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Philadelphia, PA  
19103

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ey.com

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

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 8453-TE and Page 1 of the Form 990 with client signatures to [lauren.e.bennett@ey.com](mailto:lauren.e.bennett@ey.com) as soon as possible.

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

**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

EIN or SSN

HAWAII PACIFIC HEALTH

99-0246363

**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	247,339,654
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).

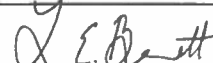
Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

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

  
Signature of officer or person subject to tax9/14/25  
DateVP & SYSTEM CONTROLLER  
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 05/11/2025	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P01787029
	Firm's name (or yours if self-employed), address, and ZIP code ERNST & YOUNG US LLP 2005 MARKET STREET, PHILADELPHIA, PA 19103				EIN 34-6565596 Phone no. (215) 448-5000

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.			

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"yes" indicated. Therefore, (1) 'Form8822BAttachedInd' must be checked in the Return Header and
(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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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2023**Department of the Treasury  
Internal Revenue Service

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 Doing business as 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>D</b> Employer identification number 99-0246363
	<b>F</b> Name and address of principal officer: RAYMOND P. VARA JR. SAME AS C ABOVE		<b>E</b> Telephone number (808) 535-7401
	<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>G</b> Gross receipts \$ 281,694,913
	<b>J</b> Website: <a href="https://www.hawaiipacifichealth.org/">HTTPS://WWW.HAWAIIPACIFICHEALTH.ORG/</a>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
	<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: 1986 <b>M</b> State of legal domicile: HI

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: HAWAI'I PACIFIC HEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM, AND ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS AND PRIVATE EMPLOYERS. HAWAI'I PACIFIC HEALTH'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> 15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 11
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . . . <b>5</b> 1,305
<b>Revenue</b>	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 15
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 3,539,747
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . <b>7b</b> 3,022,155
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>Prior Year</b> 14,010,012 <b>Current Year</b> 14,536,880
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . . 206,697,687 217,927,632
<b>Expenses</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 10,498,722 14,875,142
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 0 0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 231,206,421 247,339,654
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 881,392 942,500
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 138,740,746 142,301,831
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) . . . . . 2,010,269
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 79,930,843 86,300,074
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 219,552,981 229,544,405
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . . 11,653,440 17,795,249
	<b>20</b> Total assets (Part X, line 16) . . . . . <b>Beginning of Current Year</b> 994,455,433 <b>End of Year</b> 1,202,009,162
	<b>21</b> Total liabilities (Part X, line 26) . . . . . 491,151,187 677,964,518
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . . 503,304,246 524,044,644

**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 <i>CARRIE ANN TSUTSUI</i> Date 5/14/25				
	CARRIE ANN TSUTSUI, VP & SYSTEM CONTROLLER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LAUREN E. BENNETT	Preparer's signature <i>L E Bennett</i>	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			(215) 448-5000	
	Phone no.				

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](https://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](https://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</b>	Taxpayer identification number (TIN) <b>99-0246363</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**

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 ► **KERIANN ERNST, 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813**

Telephone No. ► **(808) 535-7890** 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) \_\_\_\_\_. 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:

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

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 122,414,256 including grants of \$ 942,500 ) (Revenue \$ 217,927,632 )  
SEE SCHEDULE O

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

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

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 122,414,256

**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>	612
<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>	1,305		
<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> <b>15</b> 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> <b>11</b>		
<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>	<input checked="" type="checkbox"/>	
<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>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		<input checked="" type="checkbox"/>
<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>		<input checked="" type="checkbox"/>
<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>		<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	<input checked="" type="checkbox"/>	
<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>		<input checked="" type="checkbox"/>

### 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>		<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	
<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>	<input checked="" type="checkbox"/>	
<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>	<input checked="" type="checkbox"/>	
<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>	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	<input checked="" type="checkbox"/>	
<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>	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
<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 CA, 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.  
KERIANN ERNST, 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813, (808) 535-7890

**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 &amp; CEO</u>	<u>50.3</u> <u>11.8</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<u>2,464,885</u>	<u>0</u>	<u>1,946,467</u>
(2) <u>DAVID OKABE</u> <u>EVP, CFO &amp; TREASURER</u>	<u>31.0</u> <u>19.0</u>			<input checked="" type="checkbox"/>				<u>1,124,153</u>	<u>0</u>	<u>424,421</u>
(3) <u>ARTHUR GLADSTONE</u> <u>EVP &amp; CSO</u>	<u>30.0</u> <u>25.0</u>			<input checked="" type="checkbox"/>				<u>926,332</u>	<u>0</u>	<u>336,892</u>
(4) <u>STEVEN ROBERTSON</u> <u>EVP &amp; CIO</u>	<u>36.0</u> <u>16.5</u>			<input checked="" type="checkbox"/>				<u>899,339</u>	<u>0</u>	<u>314,398</u>
(5) <u>LESLIE CHUN, M.D.</u> <u>EVP</u>	<u>6.0</u> <u>54.0</u>			<input checked="" type="checkbox"/>				<u>881,508</u>	<u>0</u>	<u>323,377</u>
(6) <u>DAVID UNDERRINER</u> <u>EVP</u>	<u>10.0</u> <u>30.0</u>			<input checked="" type="checkbox"/>				<u>933,902</u>	<u>0</u>	<u>261,582</u>
(7) <u>CHARLES R. CHING</u> <u>EVP, GENERAL COUNSEL &amp; SECRETARY</u>	<u>26.1</u> <u>13.9</u>			<input checked="" type="checkbox"/>				<u>830,806</u>	<u>0</u>	<u>294,495</u>
(8) <u>JENNIE CHAHANOVICH</u> <u>EVP</u>	<u>1.5</u> <u>55.0</u>			<input checked="" type="checkbox"/>				<u>726,891</u>	<u>0</u>	<u>252,177</u>
(9) <u>TODD MILLER, M.D.</u> <u>BOARD OF DIRECTOR</u>	<u>0.4</u> <u>40.2</u>	<input checked="" type="checkbox"/>						<u>0</u>	<u>755,185</u>	<u>21,039</u>
(10) <u>DOUGLAS KWOCK, M.D.</u> <u>VP</u>	<u>4.0</u> <u>36.0</u>			<input checked="" type="checkbox"/>				<u>533,566</u>	<u>0</u>	<u>121,002</u>
(11) <u>GIDGET RUSCETTA, R.N.</u> <u>COO - KMCWC</u>	<u>5.0</u> <u>45.0</u>					<input checked="" type="checkbox"/>		<u>522,999</u>	<u>0</u>	<u>128,930</u>
(12) <u>SUNSHINE TOPPING</u> <u>SVP (PART YEAR)</u>	<u>37.5</u> <u>12.5</u>			<input checked="" type="checkbox"/>				<u>493,721</u>	<u>0</u>	<u>127,928</u>
(13) <u>SHILPA PATEL, M.D.</u> <u>SVP &amp; CQO</u>	<u>24.3</u> <u>16.2</u>			<input checked="" type="checkbox"/>				<u>488,357</u>	<u>0</u>	<u>120,521</u>
(14) <u>WARREN CHAIKO</u> <u>SVP</u>	<u>4.0</u> <u>36.0</u>			<input checked="" type="checkbox"/>				<u>469,027</u>	<u>0</u>	<u>123,377</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) TRAVIS CLEGG COO-SCH	0.0 50.0					✓		461,418	0	128,213
(16) TERENCE YOUNG VP - KMS	8.0 52.0					✓		466,527	0	90,356
(17) DAWN DUNBAR SVP	9.5 35.5			✓				432,600	0	119,562
(18) JOHN MCNAMARA SVP & CMO	13.0 27.0			✓				440,952	0	107,976
(19) GLORIA BROOKS COO - PMMC	1.0 39.0					✓		376,357	0	94,008
(20) MICHAEL ROBINSON VP	49.1 0.9			✓				378,000	0	81,528
(21) JAMES LIN, M.D. VP	45.1 2.6			✓				350,466	0	100,382
(22) WILLIAM BURKE VP	24.0 28.0			✓				326,715	0	89,507
(23) DAVID STUMBAUGH VP	4.0 36.0			✓				317,042	0	95,124
(24) LORRIE-ANN LUKE VP	27.5 14.0			✓				315,784	0	94,698
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								15,161,347	755,185	5,797,960
<b>c Total from continuation sheets to Part VII, Section A</b>								3,068,587	1,181,525	656,158
<b>d Total (add lines 1b and 1c)</b>								18,229,934	1,936,710	6,454,118
<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								370		

	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	28,655,310
PROLINK HEALTHCARE LLC, 4600 MONTGOMERY RD STE 300, CINCINNATI, OH 45212	STAFFING SERVICES	24,046,908
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>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	52,219				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	13,550,292				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	934,369				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		14,536,880				
	<b>Program Service Revenue</b>	<b>2a</b>	ADMIN/MGMT SERVICES	Business Code	561000	213,062,739	210,183,006	3,754,830
<b>b</b>		HAWAII HEALTH PARTNERS	561000	4,242,854	4,242,854			
<b>c</b>		GRANT AND CLINICAL TRIALS	621500	83,306	83,306			
<b>d</b>		NET PATIENT REVENUE	624190	538,733	538,733			
<b>e</b>								
<b>f</b>		All other program service revenue . .		0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		217,927,632				
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		7,400,792		(215,083)	7,615,875
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents . . . . .	(i) Real					
	<b>b</b>	Less: rental expenses	(ii) Personal					
	<b>c</b>	Rental income or (loss)		0	0			
	<b>d</b>	Net rental income or (loss) . . . . .						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	41,829,609				
	<b>b</b>	Less: cost or other basis and sales expenses . .	(ii) Other	34,355,259				
	<b>c</b>	Gain or (loss) . . . . .		7,474,350	0			
	<b>d</b>	Net gain or (loss) . . . . .		7,474,350			7,474,350	
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
	<b>b</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>b</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>b</b>	Less: cost of goods sold . . . . .						
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>		Business Code					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .		0	0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0				
	<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		247,339,654	215,047,899	3,539,747	14,215,128	



**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 . . . . .	942,500	942,500		
<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 . . . . .	15,282,994	10,698,096	4,584,898	
<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) . . . . .	280,603		280,603	
<b>7</b> Other salaries and wages . . . . .	100,048,675	44,962,954	53,630,765	1,454,956
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	7,950,621	4,550,492	3,351,590	48,539
<b>9</b> Other employee benefits . . . . .	11,007,114	6,120,858	4,632,399	253,857
<b>10</b> Payroll taxes . . . . .	7,731,824	4,173,490	3,446,512	111,822
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	2,148,318		2,148,318	
<b>c</b> Accounting . . . . .	115,294		115,294	
<b>d</b> Lobbying . . . . .	58,024		58,024	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	1,076,855		1,076,855	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	15,395,789	4,665,110	10,720,701	9,978
<b>12</b> Advertising and promotion . . . . .	3,607,770	12,643	3,595,127	
<b>13</b> Office expenses . . . . .	199,307	126,687	72,601	19
<b>14</b> Information technology . . . . .	23,990,606	16,639,516	7,351,090	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	4,492,998	2,679,626	1,813,372	
<b>17</b> Travel . . . . .	745,970	326,699	417,801	1,470
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	98,754	48,494	50,260	
<b>20</b> Interest . . . . .	2,463,141	2,381,138	82,003	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	9,830,722	9,703,206		127,516
<b>23</b> Insurance . . . . .	194,107		194,107	
<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> <u>PROGRAM SERVICE EXPENDITURES</u> . . . . .	11,879,335	11,879,335		
<b>b</b> <u>OTHER PURCHASES</u> . . . . .	3,092,233	1,142,244	1,949,989	
<b>c</b> <u>TAXES &amp; LICENSES</u> . . . . .	2,083,120	180,731	1,902,389	
<b>d</b> <u>FOOD &amp; MEALS</u> . . . . .	1,222,548	217,894	1,004,654	
<b>e</b> All other expenses . . . . .	3,605,183	962,543	2,640,528	2,112
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	229,544,405	122,414,256	105,119,880	2,010,269
<b>26</b> <b>Joint costs.</b> 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 . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	211,194,077	<b>2</b>	133,266,051
	<b>3</b> Pledges and grants receivable, net . . . . .	1,744,395	<b>3</b>	2,230,855
	<b>4</b> Accounts receivable, net . . . . .	105,647	<b>4</b>	259,887
	<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 . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,364,175	<b>9</b>	9,614,796
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 171,374,969		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 114,783,875	51,905,679	<b>10c</b> 56,591,094
	<b>11</b> Investments—publicly traded securities . . . . .	156,829,357	<b>11</b>	177,399,300
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	337,075,680	<b>12</b>	555,106,821
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	2,000,000	<b>13</b>	4,800,000
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	228,236,423	<b>15</b>	262,740,358
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	994,455,433	<b>16</b>	1,202,009,162	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	42,347,883	<b>17</b>	48,439,074
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	177,478,804	<b>20</b>	367,554,916
	<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 . . . . .	98,898,976	<b>23</b>	95,434,245
	<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 . . . . .	172,425,524	<b>25</b>	166,536,283
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	491,151,187	<b>26</b>	677,964,518
<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 . . . . .	484,197,365	<b>27</b>	501,359,965
	<b>28</b> Net assets with donor restrictions . . . . .	19,106,881	<b>28</b>	22,684,679
	<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 . . . . .	503,304,246	<b>32</b>	524,044,644
<b>33</b> Total liabilities and net assets/fund balances . . . . .	994,455,433	<b>33</b>	1,202,009,162	

Form **990** (2023)



**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>	247,339,654
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	229,544,405
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	17,795,249
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	503,304,246
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	50,326,900
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<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>	(47,381,751)
<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>	524,044,644

**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 checked="" 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) TROY BRANSTETTER ----- VP	10.5 ----- 47.5			✓				318,364	0	72,299
(26) CARRIE ANN TSUTSUI ----- VP & CONTROLLER	18.2 ----- 30.2			✓				307,290	0	79,120
(27) LOUISE FUKUMOTO ----- VP	14.0 ----- 26.0			✓				299,933	0	81,002
(28) KATSUYA (ANDY) IIZUKA, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 40.0	✓						0	336,313	36,312
(29) PETER LEWIS ----- VP & CHIEF INFORMATION SECURITY OFFICER	36.8 ----- 3.2			✓				346,846	0	25,649
(30) MATTHEW SASAKI ----- VP - HHP	40.0 ----- 0.0					✓		347,267	0	24,865
(31) ROBERT WOTRING II, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 40.4	✓						0	340,757	20,705
(32) DEAN TATEYAMA ----- VP	21.9 ----- 18.1			✓				308,637	0	43,961
(33) BEAU NAKAMOTO, M.D. ----- BOARD OF DIRECTOR (PART YEAR)	0.4 ----- 40.0	✓						0	327,377	12,690
(34) AMY THOMAS, R.N. ----- SYSTEM CNE	40.0 ----- 0.0			✓				248,446	0	52,164
(35) KATIE SHIGEMITSU ----- COMPLIANCE OFFICER	14.0 ----- 26.5			✓				236,038	0	33,771
(36) BRANDON WONG ----- FORMER OFFICER	0.0 ----- 0.0						✓	204,835	0	28,833
(37) JESSICA LEWIS ----- ASSISTANT CORPORATE SECRETARY	17.0 ----- 23.0			✓				183,999	0	45,659
(38) MONICA PRICE, M.D. ----- BOARD OF DIRECTOR (PART YEAR)	0.4 ----- 40.2	✓						0	177,078	32,967
(39) REINA (FRANCE) GRAVES ----- PRIVACY OFFICER	21.6 ----- 18.4			✓				146,853	0	38,898
(40) KENNETH B. ROBBINS, M.D. ----- FORMER OFFICER	20.0 ----- 0.0						✓	120,079	0	27,263
(41) KEITH MATSUMOTO, M.D. ----- BOARD OF DIRECTOR, CHAIR	0.4 ----- 0.0	✓		✓				0	0	0
(42) RICHARD WACKER ----- BOARD OF DIRECTOR, CHAIR	0.4 ----- 0.0	✓		✓				0	0	0
(43) DENNIS FRANCIS ----- BOARD OF DIRECTOR	0.4 ----- 0.2	✓						0	0	0
(44) ELISIA FLORES ----- BOARD OF DIRECTOR	0.4 ----- 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			
(45) JOHN (JACK) K. TSUI ----- BOARD OF DIRECTOR, EMERITUS - NON VOTING	0.0 ----- 0.0	✓						0	0	0
(46) KATHRYN INOUE ----- BOARD OF DIRECTOR	0.4 ----- 0.0	✓						0	0	0
(47) MARK YAMAKAWA ----- BOARD OF DIRECTOR	0.4 ----- 0.3	✓						0	0	0
(48) MICHAEL YAMANE ----- BOARD OF DIRECTOR	0.4 ----- 0.2	✓						0	0	0
(49) RICHANNE LAM ----- BOARD OF DIRECTOR	0.4 ----- 0.1	✓						0	0	0
(50) STEPHEN LIN, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 0.0	✓						0	0	0
(51) STEVEN AI ----- BOARD OF DIRECTOR (PART YEAR)	0.4 ----- 0.3	✓						0	0	0
(52) TAD JACKSON, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 0.0	✓						0	0	0
(53) TRINETTE KAUI ----- BOARD OF DIRECTOR	0.4 ----- 0.2	✓						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

Employer identification number

99-0246363

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **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 6
- 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) KAUAI MEDICAL CLINIC	99-0326099	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		2,485	
(B) KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	99-0177350	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓			
(C) WILCOX MEMORIAL HOSPITAL	99-0074365	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓			
(D) PALI MOMI MEDICAL CENTER	99-0274038	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓			
(E) (SEE STATEMENT)						
<b>Total</b>					126,582,300	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<sup>1</sup>/<sub>3</sub>% support tests—2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, 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 tests—2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>



**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 checked="" 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.)

This image shows a single sheet of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting or drawing. There are no margins, text, or other markings on the paper.

## 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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART I, LINE 12G(VI) - SUPPORTED ORGANIZATIONS	HAWAI'I PACIFIC HEALTH ('HPH') IS THE SOLE MEMBER OF THE SUPPORTED ORGANIZATIONS AND HAS THE RIGHT TO PARTICIPATE IN THE SUPPORTED ORGANIZATIONS' GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE SUPPORTED ORGANIZATIONS' GOVERNING BOARD.
SCHEDULE A, PART IV, SECTION A, LINE 6 - SUPPORT TO OTHER SUPPORTED ORGS	HAWAI'I PACIFIC HEALTH'S DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO 501(C)(3) ORGANIZATIONS ON BEHALF OF ITS SUPPORTED ORGANIZATIONS.
SCHEDULE A, PART IV, SECTION D, LINE 3 - SUPP. ORG. HAVE SIGNIFICANT VOICE IN INVESTMENT POLICIES	SIX BOARD MEMBERS OF HAWAI'I PACIFIC HEALTH ('HPH') ALSO SERVE AS DIRECTORS FOR THE SUPPORTED ORGANIZATIONS. THEREFORE, HPH'S SUPPORTED ORGANIZATIONS HAD A SIGNIFICANT VOICE IN THE INVESTMENT POLICIES AND IN DIRECTING THE USE OF THE ORGANIZATION'S INCOME OR ASSETS AT ALL TIMES DURING THE YEAR.
SCHEDULE A, PART IV, SECTION E, LINE 3A - POWER TO APPOINT/ELECT MAJORITY OF OFFICER/DIRECTOR/TRUSTEE	HAWAI'I PACIFIC HEALTH ('HPH') IS THE SOLE MEMBER WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD FOR EACH OF ITS SUPPORTED ORGANIZATIONS.
SCHEDULE A, PART IV, SECTION E, LINE 3B - SUBSTANTIAL DIRECTION OVER POLICIES/PROGRAMS/ACTIVITIES	HAWAI'I PACIFIC HEALTH ('HPH') IS THE SOLE MEMBER OF THE SUPPORTED ORGANIZATIONS AND HAS THE RIGHT TO PARTICIPATE IN THE SUPPORTED ORGANIZATIONS' GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE SUPPORTED ORGANIZATIONS' GOVERNING BOARD.

**Part I**

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.)

**Part I**Line 12g. **Information about the supported organization(s).** (continued)

(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		
STRAUB CLINIC & HOSPITAL	91-2151670	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓			
KAPI'OLANI MEDICAL SPECIALISTS	99-0322406	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		126,579,815	

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  
HAWAII PACIFIC HEALTH

Employer identification number  
99-0246363

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 <b>HAWAI'I PACIFIC HEALTH</b>	Employer identification number <b>99-0246363</b>
---	---

**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	RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAI'I 2800 WOODLAWN DRIVE STE. 200 HONOLULU, HI 86822	\$ 649,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HAWAI'I COMMUNITY FDN-TOBACCO PREVENTION 827 FORT STREET MALL HONOLULU, HI 96813	\$ 155,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD. PHILADELPHIA, PA 19104	\$ 46,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BEN & MIRIAM LAU FOUNDATION P.O. BOX 893134 MILILANI, HI 96789	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NEMOURS CHILDREN'S HOSPITAL 1600 ROCKLAND ROAD WILMINGTON, DE 19803	\$ 11,632	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ORTHO DEVELOPMENT 12187 SO. BUSINESS PARK DRIVE DRAPER, UT 84020	\$ 11,619	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HAWAI'I PACIFIC HEALTH

Employer identification number

99-0246363

**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	AMERICAN CANCER SOCIETY  3380 CHASTAIN MEADOWS, PARKWAY, SUITE 200  KENNESAW, GA 30144	\$ 7,103	<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.)
8	ROBIN C. MANN  178 HANAPEPE LOOP  HONOLULU, HI 96825-2112	\$ 6,000	<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.)

Name of organization

HAWAI'I PACIFIC HEALTH

Employer identification number

99-0246363

**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
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

HAWAI'I PACIFIC HEALTH

Employer identification number

99-0246363

**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

Employer identification number

99-0246363

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ 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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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?	✓		58,024
<b>j</b> Total. Add lines 1c through 1i			58,024
<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	<p>A REGISTERED LOBBYIST (CYNTHIA NAKAMURA) PROVIDES GENERAL ADVICE ON LEGISLATIVE ACTIVITIES INCLUDING INFORMATION AND INSIGHT ON LEGISLATIVE ACTIONS THAT MAY BE OF INTEREST TO HAWAII PACIFIC HEALTH ('HPH'). THE INDIVIDUAL ALSO PROVIDES GUIDANCE AND INSIGHT ON HOW TO NEGOTIATE THROUGH THE LEGISLATIVE PROCESS WHEN TRYING TO PASS LEGISLATION AS WELL AS INFORMATION AND INSIGHT ON THE GENERAL ACTIVITIES OF WHAT'S HAPPENING AT THE LEGISLATURE. THE INDIVIDUAL DOES SPEAK TO LEGISLATORS, SOMETIMES ON BEHALF OF LEGISLATION OR ISSUES IN WHICH HPH HAS AN INTEREST. THE INDIVIDUAL ALSO HAS AN INPUT ON HPH'S OVERALL LEGISLATIVE/COMMUNITY COMMUNICATION PLAN BUT DOES NOT SEND MAILINGS OUT TO LEGISLATORS OR THE PUBLIC ON HPH'S BEHALF.</p> <p>PUBLIC POLICY HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION. HAWAII PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS FOR VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSICIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS.</p>

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

HAWAI'I PACIFIC HEALTH

Employer identification number

99-0246363

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<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 . . . . .	\$ 24,569
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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	11,328,682	11,473,655	12,376,820	12,631,036	12,942,804
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	528,781	144,973	903,165	254,216	311,768
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	10,799,901	11,328,682	11,473,655	12,376,820	12,631,036

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

**a** Board designated or quasi-endowment 100.00 %

**b** Permanent endowment 0.00 %

**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?

**(ii)** Related organizations?

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

**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		14,981,997		14,981,997
<b>b</b> Buildings		3,159,511	1,881,180	1,278,331
<b>c</b> Leasehold improvements		9,931,183	9,041,249	889,934
<b>d</b> Equipment		126,095,087	103,861,446	22,233,641
<b>e</b> Other		17,207,191	0	17,207,191
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				56,591,094

**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 . . . . .	71,129,395	END OF YEAR MARKET VALUE
(3) Other		
(A) LIMITED PARTNERSHIP	288,653,641	END OF YEAR MARKET VALUE
(B) HPH BOARD DESIGNATED	6,510,405	END OF YEAR MARKET VALUE
(C) INVESTMENT IN TRUVETA	2,000,000	END OF YEAR MARKET VALUE
(D) INVESTMENT IN CAPITAL RX	1,999,996	END OF YEAR MARKET VALUE
(E) INVESTMENT IN LEAVITT	1,971,424	END OF YEAR MARKET VALUE
(F) HELD BY TRUSTEE	182,841,960	END OF YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	555,106,821	

**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) BENEFICIAL INTEREST - FOUNDATION ASSET	97,936,738
(2) NOTE RECEIVABLE HPHPI	69,880,591
(3) PREPAID PENSION	47,466,365
(4) DUE FROM HPHMG	16,748,806
(5) DEFERRED CHARGES - TK57	11,198,973
(6) RIGHT OF USE ASSETS OPERATING	5,359,728
(7) DEFERRED CHARGES - RETIREMENT	2,027,882
(8) RIGHT OF USE ASSETS FINANCE	1,833,816
(9) (SEE STATEMENT)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	262,740,358

**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) TAXABLE BONDS	129,628,113
(3) LT LEASE LIABILITY - OPERATING	4,643,692
(4) OTHER LONG TERM LIABILITIES	11,782,960
(5) DUE TO KAPI'OLANI MED. SPECIALISTS	9,862,905
(6) CURRENT PORTION OF CAPITAL LEASE	2,075,571
(7) DUE TO HPHMG	483,201
(8) LT LEASE LIABILITY - FINANCE	1,325,174
(9) (SEE STATEMENT)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	166,536,283

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
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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>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<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>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<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>	

## 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>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<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>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<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>	

## 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
OTHER RECEIVABLES	5,761,844
INVESTMENT LIFE INSURANCE CSV	1,475,676
DUE FROM KAUA'I MEDICAL CENTER	402,399
DUE FROM STRAUB FOUNDATION	25,140
DUE FROM KAPI'OLANI HEALTH FOUNDATION	32,968
DUE FROM HPHPI	1,712,178
DUE FROM PALI MOMI FOUNDATION	49,784
DUE FROM HONOLULU SURGERY CENTER	104,347
DUE FROM WILCOX MEMORIAL HOSPITAL	146,859
DUE FROM KAPI'OLANI MEDICAL CENTER	142,767
DUE FROM STRAUB MEDICAL CENTER	135,660
DUE FROM WILCOX HEALTH FOUNDATION	16,204
DUE FROM PALI MOMI MEDICAL CENTER	145,779
DUE FROM PROVIDERS INSURANCE CORP.	51,812
DEFERRED CHARGES - LEASE/DEP	37,699
ARTWORK	24,569
DUE FROM KEAHONUOKALANI	14,797
DUE FROM HICORD, INC.	6,977

## 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
UH JABSOM SCHOLARSHIP PLEDGE	528,168
ST LEASE LIABILITY - FINANCE	688,514
LT FEDERAL EXCISE TAX	621,250
STALE DATED AP CHECKS	432,744
DEFERRED RENT LIABILITY	326,602
DUE TO KAUA'I MEDICAL CLINIC	1,847
DUE TO KAPI'OLANI HEALTH FOUNDATION	3,810,203
DUE TO STRAUB FOUNDATION	195,717
DUE TO WILCOX FOUNDATION	129,622

## 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	HAWAI'I PACIFIC HEALTH'S ('HPH') COLLECTION OF ARTWORK INCLUDES PAINTINGS AND SIMILAR WORKS THAT ARE DISPLAYED IN PUBLIC WAITING AREAS TO FURTHER ITS MISSION OF CREATING A HEALTHIER HAWAI'I.
SCHEDULE 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 F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

HAWAI'I PACIFIC HEALTH

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

99-0246363

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		114,384,017
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal . . . . .	0	0			114,384,017
b Total from continuation sheets to Part I . . . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			114,384,017

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

Cat. No. 50082W

Schedule F (Form 990) 2023

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

**3** Enter total number of other organizations or entities . . . . .

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2023

## Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HAWAI'I PACIFIC HEALTH

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

99-0246363

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

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

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

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) GREAT ALOHA RUN 418 KUWILI ST. STE. 102, HONOLULU, HI 96817	99-0314751	501(C)(3)	180,000				GENERAL SUPPORT
(2) HAWAI'I COMMUNITY FOUNDATION 827 FORT ST MALL, HONOLULU, HI 96813	99-0261283	501(C)(3)	100,000				GENERAL SUPPORT
(3) AMERICAN HEART ASSN 677 ALA MOANA BLVD., HONOLULU, HI 96813	13-5613797	501(C)(3)	75,000				GENERAL SUPPORT
(4) UNIVERSITY OF HAWAI'I 1334 LOWER CAMPUS ROAD, HONOLULU, HI 96822	99-6000354	GOVERNMENT	65,500				GENERAL SUPPORT
(5) DANIEL R SAYRE MEMORIAL PO BOX 1285, KAILUA-KONA, HI 96745	26-1097159	501(C)(3)	50,000				GENERAL SUPPORT
(6) BIKESHARE HAWAI'I 914 ALA MOANA BLVD., HONOLULU, HI 96814	46-4561541	501(C)(3)	45,000				GENERAL SUPPORT
(7) ALOHA UNITED WAY 200 N. VINE BLVD. STE. 700, HONOLULU, HI 96817	99-0073494	501(C)(3)	40,000				GENERAL SUPPORT
(8) UH FOUNDATION 2444 DOLE ST. #105, HONOLULU, HI 96822	99-0085260	501(C)(3)	33,500				GENERAL SUPPORT
(9) HONOLULU MUSEUM OF ART 900 S. BERETANIA ST., HONOLULU, HI 96814	99-0079713	501(C)(3)	30,000				GENERAL SUPPORT
(10) GIFT FOUNDATION OF HAWAI'I 1288 ALA MOANA BLVD. #201, HONOLULU, HI 96814	30-0266316	501(C)(3)	25,000				GENERAL SUPPORT
(11) HAWAI'I EXECUTIVE COLLABORATIVE 827 FORT ST. MALL 2ND FL., HONOLULU, HI 96813	84-4041099	501(C)(3)	25,000				GENERAL SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30

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) BLOOD BANK OF HAWAII 2043 DILLINGHAM BLVD., HONOLULU, HI 96819	99-0073479	501(C)(3)	25,000				GENERAL SUPPORT
(13) AMERICAN RED CROSS 4155 DIAMOND HEAD ROAD, HONOLULU, HI 96816	53-0196605	501(C)(3)	15,000				GENERAL SUPPORT
(14) HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE., HONOLULU, HI 96826	99-0073490	501(C)(3)	15,000				GENERAL SUPPORT
(15) AFTER SCHOOL ALL STARS 4747 KILAUEA AVE., HONOLULU, HI 96816	27-4604870	501(C)(3)	15,000				GENERAL SUPPORT
(16) MAKE A WISH HAWAII 900 FORT ST. MALL STE. 1200, HONOLULU, HI 96813	99-0220777	501(C)(3)	15,000				GENERAL SUPPORT
(17) MARCH OF DIMES 1580 MAKALOA ST. STE. 1200, HONOLULU, HI 96814	13-1846366	501(C)(3)	15,000				GENERAL SUPPORT
(18) KAUAI PLANNING AND ACTION 2959 UMI ST. STE. 201, LIHUE, HI 96766	20-1579949	501(C)(3)	15,000				GENERAL SUPPORT
(19) WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE., HONOLULU, HI 96815	99-0179392	501(C)(3)	13,500				GENERAL SUPPORT
(20) HOUSING HAWAII'S FUTURE 1008 LUNAAI PL., KAILUA, HI 96734	87-3388003	501(C)(3)	12,500				GENERAL SUPPORT
(21) HOOLA NA PUA PO BOX 22551, HONOLULU, HI 96823	46-5139164	501(C)(3)	10,000				GENERAL SUPPORT
(22) SUSAN G KOMEN 13770 NOEL RD. UNIT 801889, DALLAS, TX 75380	75-1835298	501(C)(3)	10,000				GENERAL SUPPORT
(23) FAMILY PROMISE OF HAWAII 245 N. KUKUI ST. STE. 104, HONOLULU, HI 96817	20-2645489	501(C)(3)	10,000				GENERAL SUPPORT
(24) AMERICAN CANCER SOCIETY 3380 CHASTAIN MEADOWS PKWY STE. 200, KENNESAW, GA 30144	13-1788491	501(C)(3)	10,000				GENERAL SUPPORT
(25) BOY SCOUTS OF AMERICA, ALOHA COUNCIL 42 PUIWA RD., HONOLULU, HI 96817	99-0073482	501(C)(3)	10,000				GENERAL SUPPORT
(26) TEACH FOR AMERICA INC. 25 BROADWAY 12TH FL., NEW YORK, NY 10004	13-3541931	501(C)(3)	8,000				GENERAL SUPPORT
(27) DIAMOND HEAD THEATRE 520 MAKAPUU AVE., HONOLULU, HI 96813	99-0073495	501(C)(3)	7,500				GENERAL SUPPORT
(28) AHAHUI KOA ANUENUE 1337 LOWER CAMPUS RD., HONOLULU, HI 96822	99-0085260	501(C)(3)	7,000				GENERAL SUPPORT
(29) AMERICAN LUNG ASSOCIATION 1050 QUEEN STREET STE. 100, HONOLULU, HI 96814	13-1632524	501(C)(3)	6,000				GENERAL SUPPORT



(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
(30) HAWAI'I PUBLIC HEALTH INSTITUTE 707 RICHARDS ST. STE. 300, HONOLULU, HI 96813	68-0637054	501(C)(3)	5,500				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 HAWAI'I PACIFIC HEALTH ('HPH') DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO ORGANIZATIONS ON AN ANNUAL BASIS. NO FURTHER MONITORING IS NECESSARY FOR DONATIONS MADE TO GOVERNMENT AND 501(C)(3) ORGANIZATIONS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HAWAII PACIFIC HEALTH

**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**

Employer identification number

99-0246363

**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 checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" 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>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>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 checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" 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>	✓	
<div style="margin-left: 20px;"> <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?                 </div>	✓	
<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>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>		✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes" on line 5a or 5b, describe in Part III.		✓
<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>		✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes" on line 6a or 6b, describe in Part III.		✓
<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>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>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**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				
1	RAYMOND P. VARA JR. BOARD OF DIRECTOR, PRESIDENT & CEO	(i) 1,231,412	(ii) 505,774	(iii) 727,699	1,923,428	23,039	4,411,352	671,154
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	DAVID OKABE EVP, CFO & TREASURER	(i) 601,227	(ii) 206,576	(iii) 316,350	408,248	16,173	1,548,574	244,318
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3	ARTHUR GLADSTONE EVP & CSO	(i) 544,689	(ii) 190,612	(iii) 191,031	311,153	25,739	1,263,224	216,711
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
4	STEVEN ROBERTSON EVP & CIO	(i) 489,039	(ii) 173,887	(iii) 236,413	298,225	16,173	1,213,737	192,849
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
5	LESLIE CHUN, M.D. EVP	(i) 581,407	(ii) 181,467	(iii) 118,634	298,021	25,356	1,204,885	191,112
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
6	DAVID UNDERRINER EVP	(i) 627,499	(ii) 184,891	(iii) 121,512	243,795	17,787	1,195,484	164,363
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
7	CHARLES R. CHING EVP, GENERAL COUNSEL & SECRETARY	(i) 474,538	(ii) 139,662	(iii) 216,606	278,322	16,173	1,125,301	187,977
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
8	JENNIE CHAHANOVICH EVP	(i) 403,402	(ii) 126,291	(iii) 197,198	238,403	13,774	979,068	142,527
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
9	TODD MILLER, M.D. BOARD OF DIRECTOR	(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 669,933	(ii) 3,857	(iii) 81,395	13,200	7,839	776,224	0
10	DOUGLAS KWOCK, M.D. VP	(i) 410,417	(ii) 73,135	(iii) 50,014	96,006	24,996	654,568	70,038
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
11	GIDGET RUSCETTA, R.N. COO - KMCWC	(i) 377,504	(ii) 93,440	(iii) 52,055	113,957	14,973	651,929	58,022
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
12	SUNSHINE TOPPING SVP (PART YEAR)	(i) 361,974	(ii) 94,627	(iii) 37,120	102,865	25,063	621,649	63,758
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
13	SHILPA PATEL, M.D. SVP & CQO	(i) 356,250	(ii) 72,211	(iii) 59,896	95,189	25,332	608,878	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
14	WARREN CHAIKO SVP	(i) 280,105	(ii) 67,798	(iii) 121,124	94,588	28,789	592,404	62,456
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
15	TRAVIS CLEGG COO-SCH	(i) 348,946	(ii) 85,611	(iii) 26,861	100,435	27,778	589,631	74,663
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
16	(SEE STATEMENT)	(i)						
		(ii)						

**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) TERENCE YOUNG VP - KMS	(i)	354,375	87,078	25,074	88,471	1,885	556,883	34,989
	(ii)	0	0	0	0	0	0	0
(17) DAWN DUNBAR SVP	(i)	313,399	74,859	44,342	94,230	25,332	552,162	68,960
	(ii)	0	0	0	0	0	0	0
(18) JOHN MCNAMARA SVP & CMO	(i)	320,895	75,674	44,383	98,251	9,725	548,928	0
	(ii)	0	0	0	0	0	0	0
(19) GLORIA BROOKS COO - PMMC	(i)	287,572	61,348	27,437	85,585	8,423	470,365	36,720
	(ii)	0	0	0	0	0	0	0
(20) MICHAEL ROBINSON VP	(i)	283,128	59,914	34,958	71,469	10,059	459,528	45,542
	(ii)	0	0	0	0	0	0	0
(21) JAMES LIN, M.D. VP	(i)	275,354	49,423	25,689	75,043	25,339	450,848	45,528
	(ii)	0	0	0	0	0	0	0
(22) WILLIAM BURKE VP	(i)	248,945	45,000	32,770	71,420	18,087	416,222	41,453
	(ii)	0	0	0	0	0	0	0
(23) DAVID STUMBAUGH VP	(i)	247,602	43,837	25,603	70,012	25,112	412,166	37,815
	(ii)	0	0	0	0	0	0	0
(24) LORRIE-ANN LUKE VP	(i)	240,929	43,449	31,406	68,959	25,739	410,482	36,781
	(ii)	0	0	0	0	0	0	0
(25) TROY BRANSTETTER VP	(i)	246,540	42,056	29,768	64,596	7,703	390,663	12,437
	(ii)	0	0	0	0	0	0	0
(26) CARRIE ANN TSUTSUI VP & CONTROLLER	(i)	239,446	42,745	25,099	67,840	11,280	386,410	38,265
	(ii)	0	0	0	0	0	0	0
(27) LOUISE FUKUMOTO VP	(i)	228,478	40,805	30,650	65,485	15,517	380,935	0
	(ii)	0	0	0	0	0	0	0
(28) KATSUYA (ANDY) IIZUKA, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	291,428	29,275	15,610	13,200	23,112	372,625	0
(29) PETER LEWIS VP & CHIEF INFORMATION SECURITY OFFICER	(i)	274,619	48,447	23,780	24,329	1,320	372,495	0
	(ii)	0	0	0	0	0	0	0
(30) MATTHEW SASAKI VP - HHP	(i)	277,769	48,895	20,603	15,277	9,588	372,132	0
	(ii)	0	0	0	0	0	0	0
(31) 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
(32) DEAN TATEYAMA VP	(i)	228,523	40,805	39,309	28,688	15,273	352,598	0
	(ii)	0	0	0	0	0	0	0
(33) BEAU NAKAMOTO, M.D. BOARD OF DIRECTOR (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	223,966	7,368	96,043	12,690	0	340,067	0
(34) AMY THOMAS, R.N. SYSTEM CNE	(i)	226,334	20,493	1,619	24,275	27,889	300,610	0
	(ii)	0	0	0	0	0	0	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				
(35) KATIE SHIGEMITSU COMPLIANCE OFFICER	(i)	230,075	0	5,963	24,381	9,390	269,809	0
	(ii)	0	0	0	0	0	0	0
(36) BRANDON WONG FORMER OFFICER	(i)	55,230	0	149,605	5,721	23,112	233,668	14,729
	(ii)	0	0	0	0	0	0	0
(37) JESSICA LEWIS ASSISTANT CORPORATE SECRETARY	(i)	176,275	5,000	2,724	18,051	27,608	229,658	0
	(ii)	0	0	0	0	0	0	0
(38) 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
(39) REINA (FRANCE) GRAVES PRIVACY OFFICER	(i)	145,547	0	1,306	14,366	24,532	185,751	0
	(ii)	0	0	0	0	0	0	0
(40) KENNETH B. ROBBINS, M.D. FORMER OFFICER	(i)	120,079	0	0	12,920	14,343	147,342	0
	(ii)	0	0	0	0	0	0	0

## 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 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	HOUSING ALLOWANCES WERE PAID FOR ONE OFFICER OF THE ORGANIZATION. ALL AMOUNTS HAVE BEEN INCLUDED IN THE INDIVIDUALS FORM W-2 AS TAXABLE INCOME.
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	HEALTH/SOCIAL CLUB DUES WERE PAID FOR EIGHT OFFICERS OF THE ORGANIZATION. ALL AMOUNTS HAVE BEEN INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS, INCLUDED IN PART II, COLUMN (B)(III), DURING THE 2023 CALENDAR YEAR:  BRANDON WONG - \$133,092
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE RESTORATION PLAN WAS DESIGNED TO RESTORE BENEFITS THAT ARE LOST DUE TO LIMITS IMPOSED BY SECTIONS 401 AND 415 OF THE INTERNAL REVENUE CODE ON COMPENSATION CONSIDERED UNDER SUCH PLANS.</p> <p>AMOUNTS PAID OUT DURING THE YEAR BY THE ORGANIZATION:            RAYMOND P. VARA JR. - \$307,960            DAVID OKABE - \$114,710            LESLIE CHUN - \$60,329            CHARLES R. CHING - \$77,492            STEVEN ROBERTSON - \$94,544            ARTHUR GLADSTONE - \$83,383            JENNIE CHAHANOVICH - \$53,405            DAVID UNDERRINER - \$30,738</p> <p>ANNUAL INCENTIVE PLAN 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:            RAYMOND P. VARA JR. - \$505,774            DAVID OKABE - \$176,576            LESLIE CHUN - \$181,467            CHARLES R. CHING - \$139,662            STEVEN ROBERTSON - \$143,887            ARTHUR GLADSTONE - \$160,613            JENNIE CHAHANOVICH - \$126,291            DAVID UNDERRINER - \$184,891            GIDGET RUSCETTA - \$ 93,440            TRAVIS CLEGG - \$ 85,611            SUNSHINE TOPPING - \$84,627            JOHN MCNAMARA - \$75,674            DAWN DUNBAR - \$74,859            DOUGLAS KWOCK - \$73,135            SHILPA PATEL - \$72,211            TERENCE YOUNG - \$72,078            WARREN CHAIKO - \$67,798            GLORIA BROOKS - \$61,348            MICHAEL ROBINSON - \$49,914            JAMES LIN - \$49,423            MATTHEW SASAKI - \$48,895            PETER LEWIS - \$48,447            WILLIAM BURKE - \$45,000            DAVID STUMBAUGH - \$43,837            CARRIE ANN TSUTSUI - \$42,745            LOUISE FUKUMOTO - \$40,805            LORRIE-ANN LUKE - \$43,449            TROY BRANSTETTER - \$42,056            DEAN TATEYAMA - \$40,805</p> <p>RETENTION INCENTIVE PLAN 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:            RAYMOND P. VARA JR. - \$500,000</p>

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

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

Employer identification number

99-0246363

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	STATE OF HAWAII - DEPT OF BUDGET & FINANCE	99-0266961	000000000	05/15/2019	48,079,910	SEE PART VI		✓		✓		✓
<b>B</b>	STATE OF HAWAII - DEPT OF BUDGET & FINANCE	99-0266961	419800NJ2	07/03/2023	136,225,393	SEE PART VI		✓		✓		✓
<b>C</b>	STATE OF HAWAII - DEPT OF BUDGET & FINANCE	99-0266961	419800PS0	01/10/2024	199,996,456	SEE PART VI		✓		✓		✓
<b>D</b>												

**Part II Proceeds**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired . . . . .	12,202,779							
<b>2</b>	Amount of bonds legally defeased . . . . .	0							
<b>3</b>	Total proceeds of issue . . . . .	48,079,910		136,225,393		203,754,881			
<b>4</b>	Gross proceeds in reserve funds . . . . .	0							
<b>5</b>	Capitalized interest from proceeds . . . . .	0				1,093,360			
<b>6</b>	Proceeds in refunding escrows . . . . .	0							
<b>7</b>	Issuance costs from proceeds . . . . .	493,599		1,348,941		1,511,113			
<b>8</b>	Credit enhancement from proceeds . . . . .	0							
<b>9</b>	Working capital expenditures from proceeds . . . . .	0							
<b>10</b>	Capital expenditures from proceeds . . . . .	0				21,262,214			
<b>11</b>	Other spent proceeds . . . . .	47,586,311		134,876,452					
<b>12</b>	Other unspent proceeds . . . . .	0				179,888,194			
<b>13</b>	Year of substantial completion . . . . .	2019		2023					
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓		✓		✓			
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓		✓	✓			
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓		✓		✓			
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓		✓			

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

Cat. No. 50193E

Schedule K (Form 990) 2023



**Part III Private Business Use**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓		✓		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓		✓			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓		✓		✓			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0.40 %		0.61 %		0.00 %			
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .	0.40 %		0.61 %		0.00 %			
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	✓			✓		✓		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .	30.66 %							
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		✓						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓		✓		✓			

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .		✓		✓		✓		
<b>b</b> Exception to rebate? . . . . .		✓		✓		✓		
<b>c</b> No rebate due? . . . . .		✓		✓		✓		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		✓		✓		✓		

		A		B		C		D	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No
			✓		✓		✓		
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)? .		✓		✓		✓		
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period? .		✓		✓		✓		
7	Has the organization established written procedures to monitor the requirements of section 148? . . . . .	✓		✓		✓			

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

(SEE STATEMENT)

# Part VI

**Supplemental Information.** Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE OF TAX EXEMPT BONDS	<p>LINE A TO REFUND SERIES 2013-C BOND ISSUED 10/03/2013.</p> <p>LINE B SERIES 2023C IS NEW MONEY TO FUND THE CONSTRUCTION OF A NEW PARKING BUILDING AT STRAUB CLINIC &amp; HOSPITAL.</p> <p>LINE C TO REFUND SERIES 2013C BOND ISSUED 10/03/2013.</p>
SCHEDULE K, PART II, LINE 3 - DIFFERENCE BETWEEN ISSUE PRICE AND TOTAL PROCEEDS	THE DIFFERENCE IN ISSUE PRICE AND TOTAL PROCEEDS OF ISSUE IS DUE TO INVESTMENT EARNINGS.

<b>SCHEDULE O</b> <b>(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="font-size: 2em; font-weight: bold;">2023</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.	<b>Open to Public Inspection</b>

Name of the Organization <b>HAWAI'I PACIFIC HEALTH</b>	Employer Identification Number <b>99-0246363</b>
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Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	<p><b>OUTPATIENT OPERATING ROOMS</b>            IN FISCAL YEAR 2024, HAWAI'I PACIFIC HEALTH 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. HAWAI'I PACIFIC HEALTH MEDICAL CENTERS PERFORMED A TOTAL OF 20,684 OUTPATIENT SURGERIES. KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN (KAPI'OLANI) IS THE ONLY HOSPITAL IN THE STATE PROVIDING DA VINCI ROBOT-AIDED PEDIATRIC SURGERY. THE ROBOT ALSO IS USED FOR GYNECOLOGICAL SURGICAL SERVICES. IN FISCAL YEAR 2024, KAPI'OLANI PERFORMED 4,822 PEDIATRIC AND ADULT OUTPATIENT SURGERIES. PALI MOMI MEDICAL CENTER'S (PALI MOMI) OPERATING ROOM FEATURES A FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE EQUIPPED WITH THE DA VINCI ROBOT-AIDED SURGICAL SYSTEM AND IN FISCAL YEAR 2024, PALI MOMI PERFORMED 3,946 OUTPATIENT SURGERIES. STRAUB CLINIC AND HOSPITAL (STRAUB) FEATURES A STATE-OF-THE-ART HYBRID SUITE FOR COMPLEX HEART PROCEDURES AND HAS INTEGRATED OUTPATIENT SURGERY. IN FISCAL YEAR 2024 STRAUB PERFORMED 3,449 OUTPATIENT SURGERIES. WILCOX MEMORIAL HOSPITAL (WILCOX) HAS A STATE-OF-THE-ART SURGICAL CENTER AND IN FISCAL YEAR 2024 PERFORMED 2,631 OUTPATIENT SURGERIES.</p> <p><b>OUTPATIENT EMERGENCY DEPARTMENTS</b>            IN FISCAL YEAR 2024, HAWAI'I PACIFIC HEALTH 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. HAWAI'I PACIFIC HEALTH MEDICAL CENTERS, WHICH ARE OPEN 24/7, SERVED A TOTAL OF 157,262 PATIENTS FOR OUTPATIENT ED VISITS. KAPI'OLANI IS THE ONLY LEVEL III PEDIATRIC TRAUMA CENTER SERVING HAWAI'I AND THE PACIFIC REGION. IN FISCAL YEAR 2024, KAPI'OLANI'S ED HAD 51,486 OUTPATIENT ED VISITS. PALI MOMI IS THE ONLY LEVEL III TRAUMA CENTER SERVING CENTRAL AND WEST O'AHU AND IN FISCAL YEAR 2024, PALI MOMI HAD 45,149 OUTPATIENT ED VISITS. IN FISCAL YEAR 2024, STRAUB HAD 36,289 OUTPATIENT ED VISITS. WILCOX MEDICAL CENTER IS THE FIRST AMERICAN COLLEGE OF SURGEONS VERIFIED LEVEL III TRAUMA CENTER IN THE STATE OF HAWAI'I. IN FISCAL YEAR 2024, WILCOX'S HAD 24,338 OUTPATIENT ED VISITS ON KAUAI'.</p> <p><b>PEDIATRICS-NEONATAL SERVICES</b>            IN FISCAL YEAR 2024, HAWAI'I 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 HAWAI'I'S PEDIATRIC MEDICAL CENTER AND ALSO PROVIDES CARE THROUGHOUT THE PACIFIC REGION. IT HAS THE ONLY INTENSIVE CARE UNITS IN HAWAI'I 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 HAWAI'I 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 HAWAI'I 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 MEDICAL CENTER PROVIDES PREVENTIVE CARE AND TREATMENT SERVICES TO MEET THE HEALTH NEEDS OF KAUAI'S CHILDREN. THROUGH KAUAI MEDICAL CLINIC, WILCOX PROVIDES COMPREHENSIVE PEDIATRIC CARE FOR CHILDREN OF ALL AGES. PEDIATRICIANS AT WILCOX ALSO COLLABORATE WITH PHYSICIANS AT KAPI'OLANI OR OTHER HAWAI'I PACIFIC HEALTH FACILITIES WHEN KAUAI CHILDREN NEED SPECIALIZED CARE. IN FISCAL YEAR 2024, WILCOX PROVIDED SPECIALIZED CARE FOR 171 PEDIATRIC-NEONATAL PATIENTS.</p> <p><b>OTHER PROGRAM SERVICES</b>            HAWAI'I RESIDENTS AND VISITORS RELY ON HAWAI'I PACIFIC HEALTH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES. IT IS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS WITH FOUR MEDICAL CENTERS, MORE THAN 70 LOCATIONS, 1,500+ AFFILIATED PHYSICIANS AND MORE THAN 7,000 FULL- AND PART-TIME EMPLOYEES, AS WELL AS HUNDREDS OF COMMUNITY VOLUNTEERS. 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>            HAWAI'I 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</p>

Return Reference - Identifier	Explanation
	<p>SUPPORT KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN. KAUA'I MEDICAL CLINIC IS A SPECIALTY PHYSICIANS GROUP ORGANIZED TO SUPPORT WILCOX MEDICAL CENTER. THE FOUNDATIONS OF HAWAII PACIFIC HEALTH CONSIST OF KAPI'OLANI HEALTH FOUNDATION, PALI MOMI FOUNDATION, STRAUB FOUNDATION AND WILCOX HEALTH FOUNDATION. THESE CHARITABLE ENTITIES SUPPORT HEALTH RESEARCH, FACILITY ENHANCEMENTS, TECHNOLOGY INVESTMENTS, EDUCATIONAL PROGRAMS AND OTHER RESOURCES FOR THEIR RESPECTIVE MEDICAL CENTERS. HAWAII 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>PATIENT CARE HAWAII PACIFIC HEALTH HAS STRATEGIC INITIATIVES IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, BONE &amp; JOINT SERVICES, AND CANCER CARE. HAWAII PACIFIC HEALTH IS RECOGNIZED NATIONALLY FOR QUALITY OF CARE AND EXCELLENCE IN HEALTH INFORMATION TECHNOLOGY, SPECIFICALLY THE USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE 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 KAUA'I, WEST O'AHU'S ONLY CARDIAC CATHETERIZATION LABS AND CENTRAL AND WEST O'AHU'S ONLY COMPREHENSIVE CANCER CENTER, MINIMALLY INVASIVE BONE AND JOINT CENTERS, THE 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>COMMUNITY ROLE/ACTIVITY AS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO IMPROVE THE HEALTH OF HAWAII RESIDENTS AND, THROUGH ITS MISSION, IS COMMITTED TO CREATING A HEALTHIER HAWAII. EACH YEAR, HAWAII PACIFIC HEALTH SPONSORS HEALTH EDUCATION, TEACHING AND RESEARCH, AND SUPPORTS LIKE-MINDED ORGANIZATIONS.</p> <p>HAWAII PACIFIC HEALTH ALSO CONTINUED 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. KOMEN MORE 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 RUN. 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>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)</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>PUBLIC POLICY HAWAII PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION. HAWAII PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS FOR VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSICIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS AND ACCESS TO CARE AND SERVICES FOR RESIDENTS ACROSS THE STATE.</p> <p>OTHER HAWAII PACIFIC HEALTH MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS A SAFETY NET PROVIDER OF HEALTH CARE FOR THE COMMUNITY. AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES BY WHICH IT IS DETERMINED IF PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. HAWAII PACIFIC HEALTH CONTRIBUTES MORE THAN \$1 BILLION TO THE STATE ECONOMY EACH YEAR, SUPPORTING ITS MORE THAN 7,000 EMPLOYEES, THEIR FAMILIES, AND MANY BUSINESSES THROUGH PURCHASES MADE BY ITS MEDICAL CENTERS AND CLINICS.</p>
<p>FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS</p>	<p>PETER LEWIS AND JESSICA LEWIS - FAMILY RELATIONSHIP</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 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> <ol style="list-style-type: none"> <li>1) RECEIVED A COPY OF THE COI POLICY;</li> <li>2) HAS READ AND UNDERSTANDS THE POLICY;</li> <li>3) AGREES TO COMPLY WITH THE POLICY;</li> <li>4) HAS DISCLOSED ANY CONFLICTS OR POTENTIAL CONFLICTS OR ECONOMIC INTERESTS AS REQUIRED; AND</li> <li>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.</li> </ol> <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 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>COMPENSATION FOR HPH EXECUTIVES IS SET BY THE INDEPENDENT BOARD MEMBERS OF THE HAWAII PACIFIC BOARD'S COMPENSATION COMMITTEE. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE'S COMPENSATION AND BENEFITS. THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING. INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS. THE COMPENSATION COMMITTEE MAKES A FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT. COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED.</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>
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>

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	63,996,496
	PENSION AND POST RETIREMENT ADJUSTMENTS	4,293,094
	NON-CONTROLLING INTEREST	1,098,040
	EQUITY OF UNCONSOLIDATED SUBS	- 2,590,846
	CHANGE IN SWAP	758,711
	OTHER CHANGES IN NET ASSETS	- 644,252
	CHANGE IN INTEREST IN KHF AND WHF	14,004,668
	EQUITY TRANSFERS WITH AFFILIATES	- 128,327,428
	INTERCOMPANY TRANSFERS WITH FOUNDATIONS	29,766
SCHEDULE F, PART IV - FOREIGN INVESTMENTS	THE INVESTMENT COMMITTEE OF HAWAI'I PACIFIC HEALTH HAS CHOSEN TO DIVERSIFY ITS INVESTMENT PORTFOLIO, INCLUDING CERTAIN ALTERNATIVE INVESTMENTS THAT ARE ESTABLISHED AS PARTNERSHIPS. THESE PARTNERSHIPS ARE NOT-OPERATING ENTITIES. HAWAI'I PACIFIC HEALTH'S DIRECT INVESTMENT IS MADE IN PARTNERSHIPS, AND THESE ENTITIES MAY MAKE UNDERLYING INVESTMENTS IN OTHER CERTAIN FOREIGN PARTNERSHIPS AND/OR CORPORATIONS.	



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HAWAI'I PACIFIC HEALTH

**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

99-0246363

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HAWAI'I HEALTH PARTNERS (35-2480297) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HEALTHCARE	HI	5,623,295	5,022,744	HPH
(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) KAPI'OLANI MED CTR FOR WOMEN & CHILDREN (99-0177350) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(2) STRAUB CLINIC & HOSPITAL (91-2151670) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(3) PALI MOMI FOUNDATION (38-3840327) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(4) STRAUB FOUNDATION (99-0109350) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(5) PALI MOMI MEDICAL CENTER (99-0274038) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(6) WILCOX HEALTH FOUNDATION (99-0204242) 3-3420 KUHIO HIGHWAY, LIHUE, HI 96766	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(7) (SEE STATEMENT)							

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 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<input checked="" type="checkbox"/>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<input checked="" type="checkbox"/>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<input checked="" type="checkbox"/>	

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) STRAUB CLINIC & HOSPITAL	P	410,552,609	FMV
(2) STRAUB CLINIC & HOSPITAL	S	403,871,923	FMV
(3) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	S	299,479,690	FMV
(4) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	P	239,812,406	FMV
(5) PALI MOMI MEDICAL CENTER	S	238,848,590	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) .....													
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(14) .....													
(15) .....													
(16) .....													

**Part II****Identification of Related Tax-Exempt Organizations** (continued)

(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
(7) WILCOX MEMORIAL HOSPITAL (99-0074365) 3-3420 KUHIO HIGHWAY, LIHUE, HI 96766	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(8) KAUAI MEDICAL CLINIC (99-0326099) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOSPITAL	HI	501(C)(3)	3	HPH	✓	
(9) PROVIDERS INSURANCE COMPANY (71-0893000) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INSURANCE	HI	501(C)(3)	12 TYPE II	HPH	✓	
(10) KAPI'OLANI HEALTH FOUNDATION (99-0246364) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	FUNDRAISING	HI	501(C)(3)	7	HPH	✓	
(11) KAPI'OLANI MEDICAL SPECIALISTS (99-0322406) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HEALTHCARE	HI	501(C)(3)	3	HPH	✓	

**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) INVISION, LLC (20-8565615) 1010 SOUTH KING STREET, HONOLULU, HI 96813	MRI CENTER	HI	N/A	N/A								
(2) HONOLULU SURGERY CENTER, LP (62-1506645) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	AMB SURG CENTER	TN	N/A	N/A								
(3) SPECIALTY SURGICAL SUITES, LLC (46-1674512) 1401 S. BERETANIA ST. STE 750, HONOLULU, HI 96814	AMB SURG CENTER	HI	N/A	N/A								
(4) HONOLULU IMAGING CENTER, LLC (87-1602945) 55 MERCHANT STREET, 27TH FLOOR, HONOLULU, HI 96813	DIAG. IMAGING CENTER	DE	N/A	N/A								
(5) HAWAII ISOTOPE TECHNOLOGY, LLC (99-1995020) 55 MERCHANT STREET, 27TH FLOOR, HONOLULU, HI 96813	PHARMACEUTICAL MANUFACTURING	HI	N/A	N/A								
(6) 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	4,419,600	141,293,439	100.00	✓	
(2) STRAUB PHARMACY, INC. (99-0145107) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INACTIVE	HI	SCH	C CORPORATION	0	0	0.00	✓	
(3) HICORD, INC. (99-0251496) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INVESTMENT	HI	HPHPI	C CORPORATION	0	0	0.00	✓	

**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) PALI MOMI MEDICAL CENTER	P	186,495,577	FMV
(7) KAPI'OLANI MEDICAL SPECIALISTS	O	136,192,917	FMV
(8) KAPI'OLANI MEDICAL SPECIALISTS	B	128,823,911	FMV
(9) WILCOX MEMORIAL HOSPITAL	S	112,920,841	FMV
(10) WILCOX MEMORIAL HOSPITAL	P	86,111,199	FMV
(11) STRAUB CLINIC & HOSPITAL	O	19,314,900	FMV
(12) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	R	18,367,819	FMV
(13) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	O	15,764,757	FMV
(14) PALI MOMI MEDICAL CENTER	O	14,544,708	FMV
(15) KAUAI MEDICAL CLINIC	P	9,879,153	FMV
(16) PROVIDER'S INSURANCE CORPORATION	P	9,166,412	FMV
(17) WILCOX MEMORIAL HOSPITAL	O	9,113,812	FMV
(18) STRAUB CLINIC & HOSPITAL	Q	8,286,066	FMV
(19) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Q	7,711,998	FMV
(20) KAPI'OLANI MEDICAL SPECIALISTS	P	6,029,682	FMV
(21) STRAUB CLINIC & HOSPITAL	R	5,682,922	FMV
(22) KAPI'OLANI HEALTH FOUNDATION	S	4,099,789	FMV
(23) PALI MOMI MEDICAL CENTER	R	3,405,393	FMV
(24) KAUAI MEDICAL CLINIC	S	2,494,688	FMV
(25) KAPI'OLANI HEALTH FOUNDATION	P	2,168,241	FMV
(26) PROVIDER'S INSURANCE CORPORATION	C	1,857,522	FMV
(27) HAWAII PACIFIC PARTNERS, INC.	A	1,775,546	FMV
(28) PALI MOMI MEDICAL CENTER	Q	1,768,494	FMV
(29) KAPI'OLANI MEDICAL SPECIALISTS	S	1,619,768	FMV
(30) WILCOX MEMORIAL HOSPITAL	R	1,536,293	FMV
(31) WILCOX MEMORIAL HOSPITAL	Q	1,240,226	FMV
(32) HONOLULU SURGERY CENTER	P	904,953	FMV
(33) KAPI'OLANI MEDICAL SPECIALISTS	R	884,683	FMV
(34) STRAUB FOUNDATION	O	697,305	FMV
(35) KAPI'OLANI HEALTH FOUNDATION	O	670,088	FMV
(36) WILCOX HEALTH FOUNDATION	B	647,750	FMV
(37) STRAUB FOUNDATION	P	524,365	FMV
(38) HAWAII PACIFIC PARTNERS, INC.	O	403,911	FMV
(39) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	B	368,075	FMV
(40) WILCOX HEALTH FOUNDATION	O	343,927	FMV
(41) STRAUB FOUNDATION	Q	335,755	FMV
(42) PROVIDER'S INSURANCE CORPORATION	O	321,821	FMV
(43) PALI MOMI FOUNDATION	O	306,953	FMV
(44) PALI MOMI FOUNDATION	P	252,692	FMV
(45) WILCOX HEALTH FOUNDATION	P	229,969	FMV

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(46) STRAUB CLINIC & HOSPITAL	B	195,579	FMV
(47) KAUAI MEDICAL CLINIC	O	195,317	FMV
(48) WILCOX HEALTH FOUNDATION	S	179,980	FMV
(49) KAPI'OLANI HEALTH FOUNDATION	R	159,304	FMV
(50) PALI MOMI MEDICAL CENTER	B	100,523	FMV
(51) HONOLULU SURGERY CENTER	S	90,888	FMV
(52) WILCOX MEMORIAL HOSPITAL	B	75,646	FMV
(53) STRAUB FOUNDATION	B	55,745	FMV
(54) KAUAI MEDICAL CLINIC	Q	50,449	FMV



# Report of Employer-Owned Life Insurance Contracts

OMB No. 1545-2089

Attachment  
Sequence No. **160**

► **Attach to the policyholder's tax return - See instructions.**  
► **Go to [www.irs.gov/Form8925](http://www.irs.gov/Form8925) for the latest information.**

Name(s) as shown on return <b>HAWAI'I PACIFIC HEALTH</b>	Identifying number <b>99-0246363</b>
Name of policyholder, if different from above	Identifying number, if different from above

Type of business

**HEALTHCARE**

<b>1</b> Enter the number of employees the policyholder had at the end of the tax year . . . . .	<b>1</b>	<b>37</b>
<b>2</b> Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See <i>Section 1035 exchanges</i> on page 2 for an exception . . . . .	<b>2</b>	<b>6</b>
<b>3</b> Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2 . . . . .	<b>3</b>	<b>2,764,000</b>
<b>4a</b> Does the policyholder have a valid consent for each employee included on line 2? See instructions . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>b</b> If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent . . . . .	<b>4b</b>	

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about developments related to Form 8925 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form8925](http://www.irs.gov/Form8925).

## General Instructions

### Purpose of Form

Use Form 8925 to report the number of employees covered by employer-owned life insurance contracts issued after August 17, 2006, and the total amount of employer-owned life insurance in force on those employees at the end of the tax year. Policyholders must also indicate whether a valid consent has been received from each covered employee, and the number of covered employees for which a valid consent has not been received.

For more information, see sections 101(j) and 6039I, and Notice 2009-48, 2009-24 I.R.B. 1085, available at [www.irs.gov/irb/2009-24\\_IRB/ar11.html](http://www.irs.gov/irb/2009-24_IRB/ar11.html).

### Definitions

#### Employer-owned life insurance

**contract.** For purposes of Form 8925, an insurance contract is an employer-owned life insurance contract if it is owned by a policyholder as defined below, and covers the life of the policyholder's employee(s) on the date the life insurance contract is issued. If you have master contracts, see section 101(j)(3) for additional information.

**Policyholder.** For purposes of Form 8925 and these instructions, a policyholder is an "applicable policyholder" as defined in section 101(j)(3)(B). Generally, a policyholder is the person who owns the employer-owned life insurance contract, and who is (a) engaged in a trade or business that employs the person insured under the employer-owned life insurance contract and (b) the direct or indirect beneficiary of the employer-owned life insurance contract.

**Related person.** A related person is considered a policyholder if that person is (a) related to the policyholder (defined earlier) under sections 267(b) or 707(b) (1), or (b) engaged in a trade or business under common control with the policyholder. See sections 52(a) and (b).

**Employee.** Employee includes an officer, director, or highly compensated employee under section 414(q).

**Insured.** An individual must be a U.S. citizen or resident to be considered insured under an employer-owned life insurance contract. Both individuals covered by a contract covering the joint lives of two individuals are considered insured.

**Notice and consent requirements.** To qualify as an employer-owned life insurance contract, the policyholder must meet the notice and consent requirements listed below before the issuance of the contract.

**1.** Provide written notification to the employee stating the policyholder intends to insure the employee's life and the maximum face amount for which the employee could be insured at the time the contract was issued.

The written notification must include a disclosure of the face amount of life insurance, either in dollars or as a multiple of salary, that the policyholder reasonably expects to purchase with regard to the employee during the course of the employee's tenure. Additional notice and consent are required if the aggregate face amount of the employer-owned life insurance contracts with regard to an employee exceeds the amount of which the employee was given notice and to which the employee consented. See Q&A-9 and Q&A-12 in Notice 2009-48.

**2.** Provide written notification to the employee that the policyholder will be a beneficiary of any proceeds payable upon the death of the employee.

**3.** Received written consent from the employee. See *Valid consent* under the instructions for line 4a.

#### Electronic notification and consent.

The written notification and consent requirement can be met electronically only if the system for electronic notification and consent meets requirements 1 through 3, above. See Q&A-11 in Notice 2009-48 for more information.

**Issue date of contract.** Generally, the issue date of a life insurance contract is the date on the policy assigned by the insurance company on or after the date of application. For purposes of meeting the notice and consent requirements, the issue date of the employer-owned life insurance contract is the later of (1) the date of application of coverage, (2) the effective date of coverage, or (3) the formal issuance of the contract. See Q&A-4 in Notice 2009-48 for more information.