

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)

2024

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 for instructions and the latest information.

Open to Public Inspection

Header section containing organization details: HAWAI'I PACIFIC HEALTH, EIN 99-0246363, address 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813, and principal officer RAYMOND P. VARA JR.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (Total: 249,523,867), Expenses (Total: 249,244,189), and Net Assets or Fund Balances (Total: 505,367,379).

Part II Signature Block

Signature block containing officer signature (Carrie Ann Tsutsui), date (5/16/24), and preparer information (Lauren E. Bennett, Ernst & Young US LLP).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check 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 \$ 131,209,837 including grants of \$ 698,612) (Revenue \$ 220,800,072)
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 131,209,837

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

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

Yes No

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a: 1,307), and Yes/No checkboxes. Some cells are shaded grey.

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed 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) RAYMOND P. VARA JR. BOARD OF DIRECTOR, PRESIDENT & CEO	50.2 11.9	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				3,043,387	0	2,402,439
(2) DAVID OKABE EVP, CFO & TREASURER	31.0 19.0			<input checked="" type="checkbox"/>				1,305,584	0	568,803
(3) DAVID UNDERRINER EVP (PART YEAR)	10.0 30.0			<input checked="" type="checkbox"/>				1,018,549	0	375,272
(4) ARTHUR GLADSTONE EVP & CSO	30.0 25.0			<input checked="" type="checkbox"/>				925,130	0	456,766
(5) LESLIE CHUN, M.D. EVP	6.0 54.0			<input checked="" type="checkbox"/>				930,474	0	441,620
(6) STEVEN ROBERTSON EVP & CIO	36.0 16.5			<input checked="" type="checkbox"/>				837,344	0	416,252
(7) CHARLES R. CHING EVP, GENERAL COUNSEL & SECRETARY	26.1 13.9			<input checked="" type="checkbox"/>				822,744	0	397,894
(8) JENNIE CHAHANOVICH EVP	1.5 55.0			<input checked="" type="checkbox"/>				737,536	0	329,800
(9) TODD MILLER, M.D. BOARD OF DIRECTOR	0.4 40.2	<input checked="" type="checkbox"/>						0	751,076	22,497
(10) DOUGLAS KWOCK, M.D. VP	4.0 36.0			<input checked="" type="checkbox"/>				563,911	0	134,462
(11) GIDGET RUSCETTA, R.N. COO - KMCWC	5.0 45.0					<input checked="" type="checkbox"/>		571,353	0	112,747
(12) SHILPA PATEL, M.D. SVP & CQO	24.3 16.2			<input checked="" type="checkbox"/>				540,119	0	142,995
(13) TERENCE YOUNG VP	8.0 52.0					<input checked="" type="checkbox"/>		534,768	0	104,265
(14) JOHN MCNAMARA SVP & CMO (PART YEAR)	13.0 27.0			<input checked="" type="checkbox"/>				476,990	0	120,553

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) DAWN DUNBAR SVP	9.5 35.5			✓				459,578	0	133,114
(16) TRAVIS CLEGG COO-SCH	0.0 50.0					✓		471,478	0	119,150
(17) WARREN CHAIKO SVP	4.0 36.0			✓				442,278	0	135,712
(18) GLORIA BROOKS COO - PMMC	1.0 39.0					✓		395,211	0	99,596
(19) MICHAEL ROBINSON VP	49.1 0.9			✓				396,265	0	93,346
(20) JAMES LIN, M.D. VP	45.1 2.6			✓				367,457	0	110,369
(21) DAVID STUMBAUGH VP	4.0 36.0			✓				346,794	0	106,754
(22) TROY BRANSTETTER VP	10.5 47.5			✓				362,848	0	85,817
(23) WILLIAM BURKE VP	24.0 28.0			✓				344,107	0	100,289
(24) LORRIE-ANN LUKE VP	27.5 14.0			✓				337,450	0	104,800
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								16,231,355	751,076	7,115,312
c Total from continuation sheets to Part VII, Section A								3,447,044	929,306	746,435
d Total (add lines 1b and 1c)								19,678,399	1,680,382	7,861,747

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 413

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

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	30,817,087
PROLINK HEALTHCARE LLC, 4600 MONTGOMERY RD STE 300, CINCINNATI, OH 45212	STAFFING SERVICES	27,837,882
HAWAIIAN DREDGING CONSTRUCTION, PO BOX 4088, HONOLULU, HI 96812-4088	CONSTRUCTION SERVICES	27,645,330
SODEXO INC AND AFFILIATES, 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	FOOD & ENVIRONMENT SERVICES	12,801,123
TRELLIS RX LLC, 655 METRO PL STE 450, DUBLIN, OH 43017	MEDICAL SERVICES	10,974,487
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	273	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations	65,859				
	1e	Government grants (contributions)	11,903,593				
	1f	All other contributions, gifts, grants, and similar amounts not included above	402,475				
	1g	Noncash contributions included in lines 1a-1f	\$				
	1h	Total. Add lines 1a-1f	12,371,927				
	Program Service Revenue	2a	ADMIN/MGMT SERVICES Business Code 560000	216,668,057	214,640,411	2,027,646	
2b		HAWAII HEALTH PARTNERS Business Code 561000	3,677,686	3,677,686			
2c		GRANT AND CLINICAL TRIALS Business Code 621500	73,459	73,459			
2d		NET PATIENT REVENUE Business Code 624190	380,870	380,870			
2e							
2f		All other program service revenue	0	0	0	0	
2g		Total. Add lines 2a-2f	220,800,072				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	6,092,815		5,486,450	606,365	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	6d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	85,165,590			
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	74,906,537				
	7c	Gain or (loss)	10,259,053	0			
	7d	Net gain or (loss)	10,259,053			10,259,053	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8b	Less: direct expenses						
8c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
9c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
10c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code					
	11b						
	11c						
	11d	All other revenue	0	0	0	0	
	11e	Total. Add lines 11a-11d	0				
12	Total revenue. See instructions	249,523,867	218,772,426	7,514,096	10,865,418		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	698,612	698,612		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	16,549,059	11,584,341	4,964,718	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	192,351		192,351	
7	Other salaries and wages	109,653,618	49,114,280	58,998,920	1,540,418
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,144,624	5,105,197	2,982,096	57,331
9	Other employee benefits	12,168,478	7,444,173	4,449,719	274,586
10	Payroll taxes	8,299,869	4,555,255	3,625,236	119,378
11	Fees for services (nonemployees):				
a	Management				
b	Legal	4,223,582	374	4,223,208	
c	Accounting	309,124		309,124	
d	Lobbying	57,600	0	57,600	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,211,154		1,211,154	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	17,223,348	4,587,778	12,634,243	1,327
12	Advertising and promotion	3,789,048	20,707	3,768,341	
13	Office expenses	255,407	135,612	119,795	
14	Information technology	26,424,508	17,183,205	9,241,303	
15	Royalties				
16	Occupancy	4,561,798	2,742,640	1,819,158	
17	Travel	790,933	334,929	454,098	1,906
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	92,062	35,384	56,678	
20	Interest	2,769,670	2,712,633	57,037	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,043,840	9,917,663		126,177
23	Insurance	219,446		219,446	
24	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.)				
a	<u>PROGRAM SERVICE EXPENDITURES</u>	12,438,189	12,438,189		
b	<u>OTHER PURCHASES</u>	1,520,350	538,874	981,476	
c	<u>BANK SERVICE FEES</u>	1,507,922	648,048	859,874	
d	<u>UBI TAXES</u>	586,464	0	586,464	
e	All other expenses	5,513,133	1,411,943	4,099,661	1,529
25	Total functional expenses. Add lines 1 through 24e	249,244,189	131,209,837	115,911,700	2,122,652
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	133,266,051	2	131,548,564
	3 Pledges and grants receivable, net	2,230,855	3	1,363,476
	4 Accounts receivable, net	259,887	4	240,669
	5 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	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,614,796	9	11,488,288
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 174,033,722		
	b Less: accumulated depreciation	10b 116,516,409	56,591,094	10c 57,517,313
	11 Investments—publicly traded securities	177,399,300	11	153,029,294
	12 Investments—other securities. See Part IV, line 11	555,106,821	12	569,562,849
	13 Investments—program-related. See Part IV, line 11	4,800,000	13	7,500,000
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	262,740,358	15	272,471,310
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,202,009,162	16	1,204,721,763	
Liabilities	17 Accounts payable and accrued expenses	48,439,074	17	62,187,440
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	367,554,916	20	358,605,572
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	95,434,245	23	91,805,290
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	166,536,283	25	186,756,082
	26 Total liabilities. Add lines 17 through 25	677,964,518	26	699,354,384
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	501,359,965	27	481,876,564
	28 Net assets with donor restrictions	22,684,679	28	23,490,815
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	524,044,644	32	505,367,379
33 Total liabilities and net assets/fund balances	1,202,009,162	33	1,204,721,763	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	249,523,867
2	Total expenses (must equal Part IX, column (A), line 25)	2	249,244,189
3	Revenue less expenses. Subtract line 2 from line 1	3	279,678
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	524,044,644
5	Net unrealized gains (losses) on investments	5	39,922,680
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(58,879,623)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	505,367,379

Part XII Financial Statements and Reporting

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

	Yes	No
1 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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a 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?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	

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) MATTHEW SASAKI ----- VP - HHP	40.0 ----- 0.0					✓	394,438	0	34,733	
(26) CARRIE ANN TSUTSUI ----- VP & CONTROLLER	18.1 ----- 30.3			✓			325,583	0	88,491	
(27) LOUISE FUKUMOTO ----- VP	14.0 ----- 26.0			✓			317,587	0	89,707	
(28) PETER LEWIS ----- VP & CHIEF INFORMATION SECURITY OFFICER	36.8 ----- 3.2			✓			371,348	0	27,754	
(29) SUNSHINE TOPPING ----- FORMER OFFICER	0.0 ----- 0.0					✓	276,869	0	102,844	
(30) DEAN TATEYAMA ----- VP	21.9 ----- 18.1			✓			326,450	0	47,152	
(31) ROBERT WOTRING II, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 40.4	✓					0	336,557	21,428	
(32) KATSUYA (ANDY) IIZUKA, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 40.0	✓					0	304,526	36,878	
(33) AMY THOMAS, R.N. ----- SYSTEM CHIEF NURSING EXECUTIVE	40.0 ----- 0.0			✓			272,787	0	55,843	
(34) DAWN MIURA, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 40.2	✓					4,688	288,223	15,602	
(35) KATIE SHIGEMITSU ----- COMPLIANCE OFFICER	13.5 ----- 26.5			✓			248,126	0	35,368	
(36) JESSICA LEWIS ----- ASSISTANT CORPORATE SECRETARY	17.0 ----- 23.0			✓			190,855	0	47,962	
(37) KEOKI CLEMENTE ----- COMPLIANCE OFFICER	16.0 ----- 24.0			✓			182,524	0	46,630	
(38) JAN BOIVIN ----- SVP	38.4 ----- 12.6			✓			212,332	0	9,721	
(39) CLAIRE TONG ----- VP	13.0 ----- 27.0			✓			162,327	0	42,665	
(40) REINA (FRANCE) GRAVES ----- PRIVACY OFFICER	21.6 ----- 18.4			✓			161,130	0	43,657	
(41) KEITH MATSUMOTO, M.D. ----- BOARD OF DIRECTOR (PART YEAR)	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			
(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) TAD JACKSON, M.D. ----- BOARD OF DIRECTOR	0.4 ----- 0.0	✓					0	0	0
(52) TRINETTE KAUI ----- BOARD OF DIRECTOR	0.4 ----- 0.2	✓					0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization HAWAI'I PACIFIC HEALTH	Employer identification number 99-0246363
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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 7
- 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) KAUA'I MEDICAL CLINIC	99-0326099	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		142	
(B) KAPI'OLANI 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)						
Total					144,520,893	0

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		✓
b A family member of a person described on line 11a above?		✓
c 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 Part VI .		✓

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part 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 5A - ADDED, SUBSTITUTED, OR REMOVED SUP. ORG.	IN TAX YEAR 2024, HAWAII PACIFIC HEALTH ADDED ONE SUPPORTED ORGANIZATION- ACADEMY FOR HEALTHCARE INNOVATION ("AHI"), FEIN: 33-4642134. THE SUPPORTED ORGANIZATION ADDITION WAS COMPLETED IN ACCORDANCE WITH HPH'S GOVERNING DOCUMENTS, AND APPROVED BY THE BOARD OF DIRECTORS ON MARCH 27, 2025. AHI WAS ADDED AS PART OF THE HPH HEALTHCARE SYSTEM IN ITS MISSION TO CREATE A HEALTHIER HAWAI'I. LIKE HPH'S OTHER SUPPORTED ORGANIZATIONS, HPH IS AHI'S SOLE MEMBER WITH THE RIGHT TO ELECT MEMBERS OF THE GOVERNING BODY AND / OR APPROVE SIGNIFICANT DECISIONS OF THE AHI 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	FIVE 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 - ORGANIZATION HAVE THE POWER TO REGULARLY APPOINT OR ELECT A MAJORITY OF THE OFFICER, DIRECTORS, OR TRUSTEES	HAWAI'I PACIFIC HEALTH ('HPH') IS THE SOLE MEMBER WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BOARD 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 BOARD 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).	✓		144,320,751	
ACADEMY FOR HEALTHCARE INNOVATION	33-4642134	2. SCHOOL. SECTION 170(B)(1)(A)(II).	✓		200,000	

**Schedule B
(Form 990)**

(Rev. January 2025)
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 for the latest information.

OMB No. 1545-0047

Name of the organization HAWAI'I 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 33¹/₃% 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 HAWAI'I PACIFIC HEALTH	Employer identification number 99-0246363
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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	----- ----- -----	\$ ----- 155,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 65,859	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 63,749	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 45,640	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 25,000	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
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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	----- ----- -----	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 6,971	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input 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
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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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization HAWAI'I PACIFIC HEALTH	Employer identification number 99-0246363
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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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 HAWAI'I PACIFIC HEALTH	Employer identification number (EIN) 99-0246363
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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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		57,600
j Total. Add lines 1c through 1i			57,600
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<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)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 2 columns: Description, Amount. Rows include whether organization elected not to report art assets and amounts for revenue and assets.

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
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,799,901	11,328,682	11,473,655	12,376,820	12,631,036
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	632,181	528,781	144,973	903,165	254,216
f Administrative expenses					
g End of year balance	10,167,720	10,799,901	11,328,682	11,473,655	12,376,820

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:

	Yes	No
(i) Unrelated organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,981,997		14,981,997
b Buildings		3,161,352	1,942,505	1,218,847
c Leasehold improvements		9,931,184	9,331,839	599,345
d Equipment		131,803,252	105,242,065	26,561,187
e Other		14,155,937		14,155,937
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				57,517,313

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	97,733,573	END OF YEAR MARKET VALUE
(3) Other		
(A) LIMITED PARTNERSHIP	310,057,499	END OF YEAR MARKET VALUE
(B) HPH BOARD DESIGNATED	6,527,871	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	3,107,898	END OF YEAR MARKET VALUE
(F) HELD BY TRUSTEE	148,136,012	END OF YEAR MARKET VALUE
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	569,562,849	

Part VIII Investments—Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, 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	110,817,251
(2) NOTE RECEIVABLE HPHPI	69,880,591
(3) PREPAID PENSION	48,021,277
(4) DUE FROM KAPI'OLANI MED. SPECIALISTS	5,198,249
(5) DEFERRED CHARGES - TK57	12,827,781
(6) OTHER RECEIVABLES	6,192,770
(7) RIGHT OF USE ASSETS OPERATING	5,886,671
(8) LT CLOUD COMPUTE ARRANGE	5,552,756
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	272,471,310

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	127,156,674
(3) LINE OF CREDIT	35,000,000
(4) OTHER LONG TERM LIABILITIES	14,264,414
(5) LT LEASE LIABILITY - OPERATING	4,040,535
(6) ST LEASE LIABILITY - OPERATING	2,827,185
(7) LT LEASE LIABILITY - FINANCE	729,936
(8) LT FEDERAL EXCISE TAX	726,250
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	186,756,082

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

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
DEFERRED CHARGES - RETIREMENT	2,309,872
INVESTMENT LIFE INSURANCE CSV	1,472,219
RIGHT OF USE ASSETS FINANCE	1,173,219
DUE FROM PALI MOMI FOUNDATION	685,411
DUE FROM HPHPI	505,103
DUE FROM KAUA'I MEDICAL CENTER	338,190
DUE FROM HONOLULU SURGERY CENTER	229,919
DUE FROM WILCOX MEMORIAL HOSPITAL	202,308
DUE FROM KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	200,126
DUE FROM PROVIDERS INSURANCE CORP.	193,885
DUE FROM KAPI'OLANI HEALTH FOUNDATION	173,198
DUE FROM ACADEMY FOR HEALTHCARE INNOVATION	164,284
DUE FROM STRAUB FOUNDATION	150,852
DUE FROM PALI MOMI MEDICAL CENTER	146,278
DUE FROM WILCOX HEALTH FOUNDATION	56,811
DEFERRED CHARGES - LEASE/DEPOSIT	35,299
DUE FROM KEAHONUOKALANI	25,419
ARTWORK	24,569
DUE FROM HICORD, INC.	7,002

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
ST LEASE LIABILITY - FINANCE	595,238
UH JABSOM SCHOLARSHIP PLEDGE	528,575
DEFERRED RENT LIABILITY	376,849
STALE DATED AP CHECKS	335,285
DUE TO STRAUB CLINIC & HOSPITAL	174,909
DUE TO HAWAII ISOTOPE TECHNOLOGY	232

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)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HAWAI'I PACIFIC HEALTH

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		100,275,024
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		1,862,876
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			102,137,900
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			102,137,900

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

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

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 V - FOREIGN INVESTMENTS	HAWAI'I PACIFIC HEALTH, WITH THE GUIDANCE OF THE INVESTMENT ADVISORY GROUP, 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 I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HAWAII PACIFIC HEALTH

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) HEALTHCARE ASSOCIATION OF HAWAII 707 RICHARDS ST. PH2, HONOLULU, HI 96813	99-0105817	501(C)(6)	85,000				GENERAL SUPPORT
(2) UNIVERSITY OF HAWAII 1334 LOWER CAMPUS ROAD, HONOLULU, HI 96822	99-6000354	GOVERNMENT	71,150				GENERAL SUPPORT
(3) AMERICAN HEART ASSOCIATION PO BOX 4002030, DES MOINES, IA 50340	13-5613797	501(C)(3)	65,000				GENERAL SUPPORT
(4) ALOHA UNITED WAY 200 N VINE BLVD., STE 700, HONOLULU, HI 96817	99-0073494	501(C)(3)	40,000				GENERAL SUPPORT
(5) UH FOUNDATION 2444 DOLE ST. #105, HONOLULU, HI 96822	99-0085260	501(C)(3)	41,000				GENERAL SUPPORT
(6) COMMUNITIES FOUNDATION OF OKLAHOMA PO BOX 21210, OKLAHOMA CITY, OK 73156	73-1396320	501(C)(3)	25,000				GENERAL SUPPORT
(7) HAWAII EXECUTIVE COLLABORATIVE 827 FORT ST. MALL 2ND FL., HONOLULU, HI 96813	84-4041099	501(C)(3)	25,000				GENERAL SUPPORT
(8) WOMENS FUND OF HAWAII PO BOX 438, HONOLULU, HI 96809	30-0273733	501(C)(3)	25,000				GENERAL SUPPORT
(9) AMERICAN CANCER SOCIETY 2370 NUUANU AVENUE, HONOLULU, HI 96817	13-1788491	501(C)(3)	20,000				GENERAL SUPPORT
(10) CHAMBER OF COMMERCE HAWAII 733 BISHOP ST. STE. 1200, HONOLULU, HI 96813	99-0035510	501(C)(6)	20,000				GENERAL SUPPORT
(11) CHILD AND FAMILY SERVICE 91-1841 FT WEAVER RD, EWA BEACH, HI 96706	99-0073483	501(C)(3)	20,000				GENERAL SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 25

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

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

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) HONOLULU NAVY LEAGUE PO BOX 31032, HONOLULU, HI 96820	23-7449195	501(C)(3)	20,000				GENERAL SUPPORT
(13) THE GIFT FOUNDATION OF HAWAII PO BOX 26297, HONOLULU, HI 96825	30-0266316	501(C)(3)	17,000				GENERAL SUPPORT
(14) AFTER SCHOOL ALL STARS HAWAII 1523 KALAKAUA AVENUE, SUITE 202, HONOLULU, HI 96826	27-4604870	501(C)(3)	15,000				GENERAL SUPPORT
(15) AMERICAN RED CROSS 4155 DIAMOND HEAD ROAD, HONOLULU, HI 96816	53-0196605	501(C)(3)	15,000				GENERAL SUPPORT
(16) HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE., HONOLULU, HI 96826	99-0073490	501(C)(3)	15,000				GENERAL SUPPORT
(17) HONOLULU MUSEUM OF ART 900 S. BERETANIA ST., HONOLULU, HI 96814	99-0079713	501(C)(3)	15,000				GENERAL SUPPORT
(18) BOYS AND GIRLS CLUB OF HAWAII 1000 BISHOP ST., SUITE 505, HONOLULU, HI 96813	99-6005407	501(C)(3)	12,000				GENERAL SUPPORT
(19) SHIDLER ALUMNI ASSOCIATION 2404 MAILE WAY, ROOM C202, HONOLULU, HI 96822	99-0339302	501(C)(3)	11,000				GENERAL SUPPORT
(20) FAMILY PROMISE OF HAWAII 245 N. KUKUI ST. STE. 101, HONOLULU, HI 96817	20-2645489	501(C)(3)	10,000				GENERAL SUPPORT
(21) HELPING HANDS HAWAII 2100 N. NIMITZ HIGHWAY, HONOLULU, HI 96819	23-7365077	501(C)(3)	10,000				GENERAL SUPPORT
(22) MAKE A WISH HAWAII 900 FORT ST. MALL STE. 1200, HONOLULU, HI 96813	99-0220777	501(C)(3)	10,000				GENERAL SUPPORT
(23) MARCH OF DIMES 1580 MAKALOA ST. STE. 1200, HONOLULU, HI 96814	13-1846366	501(C)(3)	10,000				GENERAL SUPPORT
(24) TEACH FOR AMERICA INC. 500 ALA MOANA BLVD., STE. 3-580, HONOLULU, HI 96813	13-3541913	501(C)(3)	10,000				GENERAL SUPPORT
(25) THE MEDIATION CENTER OF THE PACIFIC 1301 YOUNG ST., HONOLULU, HI 96814	99-0192700	501(C)(3)	10,000				GENERAL SUPPORT
(26) DIAMOND HEAD THEATRE 520 MAKAPUU AVE., HONOLULU, HI 96813	99-0073495	501(C)(3)	7,500				GENERAL SUPPORT
(27) ESPN PRODUCTIONS, INC. 1003 BISHOP ST., STE. 1990, HONOLULU, HI 96813	13-3759888		6,500				GENERAL SUPPORT
(28) HAWAII WOMEN'S LEGAL FOUNDATION PO BOX 2576, HONOLULU, HI 96803	99-0217537	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.

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HAWAI'I PACIFIC HEALTH

Employer identification number

99-0246363

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	✓	
<p>2 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?</p>	✓	
<p>3 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
	✓	
		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p>7 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</p>		✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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) 1,260,109	838,646	944,632	2,382,431	20,008	5,445,826	709,655
	(ii)	0	0	0	0	0	0	0
2	DAVID OKABE EVP, CFO & TREASURER	(i) 624,373	209,979	471,232	551,845	16,958	1,874,387	253,888
	(ii)	0	0	0	0	0	0	0
3	DAVID UNDERRINER EVP (PART YEAR)	(i) 645,749	219,868	152,932	355,337	19,935	1,393,821	189,657
	(ii)	0	0	0	0	0	0	0
4	ARTHUR GLADSTONE EVP & CSO	(i) 565,932	190,996	168,202	431,337	25,429	1,381,896	213,071
	(ii)	0	0	0	0	0	0	0
5	LESLIE CHUN, M.D. EVP	(i) 615,100	205,459	109,915	414,397	27,223	1,372,094	211,855
	(ii)	0	0	0	0	0	0	0
6	STEVEN ROBERTSON EVP & CIO	(i) 507,874	171,107	158,363	399,294	16,958	1,253,596	207,799
	(ii)	0	0	0	0	0	0	0
7	CHARLES R. CHING EVP, GENERAL COUNSEL & SECRETARY	(i) 492,816	166,082	163,846	380,936	16,958	1,220,638	189,528
	(ii)	0	0	0	0	0	0	0
8	JENNIE CHAHANOVICH EVP	(i) 418,880	159,613	159,043	315,241	14,559	1,067,336	157,174
	(ii)	0	0	0	0	0	0	0
9	TODD MILLER, M.D. BOARD OF DIRECTOR	(i) 0	0	0	0	0	0	0
	(ii)	681,050	0	70,026	13,800	8,697	773,573	0
10	DOUGLAS KWOCK, M.D. VP	(i) 423,818	86,133	53,960	107,599	26,863	698,373	64,656
	(ii)	0	0	0	0	0	0	0
11	GIDGET RUSCETTA, R.N. COO - KMCWC	(i) 389,839	104,304	77,210	96,430	16,317	684,100	82,607
	(ii)	0	0	0	0	0	0	0
12	SHILPA PATEL, M.D. SVP & CQO	(i) 403,174	96,598	40,347	115,796	27,199	683,114	63,839
	(ii)	0	0	0	0	0	0	0
13	TERENCE YOUNG VP	(i) 398,182	99,084	37,502	93,682	10,583	639,033	63,721
	(ii)	0	0	0	0	0	0	0
14	JOHN MCNAMARA SVP & CMO (PART YEAR)	(i) 331,481	97,126	48,383	110,392	10,161	597,543	66,901
	(ii)	0	0	0	0	0	0	0
15	DAWN DUNBAR SVP	(i) 326,138	88,166	45,274	105,915	27,199	592,692	66,180
	(ii)	0	0	0	0	0	0	0
16	SEE NEXT PAGE	(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) TRAVIS CLEGG COO-SCH	(i)	362,808	75,952	32,718	91,855	27,295	590,628	75,685
	(ii)	0	0	0	0	0	0	0
(17) WARREN CHAIKO SVP	(i)	291,616	79,851	70,811	105,591	30,121	577,990	59,938
	(ii)	0	0	0	0	0	0	0
(18) GLORIA BROOKS COO - PMMC	(i)	304,642	62,107	28,462	90,178	9,418	494,807	54,235
	(ii)	0	0	0	0	0	0	0
(19) MICHAEL ROBINSON VP	(i)	300,828	59,356	36,081	82,284	11,062	489,611	44,127
	(ii)	0	0	0	0	0	0	0
(20) JAMES LIN, M.D. VP	(i)	283,193	58,207	26,057	83,339	27,030	477,826	43,693
	(ii)	0	0	0	0	0	0	0
(21) DAVID STUMBAUGH VP	(i)	266,440	53,633	26,721	80,775	25,979	453,548	38,755
	(ii)	0	0	0	0	0	0	0
(22) TROY BRANSTETTER VP	(i)	270,194	57,896	34,758	77,119	8,698	448,665	37,180
	(ii)	0	0	0	0	0	0	0
(23) WILLIAM BURKE VP	(i)	257,950	52,998	33,159	79,608	20,681	444,396	39,783
	(ii)	0	0	0	0	0	0	0
(24) LORRIE-ANN LUKE VP	(i)	253,631	51,171	32,648	77,170	27,630	442,250	38,412
	(ii)	0	0	0	0	0	0	0
(25) MATTHEW SASAKI VP - HHP	(i)	295,115	78,144	21,179	24,150	10,583	429,171	43,226
	(ii)	0	0	0	0	0	0	0
(26) CARRIE ANN TSUTSUI VP & CONTROLLER	(i)	249,774	50,341	25,468	75,717	12,774	414,074	37,789
	(ii)	0	0	0	0	0	0	0
(27) LOUISE FUKUMOTO VP	(i)	238,673	48,057	30,857	73,027	16,680	407,294	36,074
	(ii)	0	0	0	0	0	0	0
(28) PETER LEWIS VP & CHIEF INFORMATION SECURITY OFFICER	(i)	290,129	57,057	24,162	25,875	1,879	399,102	42,830
	(ii)	0	0	0	0	0	0	0
(29) SUNSHINE TOPPING FORMER OFFICER	(i)	145,231	97,406	34,232	91,623	11,221	379,713	74,815
	(ii)	0	0	0	0	0	0	0
(30) DEAN TATEYAMA VP	(i)	238,720	48,057	39,673	30,535	16,617	373,602	36,074
	(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)	296,276	0	40,281	13,073	8,355	357,985	0
(32) KATSUYA (ANDY) IIZUKA, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	289,611	0	14,915	12,044	24,834	341,404	0
(33) AMY THOMAS, R.N. SYSTEM CHIEF NURSING EXECUTIVE	(i)	233,788	32,384	6,615	26,135	29,708	328,630	0
	(ii)	0	0	0	0	0	0	0
(34) DAWN MIURA, M.D. BOARD OF DIRECTOR	(i)	0	0	4,688	0	0	4,688	0
	(ii)	279,209	0	9,014	6,249	9,353	303,825	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)	237,675	0	10,451	25,179	10,189	283,494	0
	(ii)	0	0	0	0	0	0	0
(36) JESSICA LEWIS ASSISTANT CORPORATE SECRETARY	(i)	182,430	7,827	598	18,897	29,065	238,817	0
	(ii)	0	0	0	0	0	0	0
(37) KEOKI CLEMENTE COMPLIANCE OFFICER	(i)	169,096	12,155	1,273	19,811	26,819	229,154	0
	(ii)	0	0	0	0	0	0	0
(38) JAN BOIVIN SVP	(i)	166,340	7,500	38,492	0	9,721	222,053	0
	(ii)	0	0	0	0	0	0	0
(39) CLAIRE TONG VP	(i)	144,518	14,644	3,165	16,520	26,145	204,992	0
	(ii)	0	0	0	0	0	0	0
(40) REINA (FRANCE) GRAVES PRIVACY OFFICER	(i)	159,693	0	1,437	17,388	26,269	204,787	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
<p>SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE</p>	<p>HOUSING ALLOWANCES WERE PAID FOR ONE OFFICER OF THE ORGANIZATION. ALL AMOUNTS HAVE BEEN INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME.</p>
<p>SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES</p>	<p>HEALTH/SOCIAL CLUB DUES WERE PAID FOR NINE OFFICERS OF THE ORGANIZATION. ALL AMOUNTS HAVE BEEN INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<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. - \$236,450 DAVID OKABE - \$89,681 STEVEN ROBERTSON - \$61,201 ARTHUR GLADSTONE - \$56,841 CHARLES R. CHING - \$52,702 LESLIE CHUN, M.D. - \$49,140 JENNIE CHAHANOVICH - \$28,518 DAVID UNDERRINER - \$63,232</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. - \$763,646 DAVID UNDERRINER - \$219,868 LESLIE CHUN - \$205,459 DAVID OKABE - \$209,979 ARTHUR GLADSTONE - \$190,996 STEVEN ROBERTSON - \$171,107 CHARLES R. CHING - \$166,083 JENNIE CHAHANOVICH - \$144,613 GIDGET RUSCETTA - \$69,305 TRAVIS CLEGG - \$75,952 SUNSHINE TOPPING - \$89,906 JOHN MCNAMARA - \$89,126 DAWN DUNBAR - \$88,166 DOUGLAS KWOCK - \$86,133 SHILPA PATEL - \$91,598 TERENCE YOUNG - \$74,084 WARREN CHAIKO - \$79,850 GLORIA BROOKS - \$62,107 MICHAEL ROBINSON - \$59,356 JAMES LIN - \$58,207 MATTHEW SASAKI - \$58,144 PETER LEWIS - \$57,057 WILLIAM BURKE - \$52,998 DAVID STUMBAUGH - \$53,633 LORRIE-ANN LUKE - \$51,171 CARRIE ANN TSUTSUI - \$50,341 TROY BRANSTETTER - \$52,896 DEAN TATEYAMA - \$48,057 LOUISE FUKUMOTO - \$48,057</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 PLAN DOES NOT REPLACE THE ANNUAL AND LONG-TERM INCENTIVE PLAN NOR THE SERP RESTORATION PLAN.</p>

**SCHEDULE K
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HAWAI'I 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) Deceased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	STATE OF HAWAI'I - DEPT OF BUDGET & FINANCE	99-0266961	000000000	05/15/2019	48,079,910	SEE PART VI		✓		✓		✓
B	STATE OF HAWAI'I - DEPT OF BUDGET & FINANCE	99-0266961	419800NJ2	07/03/2023	136,225,393	SEE PART VI		✓		✓		✓
C	STATE OF HAWAI'I - DEPT OF BUDGET & FINANCE	99-0266961	419800PS0	01/10/2024	199,996,456	SEE PART VI		✓		✓		✓
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	15,235,450		4,100,000		950,000			
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	48,079,910		136,225,393		211,980,688			
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0				3,238,151			
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	493,599		1,348,941		1,511,113			
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0				61,679,357			
11	Other spent proceeds	47,586,311		134,876,452					
12	Other unspent proceeds	0				145,552,067			
13	Year of substantial completion	2019		2023					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓		✓		✓		✓	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓		✓		✓		✓
16	Has the final allocation of proceeds been made?	✓		✓		✓		✓	
17	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) (Rev. 1-2025)

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓		✓		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	✓		✓		✓			
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓		✓		✓			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓		✓			
c Are there any research agreements that may result in private business use of bond-financed property?	✓		✓		✓			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓		✓		✓			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.40 %		0.62 %		0.00 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5	0.40 %		0.62 %		0.00 %			
7 Does the bond issue meet the private security or payment test?		✓		✓		✓		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	✓			✓		✓		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	33.83 %							
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		✓						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓		✓			

Part IV Arbitrage

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

Return Reference - Identifier	Explanation
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.
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE OF TAX EXEMPT BONDS	<p>LINE A SERIES 2013-A IS NEW MONEY TO FUND THE KAPI'OLANI EXPANSION OF NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS AND OTHER CLINICAL SERVICES. SERIES 2013-B IS REFUNDING SERIES 1998 BONDS ISSUED ON 04/08/1998 AND SERIES 2004-A BONDS ISSUED ON 01/14/2004.</p> <p>LINE B TO REFUND SERIES 2013-C BOND ISSUED 10/03/2013.</p> <p>LINE C TO REFUND SERIES 2013-C BOND ISSUED 10/03/2013.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Hawai'i Pacific Health

Employer identification number

99-0246363

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	<p>OUTPATIENT OPERATING ROOMS IN FISCAL YEAR 2025, HAWAII PACIFIC HEALTH SPENT A TOTAL OF \$ 56,590,492 IN DIRECT EXPENSES FOR OUTPATIENT OPERATING ROOMS AND SURGICAL PROCEDURES, AS PART OF OUR COMMITMENT TO PROVIDE CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. HAWAII PACIFIC HEALTH MEDICAL CENTERS PERFORMED A TOTAL OF 9,659 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 2025, KAPI'OLANI PERFORMED 3,172 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 2025, PALI MOMI PERFORMED 3,160 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 2025 STRAUB PERFORMED 2,031 OUTPATIENT SURGERIES. WILCOX MEMORIAL HOSPITAL (WILCOX) HAS A STATE-OF-THE-ART SURGICAL CENTER AND IN FISCAL YEAR 2025 PERFORMED 1,296 OUTPATIENT SURGERIES.</p> <p>OUTPATIENT EMERGENCY DEPARTMENTS IN FISCAL YEAR 2025, HAWAII PACIFIC HEALTH SPENT A TOTAL OF \$53,750,536 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. HAWAII PACIFIC HEALTH MEDICAL CENTERS, WHICH ARE OPEN 24/7, SERVED A TOTAL OF 104,359 PATIENTS FOR OUTPATIENT ED VISITS. KAPI'OLANI IS THE ONLY LEVEL III PEDIATRIC TRAUMA CENTER SERVING HAWAII AND THE PACIFIC REGION. IN FISCAL YEAR 2025, KAPI'OLANI'S ED HAD 37,264 OUTPATIENT ED VISITS. PALI MOMI IS THE ONLY LEVEL III TRAUMA CENTER SERVING CENTRAL AND WEST O'AHU AND IN FISCAL YEAR 2025, PALI MOMI HAD 29,562 OUTPATIENT ED VISITS. IN FISCAL YEAR 2025, STRAUB HAD 22,306 OUTPATIENT ED VISITS. WILCOX IS THE FIRST AMERICAN COLLEGE OF SURGEONS VERIFIED LEVEL III TRAUMA CENTER IN THE STATE OF HAWAII. IN FISCAL YEAR 2025, WILCOX HAD 15,227 OUTPATIENT ED VISITS ON KAUA'I.</p> <p>OUTPATIENT INFUSION SERVICES IN FISCAL YEAR 2025, HAWAII PACIFIC HEALTH SPENT \$47,320,994 IN DIRECT EXPENSES FOR INFUSION SERVICES AS PART OF ITS COMMITMENT TO PROVIDE HIGH-QUALITY MEDICAL CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. HAWAII PACIFIC HEALTH MEDICAL CENTERS SERVED A TOTAL OF 10,191 PATIENTS FOR OUTPATIENT INFUSION SERVICES.</p> <p>THE DR. JAMES T. KAKUDA CANCER CENTER AT PALI MOMI IS THE FIRST INTEGRATED CENTER OF ITS KIND IN THE CENTRAL AND WEST OAHU REGION, PROVIDING PATIENTS WITH EXCELLENT, NATIONALLY ACCREDITED CARE. THE CENTER PROVIDES A FULL SPECTRUM OF CANCER SERVICES IN ONE CENTRALIZED LOCATION, ALLOWING PATIENTS THE CONVENIENCE OF RECEIVING CARE AT A SINGLE FACILITY CLOSE TO HOME. TO BETTER SERVE OUR PATIENTS, ONCOLOGY SPECIALISTS FROM ACROSS THE HAWAII PACIFIC HEALTH SYSTEM NOW TRAVEL TO SEE THEIR PATIENTS AT THE CENTER, ALLOWING PATIENTS ACCESS TO EXPERT CARE TEAMS WHO SPECIALIZE IN THEIR SPECIFIC TYPE OF CANCER FROM DIAGNOSIS TO TREATMENT TO SURVIVORSHIP. THE CENTER ALSO FEATURES A COMPLETE INFUSION SUITE THAT SERVES PATIENTS OF VARIED CONDITIONS FOR HYDRATION, BLOOD TRANSFUSIONS AND MEDICATION INJECTIONS. IN FISCAL YEAR 2025, PALI MOMI PROVIDED OUTPATIENT INFUSION SERVICES FOR 6,881 PATIENTS.</p> <p>WILCOX IS ALSO DEDICATED TO REDUCING CANCER RATES THROUGH ADVANCES IN EARLY DETECTION, PREVENTION AND EDUCATION. WILCOX IS AN ACCREDITED CANCER PROGRAM THROUGH THE AMERICAN COLLEGE OF SURGEONS. OUR BOARD-CERTIFIED PHYSICIANS EVALUATE AND TREAT ALL TYPES OF CANCER AND BLOOD DISORDERS TO ALLOW PATIENTS ACCESS TO EXCELLENT CARE ON ISLAND, WHICH HELPS MAINTAIN THEIR SUPPORT NETWORK OF FAMILY AND FRIENDS BOTH DURING AND AFTER TREATMENT. THE INFUSION CENTER PROVIDES HIGH-QUALITY CARE IN A STRESS-FREE, HEALING ENVIRONMENT. IT IS LOCATED AT THE MAIN ENTRANCE OF THE MEDICAL CENTER. WITH 10 INFUSION STATIONS, THE STATE-OF-THE-ART CENTER PROVIDES A RELAXED, HOMELIKE SETTING WITH NATURAL LIGHT AND COMMUNAL OR PRIVATE SEATING. THE FACILITY IS EQUIPPED TO OFFER OUTPATIENT INFUSION SERVICES THAT INCLUDE BUT ARE NOT LIMITED TO ONCOLOGY/HEMATOLOGY, CHEMOTHERAPY, TARGETED THERAPY AND IMMUNOTHERAPY, PALLIATIVE CARE AND BLOOD AND PLATELET TRANSFUSIONS. IN FISCAL YEAR 2025, WILCOX PROVIDED OUTPATIENT INFUSION SERVICES FOR 3,310 PATIENTS.</p> <p>OTHER PROGRAM SERVICES HAWAII RESIDENTS AND VISITORS RELY ON HAWAII PACIFIC HEALTH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES. IT IS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS WITH FOUR MEDICAL CENTERS, MORE THAN 70 LOCATIONS, 1,900+ AFFILIATED PHYSICIANS AND MORE THAN 7,700 FULL- AND PART-TIME EMPLOYEES, AS WELL AS NEARLY 500 COMMUNITY VOLUNTEERS. IN FISCAL YEAR 2025, THE MEDICAL CENTERS ADMITTED 31,076 PATIENTS.</p> <p>IN ADDITION, PALI MOMI CLINICS HAD 97,473 PATIENT CLINIC ENCOUNTERS, STRAUB CLINICS HAD 1,011,031 PATIENT CLINIC ENCOUNTERS, KAUA'I MEDICAL CLINIC HAD 289,230 PATIENT CLINIC ENCOUNTERS AND KAPI'OLANI MEDICAL SPECIALISTS HAD 257,401 PATIENT CLINIC ENCOUNTERS.</p>

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Hawai'i Pacific Health

Employer identification number

99-0246363

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)</p>	<p>AFFILIATES AND SUBSIDIARIES HAWAII HEALTH PARTNERS IS A PHYSICIAN-LED ACCOUNTABLE CARE ORGANIZATION WITH THE GOAL OF PROVIDING HIGH-QUALITY CARE, INCREASED EFFICIENCY AND OPTIMAL PATIENT HEALTH. KAPI'OLANI MEDICAL SPECIALISTS, (DBA HAWAII PACIFIC HEALTH MEDICAL GROUP), IS A MULTISPECIALTY PROVIDER GROUP THAT SERVES HAWAII PACIFIC HEALTH THROUGH ACADEMICS, RESEARCH AND CLINICAL CARE, IN PARTNERSHIP WITH KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN, PALI MOMI MEDICAL CENTER, STRAUB CLINIC AND HOSPITAL, AND WILCOX MEMORIAL HOSPITAL. KAUA'I MEDICAL CLINIC IS ORGANIZED TO SUPPORT WILCOX MEMORIAL HOSPITAL. THE FOUNDATIONS OF HAWAII PACIFIC HEALTH CONSIST OF KAPI'OLANI HEALTH FOUNDATION, PALI MOMI FOUNDATION, STRAUB FOUNDATION AND WILCOX HEALTH FOUNDATION. THESE CHARITABLE ENTITIES SUPPORT HEALTH RESEARCH, FACILITY ENHANCEMENTS, TECHNOLOGY INVESTMENTS, EDUCATIONAL PROGRAMS AND OTHER RESOURCES FOR THEIR RESPECTIVE MEDICAL CENTERS. HAWAII PACIFIC HEALTH PARTNERS, INC. IS A FOR-PROFIT SUBSIDIARY THAT SERVES AS THE JOINT VENTURE PARTNER WHEN HAWAII PACIFIC HEALTH WORKS WITH OTHER PROVIDERS. PROVIDERS INSURANCE CORPORATION IS A CAPTIVE INSURANCE COMPANY THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE FOR HAWAII PACIFIC HEALTH-AFFILIATED EMPLOYED PHYSICIANS.</p> <p>PATIENT CARE HAWAII PACIFIC HEALTH HAS STRATEGIC INITIATIVES IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, BONE & 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, PACIFIC REGION'S ONLY DEDICATED BURN CARE 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, CANCER SUPPORT GROUPS, HEMOPHILIA PROGRAMS, AND OTHER EDUCATION AND SCREENINGS FOR HAWAII RESIDENTS ON HEALTH, WELLNESS AND DISEASE-PREVENTION STRATEGIES.</p> <p>IN FISCAL YEAR 2025, 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 2025, NEARLY 1,000 PARTICIPANTS REGISTERED FOR HAWAII PACIFIC HEALTH'S WOMEN'S 10K & 5K FUN RUN. THIS HPH EVENT IS HAWAII'S ONLY ALL FEMALE SANCTIONED RACE. IN ITS 47TH YEAR, THE RACE RECOGNIZED THE TOP THREE FINISHERS IN EACH AGE DIVISION IN AN AWARDS CEREMONY FOLLOWING THE RACE. THERE WERE A TOTAL OF 15 AGE DIVISIONS, FROM 14-YEARS-OLD-AND-UNDER TO 80-YEARS-OLD-AND-OVER. AWARDS WERE ALSO HANDED OUT FOR THE FASTEST FINISHERS IN THE FOLLOWING CATEGORIES: STROLLER, TEAMS OF THREE, MILITARY, CORPORATE CHALLENGE AND SCHOOL CHALLENGE.</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</p>

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Name of the organization

Hawai'i Pacific Health

Employer identification number

99-0246363

Return Reference - Identifier	Explanation
	<p>TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION. HAWAI'I PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS FOR VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSICIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS AND ACCESS TO CARE AND SERVICES FOR RESIDENTS ACROSS THE STATE.</p> <p>OTHER HAWAI'I PACIFIC HEALTH MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS A SAFETY NET PROVIDER OF HEALTH CARE FOR THE COMMUNITY. AN ESTABLISHED CHARITY CARE POLICY SETS GUIDELINES BY WHICH IT IS DETERMINED IF PATIENTS QUALIFY FOR FREE OR DISCOUNTED CARE. HAWAI'I PACIFIC HEALTH CONTRIBUTES MORE THAN \$1 BILLION TO THE STATE ECONOMY EACH YEAR, SUPPORTING ITS MORE THAN 7,700 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>
<p>FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS</p>	<p>THE ARTICLES OF INCORPORATION WERE AMENDED TO INCLUDE ACADEMY FOR HEALTHCARE INNOVATION AS A SUPPORTED ORGANIZATION. THE AMENDMENT WAS APPROVED BY THE BOARD ON MARCH 27, 2025.</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<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 (HAWAI'I 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>
<p>FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY</p>	<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"> 1) RECEIVED A COPY OF THE COI POLICY; 2) HAS READ AND UNDERSTANDS THE POLICY; 3) AGREES TO COMPLY WITH THE POLICY; 4) HAS DISCLOSED ANY CONFLICTS OR POTENTIAL CONFLICTS OR ECONOMIC INTERESTS AS REQUIRED; AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. <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>

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Name of the organization

Hawai'i Pacific Health

Employer identification number

99-0246363

Return Reference - Identifier	Explanation																				
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 HAWAI'I PACIFIC BOARD'S COMPENSATION COMMITTEE. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE'S COMPENSATION AND BENEFITS. THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING. INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS. THE COMPENSATION COMMITTEE MAKES A FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT. COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED.</p> <p>CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED ORGANIZATION. PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS. THIS PROCESS WAS LAST COMPLETED ON FEBRUARY 27, 2025 TO REVIEW PHYSICIAN COMPENSATION AND ON JUNE 23, 2025 TO REVIEW EXECUTIVE COMPENSATION WITH APPROVAL TAKING PLACE AUGUST 8, 2025.</p>																				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND STANDARDS OF CONDUCT ARE AVAILABLE ON THE HAWAI'I PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWAI'I PACIFIC HEALTH WEBSITE.																				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>OBLIGATED GROUP INTERCOMPANY TRANSFERS</td> <td>51,098,575</td> </tr> <tr> <td>PENSION AND POST RETIREMENT ADJUSTMENTS</td> <td>- 4,457,986</td> </tr> <tr> <td>EQUITY OF UNCONSOLIDATED SUBS</td> <td>9,267,355</td> </tr> <tr> <td>CHANGE IN SWAP</td> <td>708,150</td> </tr> <tr> <td>OTHER CHANGES IN NET ASSETS</td> <td>17,136,825</td> </tr> <tr> <td>CHANGE IN INTEREST IN KHF AND WHF</td> <td>12,880,513</td> </tr> <tr> <td>EQUITY TRANSFERS WITH AFFILIATES</td> <td>- 145,564,160</td> </tr> <tr> <td>INTERCOMPANY TRANSFERS WITH FOUNDATIONS</td> <td>51,105</td> </tr> <tr> <td>TOTAL</td> <td>- 58,879,623</td> </tr> </tbody> </table>	(a) Description	(b) Amount	OBLIGATED GROUP INTERCOMPANY TRANSFERS	51,098,575	PENSION AND POST RETIREMENT ADJUSTMENTS	- 4,457,986	EQUITY OF UNCONSOLIDATED SUBS	9,267,355	CHANGE IN SWAP	708,150	OTHER CHANGES IN NET ASSETS	17,136,825	CHANGE IN INTEREST IN KHF AND WHF	12,880,513	EQUITY TRANSFERS WITH AFFILIATES	- 145,564,160	INTERCOMPANY TRANSFERS WITH FOUNDATIONS	51,105	TOTAL	- 58,879,623
(a) Description	(b) Amount																				
OBLIGATED GROUP INTERCOMPANY TRANSFERS	51,098,575																				
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TOTAL	- 58,879,623																				

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HAWAI'I PACIFIC HEALTH

Employer identification number

99-0246363

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HAWAI'I HEALTH PARTNERS (35-2480297) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HEALTHCARE	HI	5,395,551	6,474,228	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) (Rev. 1-2025)

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	
s 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	S	543,748,838	FMV
(2) STRAUB CLINIC & HOSPITAL	P	538,340,422	FMV
(3) KAPI'OLANI MEDICAL SPECIALISTS	O	309,390,878	FMV
(4) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	S	307,424,329	FMV
(5) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	P	265,859,104	FMV
(6) (SEE STATEMENT)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(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) KAUA'I 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	✓	
(12) ACADEMY FOR HEALTHCARE INNOVATION (33-4642134) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	EDUCATION	HI	501(C)(3)	2	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) HONOLULU SURGERY CENTER, LP (62-1506645) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	AMB SURG CENTER	TN	N/A	N/A								
(2) SPECIALTY SURGICAL SUITES, LLC (46-1674512) 1401 S. BERETANIA ST. STE 750, HONOLULU, HI 96814	AMB SURG CENTER	HI	N/A	N/A								
(3) HONOLULU IMAGING CENTER, LLC (87-1602945) 55 MERCHANT STREET, 27TH FLOOR, HONOLULU, HI 96813	DIAG. IMAGING CENTER	DE	N/A	N/A								
(4) HAWAI'I ISOTOPE TECHNOLOGY, LLC (99-1995020) 55 MERCHANT STREET, 27TH FLOOR, HONOLULU, HI 96813	PHARMACEUTICAL MANUFACTURING	HI	N/A	N/A								
(5) ALL ACCESS ORTHO OAHU, LLC (93-4678472) 1401 S. BERETANIA ST., SUITE 102, HONOLULU, HI 96814	URGENT CARE CLINICS	HI	N/A	N/A								

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HAWAII PACIFIC HEALTH PARTNERS, INC. (99-0318588) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOLDING COMPANY	HI	N/A	C CORPORATION	4,506,697	167,087,762	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	S	253,952,541	FMV
(7) PALI MOMI MEDICAL CENTER	P	205,914,336	FMV
(8) KAPI'OLANI MEDICAL SPECIALISTS	B	147,679,459	FMV
(9) WILCOX MEMORIAL HOSPITAL	S	110,653,992	FMV
(10) WILCOX MEMORIAL HOSPITAL	P	87,005,307	FMV
(11) KAPI'OLANI MEDICAL SPECIALISTS	P	85,998,812	FMV
(12) STRAUB CLINIC & HOSPITAL	O	19,491,323	FMV
(13) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	O	17,569,693	FMV
(14) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	R	15,761,475	FMV
(15) PALI MOMI MEDICAL CENTER	O	14,463,366	FMV
(16) PROVIDER'S INSURANCE CORPORATION	P	11,060,137	FMV
(17) WILCOX MEMORIAL HOSPITAL	O	10,016,560	FMV
(18) KAUA'I MEDICAL CLINIC	P	8,841,228	FMV
(19) KAPI'OLANI HEALTH FOUNDATION	P	6,530,737	FMV
(20) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	Q	6,116,465	FMV
(21) STRAUB CLINIC & HOSPITAL	Q	5,349,276	FMV
(22) KAPI'OLANI MEDICAL SPECIALISTS	S	5,142,691	FMV
(23) KAUA'I MEDICAL CLINIC	S	3,082,403	FMV
(24) PROVIDER'S INSURANCE CORPORATION	C	2,832,267	FMV
(25) HAWAI'I PACIFIC HEALTH PARTNERS, INC.	A	1,622,632	FMV
(26) WILCOX MEMORIAL HOSPITAL	R	1,558,935	FMV
(27) HONOLULU SURGERY CENTER	P	1,480,341	FMV
(28) PALI MOMI MEDICAL CENTER	Q	895,935	FMV
(29) PALI MOMI MEDICAL CENTER	R	813,081	FMV
(30) KAPI'OLANI HEALTH FOUNDATION	O	801,519	FMV
(31) STRAUB FOUNDATION	O	694,679	FMV
(32) KAPI'OLANI MEDICAL SPECIALISTS	Q	630,874	FMV
(33) KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN	B	587,250	FMV
(34) HAWAI'I PACIFIC HEALTH PARTNERS, INC.	P	558,968	FMV
(35) STRAUB CLINIC & HOSPITAL	R	557,244	FMV
(36) HAWAI'I PACIFIC HEALTH PARTNERS, INC.	O	536,332	FMV
(37) STRAUB FOUNDATION	P	439,957	FMV
(38) PALI MOMI FOUNDATION	O	360,589	FMV
(39) PROVIDER'S INSURANCE CORPORATION	O	354,797	FMV
(40) WILCOX MEMORIAL HOSPITAL	Q	337,609	FMV
(41) STRAUB FOUNDATION	R	333,524	FMV
(42) WILCOX HEALTH FOUNDATION	O	327,031	FMV
(43) KAUA'I MEDICAL CLINIC	O	311,619	FMV
(44) STRAUB CLINIC & HOSPITAL	B	304,441	FMV
(45) PALI MOMI FOUNDATION	P	247,138	FMV

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(46) WILCOX HEALTH FOUNDATION	P	228,978	FMV
(47) KAPI'OLANI HEALTH FOUNDATION	B	213,714	FMV
(48) KAPI'OLANI HEALTH FOUNDATION	R	207,830	FMV
(49) ACADEMY FOR HEALTHCARE INNOVATION	P	178,164	FMV
(50) WILCOX HEALTH FOUNDATION	R	174,528	FMV
(51) HONOLULU SURGERY CENTER	R	159,626	FMV
(52) PALI MOMI MEDICAL CENTER	B	152,180	FMV
(53) KAPI'OLANI MEDICAL SPECIALISTS	R	131,775	FMV
(54) WILCOX MEMORIAL HOSPITAL	B	109,499	FMV
(55) STRAUB FOUNDATION	B	105,949	FMV
(56) WILCOX HEALTH FOUNDATION	B	103,562	FMV
(57) HONOLULU SURGERY CENTER	O	81,000	FMV
(58) KAPI'OLANI HEALTH FOUNDATION	C	65,859	FMV
(59) STRAUB FOUNDATION	C	55,440	FMV
(60) KAUA'I MEDICAL CLINIC	Q	51,070	FMV

Report of Employer-Owned Life Insurance Contracts

▶ **Attach to the policyholder's tax return - See instructions.**
 ▶ **Go to www.irs.gov/Form8925 for the latest information.**

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

Type of business
HEALTHCARE

1 Enter the number of employees the policyholder had at the end of the tax year	1	37
2 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	2	4
3 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	3	1,711,000
4a Does the policyholder have a valid consent for each employee included on line 2? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent	4b	

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.

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.

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.