018. In June 2020, the Company executed a draw on the Prudential shelf arrangement. Senior notes were issued totaling \$50.0 million, due March 2043. Principal and interest are payable semiannually with interest payments starting March 2021 and principal payments starting September 2023. The proceeds from the notes were used to fund additional contributions to the pension plan in fiscal year 2020.

## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 10. Long-Term Debt (continued)

In February 2020, the Company executed a forward delivery bond purchase agreement to issue Series 2023A and 2023B Special Purpose Revenue Bonds amounting to approximately \$105.5 million and \$21.8 million, respectively. The transaction was completed on July 6, 2023. The Series 2023A and 2023B Special Purpose Revenue Bonds were issued at a premium of \$8.9 million. The Series 2023A and 2023B Special Purpose Revenue Bonds have maturity dates from July 1, 2024 through 2043 and are collateralized by a security interest in the gross receipts and pledged assets of the Obligated Group. Upon issuance, the Series 2023A and 2023B Special Purpose Revenue Bonds were used to pay off the outstanding obligation of the Company's Series 2013A and 2013B Special Purpose Revenue Bonds.

In May 2019, the Company issued Series 2019 Bonds in the amount of \$48.1 million. The proceeds of the Series 2019 Bonds were used to refund the Series 2013C variable rate bonds.

In April 2018, the Company issued Series 2018A and 2018B Taxable Refunding Bonds in the amounts of approximately \$93.0 million and \$54.1 million, respectively. The proceeds of the Series 2018A and 2018B Bonds were used to defease the Series 2010A and 2010B Department of Budget and Finance of the State of Hawai'i Special Purpose Revenue Bonds on July 1, 2020.

The 2018A and 2018B Bonds are subject to optional redemption prior to their stated maturities at the option of the Company at a redemption price equal to a Make-Whole Redemption Price. The 2018A and 2018B Bonds are also subject to Extraordinary Optional Redemption at the direction of the Company. The 2018B Bonds are subject to mandatory redemption on or after July 1, 2033, payable in annual sinking fund installments from \$2.7 million to \$3.6 million. The 2018A Bonds are subject to mandatory redemption on or after July 1, 2033, payable in annual sinking fund installments from \$1.2 million to \$11.6 million.

The Prudential Notes, 2018 Series Taxable Refunding Bonds, and 2023, 2019 and 2013 Series Special Purpose Revenue Bonds are collateralized by a security interest in the gross receipts and pledged assets of the Obligated Group (composed of HPH – parent company only, KMCWC, PMMC, SCH, and WMH), as defined in the Master Indenture.

As of June 30, 2024 and 2023, approximately \$21.5 million and \$16.4 million, respectively, was held by the bond trustee to fund principal maturities and accrued interest payable.



## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 10. Long-Term Debt (continued)

Certain bond agreements require the Obligated Group, as defined in the Company's Master Trust Indenture, to comply with various covenants, including the maintenance of a minimum long-term debt service coverage ratio. As of June 30, 2024, the Obligated Group was in compliance with all bond covenants.

Long-term debt maturities (including bond premium and bond issuance costs of \$0.7 million) for the years succeeding June 30, 2024, are as follows:

Year ending June 30:	
2025	\$ 15,050
2026	18,061
2027	18,847
2028	19,486
2029	20,163
Thereafter	501,011
	<u>\$ 592,618</u>

Interest paid was approximately \$16.5 million and \$17.6 million in 2024 and 2023, respectively.

#### 11. Leases

Short-term leases, with terms of 12 months or less, are not included in the present value calculations of the right of use assets or lease obligations per the Company's accounting policy. For leases with terms greater than 12 months, management records the related right of use assets and lease obligations based on the present value of lease payments over the lease term. The Company has elected to exclude non-lease components from the minimum rent payment used to calculate the right of use assets and lease obligations. The Company has elected to utilize an incremental borrowing rate similar to a collateralized borrowing rate available to the Company, commensurate with the lease term to determine the present value of lease payments. Several of the Company's leases include rental escalation clauses and renewal options that are factored into management's determination of lease payments, when appropriate.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 11. Leases (continued)

The following table summarizes the weighted average lease term and discount rate as of June 30:

	<b>2024</b>	<b>2023</b>
Weighted average remaining term:		
Operating leases	<b>21.7 years</b>	21.2 years
Finance leases	<b>2.8 years</b>	2.8 years
Weighted average discount rate:		
Operating leases	<b>2.82%</b>	2.66%
Finance leases	<b>3.30%</b>	2.23%

The following table reconciles the undiscounted cash flows to the operating lease and finance lease liabilities recorded on the consolidated balance sheet as of June 30, 2024:

	<b>Operating Leases</b>	<b>Finance Leases</b>
2025	\$ 17,911	\$ 1,662
2026	15,762	784
2027	14,742	625
2028	13,265	426
2029	11,044	37
Thereafter	94,146	—
Total minimum lease payments	166,870	3,534
Less amount of lease payments representing interest	(42,909)	(189)
Present value of future minimum lease payments	123,961	3,345
Less current obligations under leases	(14,624)	(1,573)
Long-term lease obligations	<u>\$ 109,337</u>	<u>\$ 1,772</u>

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

### 11. Leases (continued)

The lease cost components, by lease type, for the years ended June 30 follow:

	<b>2024</b>	<b>2023</b>
Finance lease expense:		
Amortization of leased assets	\$ 1,840	\$ 1,547
Interest on lease liabilities	101	67
Operating leases	17,702	17,763
Short-term leases	1,253	1,306
Total lease cost	<u>\$ 20,896</u>	<u>\$ 20,683</u>

The Company accounts for all rent holidays, tenant improvement allowances, and escalation clauses by recognizing the total operating leases rent expense on a straight-line basis over the term of each operating lease. The difference between the lease expense recognized and the actual lease payment of approximately \$10.9 million and \$11.7 million as of June 30, 2024 and 2023, respectively, is included in right of use assets – operating.

Supplemental lease cash flow information for the years ended June 30 follows:

	<b>2024</b>	<b>2023</b>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows for operating leases	\$ 18,534	\$ 18,305
Operating cash flows for finance leases	101	67
Financing cash flows for finance leases	1,841	1,677

## Hawai‘i Pacific Health

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 11. Leases (continued)

Future minimum rental income to be received under noncancelable operating leases for office space as of June 30, 2024, follows:

Year ending June 30:	
2025	\$ 2,210
2026	856
2027	799
2028	808
2029	824
Thereafter	13,357
	<u>\$ 18,854</u>

#### 12. Income Taxes

Some of the Company’s not-for-profit organizations have generated net operating losses (NOLs) attributable to revenue-generating activities that are not related to their respective tax-exempt purposes. The Company has unused federal and Hawai‘i state NOL carryforwards as of June 30, 2024 and 2023, of approximately \$4.7 million combined and \$5.5 million combined. The NOL carryforwards begin to expire in 2024, with NOLs accrued during the 2018 tax year and thereafter never expiring under current law. The deferred tax asset associated with these NOL carryforwards is offset by a full valuation allowance on the consolidated balance sheets as management has determined it is more likely than not that the NOLs will not be utilized.

The Company has not recorded any expense or accrued for any related expense for any uncertain tax positions. The Company’s 2017 through 2024 tax years remain subject to examination for federal income tax purposes, whereas the 2016 through 2024 tax years remain subject to examination for state taxing jurisdictions in which the Company operates.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 13. Functional Expenses

The functional classification of expenses by major classes of program services and supporting activities for the years ended June 30 follows:

	2024		
	Patient Services	Philanthropic and Support Services	Total
Salaries and employee benefits	\$ 830,407	\$ 142,303	\$ 972,710
Services	231,107	43,784	274,891
Supplies	356,512	862	357,374
Other purchases	81,632	34,975	116,607
Depreciation and amortization	48,879	10,020	58,899
Specific purpose projects/donations	1	17,582	17,583
Interest	17,337	2,463	19,800
Other	12,525	8,973	21,498
Total expenses	<u>\$ 1,578,400</u>	<u>\$ 260,962</u>	<u>\$ 1,839,362</u>
	2023		
	Patient Services	Philanthropic and Support Services	Total
Salaries and employee benefits	\$ 777,562	\$ 138,757	\$ 916,319
Services	216,882	37,741	254,623
Supplies	279,743	783	280,526
Other purchases	83,245	33,739	116,984
Depreciation and amortization	47,350	9,935	57,285
Specific purpose projects/donations	211	17,308	17,519
Interest	17,142	1,562	18,704
Other	9,829	25,859	35,688
Total expenses	<u>\$ 1,431,964</u>	<u>\$ 265,684</u>	<u>\$ 1,697,648</u>

## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### **14. Commitments and Contingencies**

##### **Workers' Compensation Claims**

The Company is self-insured for workers' compensation claims. The Company has an available letter of credit in favor of the state of Hawai'i (as described in Note 9), as required by self-insurance regulations of the state of Hawai'i. The Company provides its actuary with estimated claims payments and accrues workers' compensation expense based on an actuarial determined amount. Workers' compensation accruals included in payroll and related liabilities on the consolidated balance sheets totaled approximately \$5.0 million and \$5.6 million as of June 30, 2024 and 2023, respectively, and were recorded using a 4.69% and 1.89% discount factor as of June 30, 2024 and 2023, respectively. The aforementioned amounts include accruals for known and incurred but not reported workers' compensation claims.

##### **Medical Malpractice Insurance**

In June 2002, the Company formed PIC, a captive insurance company covering professional (medical malpractice) and general liability risks. PIC is a not-for-profit Hawai'i domiciled pure captive whose sole corporate member is HPH. PIC operates under a Certificate of Authority from the state of Hawai'i (Insurance Division) and began operations on July 1, 2002. PIC is a regulated insurance company with reserve, investment, reporting, and audit requirements. The Company is covered for professional and general liability claims under a combined limit shown below per claim and in aggregate through PIC and purchase of excess insurance coverage. The professional liability coverage from PIC is claims-made and general liability is occurrence-based coverage, with PIC providing tail coverage (with certain limitations) to the Company with claims-made policies prior to July 1, 2002.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 14. Commitments and Contingencies (continued)

The PIC risk retention and total coverage amounts, including reinsurance, by policy year are as follows:

#### Professional Liabilities

	<b>PIC Retention</b>	<b>Total Coverage</b>
<b>Policy years</b>		
July 1, 2006 through June 30, 2007	\$ 1,000	\$ 51,000
July 1, 2007 through June 30, 2014	1,000	76,000
July 1, 2014 through June 30, 2016	1,000	101,000
July 1, 2016 through April 30, 2020	2,000	102,000
May 1, 2020 through April 30, 2022	3,000	103,000
May 1, 2022 through April 30, 2023	5,000	105,000
May 1, 2023 through April 30, 2024	5,000	105,000
May 1, 2024 through April 30, 2025	5,000	105,000

#### General Liabilities

	<b>PIC Retention</b>	<b>Total Coverage</b>
<b>Policy years</b>		
July 1, 2006 through June 30, 2007	\$ 1,000	\$ 51,000
July 1, 2007 through June 30, 2014	1,000	76,000
July 1, 2014 through June 30, 2016	1,000	101,000
July 1, 2016 through April 30, 2020	2,000	102,000
May 1, 2020 through April 30, 2022	3,000	103,000
May 1, 2022 through April 30, 2023	3,000	103,000
May 1, 2023 through April 30, 2024	3,000	103,000
May 1, 2024 through April 30, 2025	3,000	103,000

## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### **14. Commitments and Contingencies (continued)**

Medical malpractice expense totaled approximately \$23.9 million and \$22.7 million in 2024 and 2023, respectively. Medical malpractice accruals, including claims expected to be paid by reinsurance, totaled approximately \$82.0 million and \$77.5 million as of June 30, 2024 and 2023, respectively, and are recorded within accrued expenses and other long-term liabilities on the consolidated balance sheets. Reinsurance recoverable totaled approximately \$18.8 million and \$20.1 million as of June 30, 2024 and 2023, respectively, and is recorded within other receivables and other assets on the consolidated balance sheets. The medical malpractice accruals have been discounted using a 3.59% and 2.32% factor at June 30, 2024 and 2023, respectively. Undiscounted medical malpractice accruals and reinsurance recoverable totaled approximately \$91.6 million and \$21.1 million, respectively, as of June 30, 2024.

#### **Litigation**

The Company is involved in legal actions in the normal course of business, some of which seek monetary damages, including punitive damages, which are not covered by insurance. These actions, when finally concluded and determined, will not, in the opinion of management and the Company's general counsel, have a material adverse effect on the Company's consolidated financial position, results of operations, or cash flows.

#### **Other**

The Company has outstanding construction commitments, primarily related to the Straub Medical Center redevelopment, of approximately \$178.9 million as of June 30, 2024.



## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 15. Net Assets

The Company receives contributions from individuals and organizations that support certain programs and services. Net assets with donor restrictions as of June 30 follow:

	<u>2024</u>	<u>2023</u>
Health and hospital care	\$ 48,964	\$ 43,805
Plant expansion and equipment replacement	42,053	39,016
Research and grants	22,226	19,999
Education and scholarships	14,158	6,761
	<u>\$ 127,401</u>	<u>\$ 109,581</u>

From time to time, the Company's Board of Directors will designate certain unrestricted funds to be used in the future for specific projects. Board-designated funds included in net assets without donor restrictions were maintained for the following purposes as of June 30:

	<u>2024</u>	<u>2023</u>
Health and hospital care	\$ 221,305	\$ 221,404
Plant expansion and equipment replacement	196,251	155,134
	<u>\$ 417,556</u>	<u>\$ 376,538</u>

#### 16. Endowment

The Company's endowment consists of approximately 52 individual funds established for a variety of purposes. The endowment includes both donor-restricted funds and funds designated by the Board of Directors to function as endowments. Net assets associated with the endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 16. Endowment (continued)

##### Interpretation of Relevant Law

In June 2009, Hawai'i Revised Statute 517E was signed into law, enacting the Uniform Prudent Management of Institutional Funds Act (UPMIFA). UPMIFA became effective on July 1, 2009, replacing the Uniform Management of Institutional Funds Act. UPMIFA applies to institutional funds created after July 1, 2009, and to decisions made after July 1, 2009, for existing institutional funds. UPMIFA eliminates the concept of "historic dollar value" and allows an institution to spend or accumulate as the board determines is prudent for the uses, benefits, purposes, and duration of the endowment fund unless the gift instrument states a particular rate or formula.

The Company has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Company classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is characterized as temporarily restricted net assets until those amounts are appropriated for expenditure by the Company in a manner consistent with the standard for expenditure prescribed by UPMIFA. In accordance with UPMIFA, the Company considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund
2. The general purposes of the Company and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the Company
7. The investment policies of the Company

## Hawai'i Pacific Health

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### **16. Endowment (continued)**

##### **Return Objectives and Risk Parameters**

The Company has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. Under this policy, the endowment assets are invested in a manner that is intended to produce results which equal or exceed a mix of the Russell 3000; MSCI All Country World; Consumer Price Index plus 5%; Hedge Fund Research, Inc.; and Barclays Capital benchmarks. The Company expects its endowment funds to provide an annual real return, net of inflation and management fees, of approximately 5% over long time periods. Actual returns in any given year may vary from this amount.

##### **Strategies Employed for Achieving Objectives**

To satisfy its long-term rate-of-return objectives, the Company relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Company targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

##### **Spending Policy and How the Investment Objectives Relate to Spending Policy**

For the Company's donor restricted endowment funds, the Company has a policy of appropriating for distribution each year 4.5% of the fund's average fair value using quarter-end values for the preceding three years. The amount of the distribution is subject to a 6.0% cap and 3.0% floor applied to the most recent quarter-end value to account for market volatility. In establishing this policy, the Company considered the long-term expected return on its endowment. Accordingly, the Company expects the current spending policy to allow its endowment to grow over long time periods, which is consistent with the Company's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment returns.

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 16. Endowment (continued)

The endowment net asset composition by type of fund as of June 30 follows:

	<b>2024</b>		
	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
Donor-restricted endowment	\$ –	\$ 29,319	\$ 29,319
Board-designated funds	417,556	–	417,556
	<u>\$ 417,556</u>	<u>\$ 29,319</u>	<u>\$ 446,875</u>
	<b>2023</b>		
	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
Donor-restricted endowment	\$ –	\$ 25,721	\$ 25,721
Board-designated funds	376,538	–	376,538
	<u>\$ 376,538</u>	<u>\$ 25,721</u>	<u>\$ 402,259</u>

# Hawai'i Pacific Health

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 16. Endowment (continued)

Changes in board-designated and donor-restricted endowment net assets for the years ended June 30 consist of the following:

	2024		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ 376,538	\$ 25,721	\$ 402,259
Investment income:			
Investment income	13,617	421	14,038
Net investment gains (realized and unrealized)	27,401	2,878	30,279
Total investment income	41,018	3,299	44,317
Contributions	—	135	135
Appropriation of endowment assets for expenditure	—	(291)	(291)
Beneficial interest in perpetual trust	—	550	550
Transfers	—	(95)	(95)
Endowment net assets, end of year	\$ 417,556	\$ 29,319	\$ 446,875

  

	2023		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ 341,241	\$ 21,982	\$ 363,223
Investment income:			
Investment income	11,324	355	11,679
Net investment gains (realized and unrealized)	23,973	1,602	25,575
Total investment income	35,297	1,957	37,254
Contributions	—	2,055	2,055
Appropriation of endowment assets for expenditure	—	(428)	(428)
Beneficial interest in perpetual trust	—	243	243
Transfers	—	(88)	(88)
Endowment net assets, end of year	\$ 376,538	\$ 25,721	\$ 402,259

## Supplementary Information

# Members of the Hawai‘i Pacific Health Obligated Group

## Combined Balance Sheets (Dollars in Thousands)

	June 30	
	2024	2023
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 100,097	\$ 164,265
Patient accounts receivable, net	188,501	162,322
Due from third-party payors	28,071	32,615
Other receivables	31,754	14,433
Due from affiliates	69,881	47,741
Inventories	37,167	27,415
Funds held by trustee under bond indenture agreement	21,524	16,364
Prepaid expenses and other	12,912	7,887
Total current assets	489,907	473,042
Assets whose use is limited or restricted:		
Project funds held by trustee under bond indenture agreement	182,842	—
Board-designated	303,494	273,775
Restricted by donor or grantor	109,453	95,246
Total assets whose use is limited or restricted	595,789	369,021
Investments	496,624	445,698
Property and equipment, net	577,658	556,999
Right of use assets – operating	94,723	104,693
Right of use assets – finance	2,575	3,909
Due from third-party payors	3,808	—
Prepaid pension	47,466	41,991
Other assets:		
Investment in unconsolidated subsidiaries	76,101	78,238
Investments in business ventures	25	25
Beneficial interest in net assets of foundations	88,269	75,225
Other	82,945	26,794
Total other assets	247,340	180,282
Total assets	\$ 2,555,890	\$ 2,175,635

See note to supplementary information – Members of the Hawai‘i Pacific Health Obligated Group

# Members of the Hawai‘i Pacific Health Obligated Group

## Combined Balance Sheets (continued)

(Dollars in Thousands)

	June 30	
	2024	2023
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 63,577	\$ 72,455
Payroll and related liabilities	83,261	79,841
Accrued expenses	18,586	14,743
Due to third-party payors	8,145	8,882
Due to affiliates	3,872	5,530
Current portion of long-term debt	15,050	12,804
Current portion of operating lease obligations	11,870	11,865
Current portion of finance lease obligations	1,450	1,719
Total current liabilities	205,811	207,839
Long-term debt, less current portion	577,568	395,503
Operating lease obligations, less current portion	91,949	102,437
Finance lease obligations, less current portion	1,325	2,251
Other long-term liabilities	34,137	39,773
Net assets:		
Net assets without donor restrictions	1,517,724	1,318,276
Net assets with donor restrictions	127,376	109,556
Total net assets	1,645,100	1,427,832

Total liabilities and net assets	<u>\$ 2,555,890</u>	<u>\$ 2,175,635</u>
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See note to supplementary information – Members of the Hawai‘i Pacific Health Obligated Group



# Members of the Hawai‘i Pacific Health Obligated Group

## Combined Statements of Operations and Changes in Net Assets (Dollars in Thousands)

	Year Ended June 30	
	2024	2023
<b>Revenues</b>		
Net patient service revenue	\$ 1,452,505	\$ 1,430,318
Premium revenue	31,409	30,104
Other revenues	359,353	218,033
Net assets released from restrictions for operations	14,701	14,583
Total revenues	1,857,968	1,693,038
<b>Expenses</b>		
Salaries and employee benefits	676,607	646,821
Services	487,755	459,826
Supplies	327,558	253,925
Other purchases	87,008	86,778
Depreciation and amortization	55,622	54,439
Specific purpose projects/donations	14,701	14,583
Interest	19,502	18,427
Other	2,848	31,836
Total expenses	1,671,601	1,566,635
Operating income	186,367	126,403
Equity interest in affiliates	(2,591)	7,640
Investment income	108,497	67,592
Pension nonoperating income	2,024	2,230
	107,930	77,462
Excess of revenues over expenses	294,297	203,865
Transfers to affiliates	(129,067)	(94,748)
Change in beneficial interest in net assets of foundations	13,044	4,426
Change in net unrealized gains (losses) on debt securities	2,691	(402)
Net assets released from restrictions for purchase of property and equipment	12,978	1,399
Pension-related changes other than net periodic pension costs	4,293	(3,009)
Change in interest rate swap value	759	809
Other changes in net assets	453	4,201
Increase in net assets without donor restrictions	199,448	116,541

Continued to next page.

## Members of the Hawai‘i Pacific Health Obligated Group

### Combined Statements of Operations and Changes in Net Assets (continued) *(Dollars in Thousands)*

	<b>Year Ended June 30</b>	
	<b>2024</b>	<b>2023</b>
<b>Net assets with donor restrictions</b>		
Restricted grants and contributions	\$ 30,236	\$ 17,430
Investment income	298	96
Change in net unrealized gains on investments	728	365
Change in beneficial interest in net assets of foundations	13,657	12,008
Net assets released from restrictions	(27,679)	(15,982)
Change in beneficial interest in perpetual trusts	550	243
Other changes in net assets with donor restrictions	30	(23)
Increase in net assets with donor restrictions	<u>17,820</u>	<u>14,137</u>
 Increase in net assets	 217,268	 130,678
Net assets at beginning of year	1,427,832	1,297,154
Net assets at end of year	<u><u>\$ 1,645,100</u></u>	<u><u>\$ 1,427,832</u></u>

*See note to supplementary information – Members of the Hawai‘i Pacific Health Obligated Group*

# Members of the Hawai‘i Pacific Health Obligated Group

## Combined Statements of Cash Flows

(Dollars in Thousands)

	Year Ended June 30	
	2024	2023
<b>Operating activities</b>		
Increase in net assets	\$ 217,268	\$ 130,678
Adjustments to reconcile increase in net assets to net cash (used in) provided by operating activities:		
Change in beneficial interest in net assets of foundations	(26,701)	(16,434)
Depreciation and amortization	55,622	54,439
Equity interest in affiliates	2,591	(7,640)
Net gains on alternative investments	(59,262)	(36,611)
Net gains on debt and equity investments	(32,856)	(19,224)
Restricted contributions	(30,236)	(17,430)
Changes in operating assets and liabilities:		
Patient accounts receivable	(26,179)	5,104
Due to/from third-party payors, net	(1)	(32,162)
Other payables	(17,321)	(5,053)
Inventories and other assets	(70,928)	(12,389)
Accounts payable and accrued expenses	(4,636)	(5,659)
Other long-term liabilities	(5,636)	14,128
Prepaid pension	(5,475)	3,152
Net cash (used in) provided by operating activities	(3,750)	54,899
<b>Investing activities</b>		
Purchases of property and equipment	(71,881)	(54,713)
Net change in due to affiliates	(1,658)	9,086
Net change in unconsolidated subsidiaries	(454)	(4,201)
Purchases of investment securities	(36,565)	(67,378)
Sales and maturities of investment securities	44,737	59,377
Increase in funds held by trustee under bond indenture agreements	(5,160)	(460)
Assets whose use is limited or restricted:		
Purchases of investment securities	(22,053)	(39,636)
Sales and maturities of investment securities	24,804	34,562
Project funds held by trustee under bond indenture agreement	(182,842)	—
Net cash used in investing activities	(251,072)	(63,363)

Continued to next page.

## Members of the Hawai‘i Pacific Health Obligated Group

### Combined Statements of Cash Flows (continued)

*(Dollars in Thousands)*

	<b>Year Ended June 30</b>	
	<b>2024</b>	<b>2023</b>
<b>Financing activities</b>		
Payment of long-term debt	\$ (195,706)	\$ (9,793)
Proceeds from long-term debt	380,017	—
Payments of finance lease obligations	(1,753)	(1,677)
Note receivable to affiliate	(22,140)	(20,803)
Restricted contributions	30,236	17,430
Net cash provided by (used in) financing activities	<u>190,654</u>	<u>(14,843)</u>
Decrease in cash and cash equivalents	(64,168)	(23,307)
Cash and cash equivalents at beginning of year	164,265	187,572
Cash and cash equivalents at end of year	<u>\$ 100,097</u>	<u>\$ 164,265</u>
<b>Supplemental disclosures of noncash activity</b>		
Accruals of equipment	\$ 2,534	\$ 1,673

*See note to supplementary information – Members of the Hawai‘i Pacific Health Obligated Group*

## Hawai‘i Pacific Health

### Note to Supplementary Information – Members of the Hawai‘i Pacific Health Obligated Group

June 30, 2024

#### 1. Combined Financial Statements

The financial statements present the combined balance sheets, statements of operations and changes in net assets, and statements of cash flows of the Obligated Group members.

The members of the Obligated Group are composed of the following:

- Hawai‘i Pacific Health (parent company only)
- Kapi‘olani Medical Center for Women and Children
- Pali Momi Medical Center
- Straub Clinic & Hospital
- Wilcox Memorial Hospital

As prescribed in The Hawai‘i Pacific Health (HPH) Master Trust Indenture, the accompanying combined financial statements include only the Members of the Obligated Group. All significant intercompany transactions within the Obligated Group have been eliminated upon combination. Non-Obligated Group subsidiaries are presented in the combined financial statements using the equity method of accounting. Accounting principles generally accepted in the United States of America require that all majority-owned subsidiaries be consolidated and all controlled affiliates be combined with the financial statements of HPH.

Effective January 1, 2020, management created the Hawai‘i Pacific Health Medical Group (HPHMG), which consolidated the Company’s clinical operation service lines into a centralized medical group and is not a member of the Obligated Group. As part of this transition, members of the Obligated Group entered into comprehensive service agreements with HPHMG. These agreements determine that certain Obligated Group members have the sole right to bill for physician services performed by HPHMG at the Obligated Group facilities, of which approximately \$197.0 million and \$191.2 million of net patient service and other revenues have been recognized for the years ended June 30, 2024 and 2023, respectively. As part of the agreements, all such amounts are subsequently remitted to HPHMG as professional services compensation and, accordingly, have been recorded within services expense on the combined statement of operations and changes in net assets for the year ended June 30, 2024. Obligated

## Hawai'i Pacific Health

### Note to Supplementary Information – Members of the Hawai'i Pacific Health Obligated Group (continued)

#### **1. Combined Financial Statements (continued)**

Group members also paid annual service coverage fees for physician services provided by HPHMG of approximately \$56.9 million and \$49.3 million for the years ended June 30, 2024 and 2023, respectively.

Additionally, the Obligated Group members are provided with annual compensation by HPHMG in consideration for overhead and other support expenses incurred by the Obligated Group members to operate the various clinical facilities. Such compensation amounted to approximately \$105.5 million and \$106.7 million, which has been recorded within other revenues on the combined statements of operations and changes in net assets for the years ended June 30, 2024 and 2023, respectively.

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FORM 990, LINE H(B) - SUBORDINATES INCLUDED

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HONOLULU, HI 96813  
99-0177350  
KAPI

PALI MOMI MEDICAL CENTER  
55 MERCHANT ST., 24TH FLOOR  
HONOLULU, HI 96813  
99-0274038  
PALI

STRAUB CLINIC & HOSPITAL  
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