

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

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

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

C Name of organization: HAWAII PACIFIC HEALTH GROUP RETURN
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite:
 55 MERCHANT STREET, 24TH FLOOR
 City or town, state or province, country, and ZIP or foreign postal code:
 HONOLULU, HI 96813

D Employer identification number: 38-3835105

E Telephone number: (808) 535-7401

G Gross receipts \$: 2,039,114,270

F Name and address of principal officer: RAYMOND P. VARA JR.
 SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

H(c) Group exemption number: 5834

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

J Website: WWW.HAWAII PACIFIC HEALTH.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation:

M State of legal domicile:

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN, PALI MOMI MEDICAL CENTER, STRAUB CLINIC & HOSPITAL, WILCOX MEMORIAL HOSPITAL, AND ACADEMY FOR HEALTHCARE INNOVATION'S MISSION IS TO CREATE A HEALTHIER HAWAII.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	46
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	6,217
	6 Total number of volunteers (estimate if necessary)	6	493
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	413,166
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	96,979,361	23,370,747
	9 Program service revenue (Part VIII, line 2g)	1,711,188,587	1,909,104,228
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,541,701	21,340,178
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,625,649	17,214,238
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,838,335,298	1,971,029,391
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,232,257	2,212,200
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	533,297,677	556,458,328
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,083,512,565	1,246,513,230
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,619,042,499	1,805,183,758
19 Revenue less expenses. Subtract line 18 from line 12	219,292,799	165,845,633	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,381,651,194	End of Year 1,579,363,194
	21 Total liabilities (Part X, line 26)	256,390,064	290,385,203
	22 Net assets or fund balances. Subtract line 21 from line 20	1,125,261,130	1,288,977,991

Part II Signature Block

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

Signature of officer: *CARRIE ANN TSUTSUI* Date: 5/14/26
 CARRIE ANN TSUTSUI, VP & CONTROLLER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LAUREN E. BENNETT Preparer's signature: *L. E. Bennett* Date: 05/14/2026 Check if self-employed PTIN: P01787029
 Firm's name: ERNST & YOUNG US LLP Firm's EIN: 34-6565596
 Firm's address: 2005 MARKET STREET, PHILADELPHIA, PA 19103 Phone no.: (215) 448-5000

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

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:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 56,590,492 including grants of \$ 0) (Revenue \$ 66,359,061)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 53,750,536 including grants of \$ 0) (Revenue \$ 129,602,020)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 47,320,994 including grants of \$ 0) (Revenue \$ 53,653,541)

SEE SCHEDULE O

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

(Expenses \$ 1,430,730,734 including grants of \$ 2,212,200) (Revenue \$ 1,675,783,121)

4e Total program service expenses 1,588,392,756

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" 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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6,217		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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 46		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 24		
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?		
10b			
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"/>	
12c		<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?	<input checked="" type="checkbox"/>	
16b		<input checked="" type="checkbox"/>	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed [HI](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 ANN HO, 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813, (808) 527-2520

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAYMOND P. VARA JR. BOARD OF DIRECTOR, PRESIDENT	8.1 54.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	3,043,387	2,402,439
(2) DAVID OKABE EVP, CFO & TREASURER	8.1 41.9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1,305,584	568,803
(3) DAVID UNDERRINER BOARD OF DIRECTOR, CEO (PART YEAR)	30.0 10.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1,018,549	375,272
(4) ARTHUR GLADSTONE BOD, VP, EVP & CSO	0.1 54.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	925,130	456,766
(5) LESLIE CHUN, M.D. EVP	8.0 52.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	930,474	441,620
(6) STEVEN ROBERTSON EVP & CIO	5.5 47.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	837,344	416,252
(7) CHARLES R. CHING EVP, GENERAL COUNSEL & SECRETARY	8.1 31.9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	822,744	397,894
(8) JENNIE CHAHANOVICH BOD, PRESIDENT & CEO	42.0 14.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	737,536	329,800
(9) RUSSELL WOO, M.D. BOARD OF DIRECTOR	0.2 40.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	805,736	38,634
(10) DAVID CHO, M.D. BOARD OF DIRECTOR (PART YEAR)	0.2 40.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	794,503	38,634
(11) PATRICK O'DONNELL, M.D. BOARD OF DIRECTOR, CHAIR	0.3 40.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	756,696	40,134
(12) TODD MILLER, M.D. BOARD OF DIRECTOR, VICE CHAIR	0.2 40.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	751,076	22,497
(13) DOUGLAS KWOCK, M.D. VP	34.0 6.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	563,911	134,462
(14) GIDGET RUSCETTA, R.N. COO - KMCWC	40.0 10.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	571,353	112,747

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) SHILPA PATEL, M.D. SVP & CQO	6.4 34.1			✓				0	540,119	142,995
(16) JOHN MCNAMARA SVP & CMO (PART YEAR)	16.0 24.0			✓				0	476,990	120,553
(17) DAWN DUNBAR SVP	0.0 45.0			✓				0	459,578	133,114
(18) TRAVIS CLEGG COO	50.0 0.0			✓				0	471,478	119,150
(19) WARREN CHAIKO SVP	16.1 23.9			✓				0	442,278	135,712
(20) TYLER CHIHARA, DPM BOARD OF DIRECTOR, VICE CHAIR	0.2 40.0	✓		✓				0	490,566	38,634
(21) SAMUEL EVANS, M.D. BOARD OF DIRECTOR	0.2 40.0	✓						0	459,617	38,634
(22) GLORIA BROOKS COO	39.0 1.0			✓				0	395,211	99,596
(23) MICHAEL ROBINSON VP	0.6 49.4			✓				0	396,265	93,346
(24) JAMES LIN, M.D. VP	0.4 47.3			✓				0	367,457	110,369
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								0	18,363,582	6,808,057
c Total from continuation sheets to Part VII, Section A								1,282,440	9,129,904	1,789,399
d Total (add lines 1b and 1c)								1,282,440	27,493,486	8,597,456
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								1,734		

	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
NONE		
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	0	

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a								
	b	Membership dues	1b								
	c	Fundraising events	1c								
	d	Related organizations	1d	4,693,447							
	e	Government grants (contributions)	1e	15,615,875							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,061,425							
	g	Noncash contributions included in lines 1a-1f	1g	\$ 68,908							
	h	Total. Add lines 1a-1f		23,370,747							
	Program Service Revenue				Business Code						
2a		NET PATIENT REVENUES	622110	1,547,030,929	1,547,030,929						
b		INTER-ENTITY SERVICE REVENUE	900099	112,556,137	112,556,137						
c		OTHER HEALTH CARE REVENUES	622110	215,572,721	215,325,416	247,305					
d		PREMIUM REVENUE	622110	29,495,909	29,495,909						
e		RENTAL INCOME	531120	4,062,775	4,058,946	3,829					
f		All other program service revenue . . .	531120	385,757	385,757	0	0				
g		Total. Add lines 2a-2f		1,909,104,228							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,791,551			6,791,551				
	4	Income from investment of tax-exempt bond proceeds		8,574,993			8,574,993				
	5	Royalties									
	6a	Gross rents	6a	(i) Real	130,287						
				(ii) Personal							
				6b					Less: rental expenses		
				6c					Rental income or (loss)	130,287	0
	d	Net rental income or (loss)		130,287			130,287				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	73,617,173	108,575					
				(ii) Other							
				7b					Less: cost or other basis and sales expenses	67,267,909	484,205
				7c					Gain or (loss)	6,349,264	(375,630)
	d	Net gain or (loss)		5,973,634	(212,679)		6,186,313				
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0							
	b	Less: direct expenses	8b								
	c	Net income or (loss) from fundraising events									
	9a	Gross income from gaming activities. See Part IV, line 19	9a								
9b				Less: direct expenses							
c				Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a		502,724							
			10b					Less: cost of goods sold	332,765		
			c					Net income or (loss) from sales of inventory	164,591		164,591
Miscellaneous Revenue				Business Code							
	11a	HMSA SETTLEMENT PAYMENT	900099	8,712,670	8,712,670						
	b	PARKING REVENUE	812930	3,305,840	3,305,840						
	c	CAFETERIA REVENUE	722110	3,089,938	3,089,938						
	d	All other revenue	621999	1,810,912	1,648,880	162,032	0				
e	Total. Add lines 11a-11d		16,919,360								
12	Total revenue. See instructions		1,971,029,391	1,925,397,743	413,166	21,847,735					

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	2,212,200	2,212,200		
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	0	0		
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	443,825,522	439,319,604	4,505,918	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,310,217	25,032,135	278,082	
9 Other employee benefits	54,384,101	40,928,681	13,455,420	
10 Payroll taxes	32,938,488	32,586,142	352,346	
11 Fees for services (nonemployees):				
a Management				
b Legal	33,291		33,291	
c Accounting	2,686,854		2,686,854	
d Lobbying	202,952		202,952	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	755,061		755,061	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	257,046,862	212,070,718	44,976,144	0
12 Advertising and promotion	837,984	39,659	798,325	
13 Office expenses	7,581,280	7,292,718	288,562	
14 Information technology	17,210,694	16,109,928	1,100,766	
15 Royalties				
16 Occupancy	41,960,893	37,149,584	4,811,309	
17 Travel	635,571	414,610	220,961	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	175,674	155,062	20,612	
20 Interest	20,907,412	20,907,412		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,712,755	44,712,755		
23 Insurance	12,710,443	12,080,292	630,151	
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>MEDICAL SUPPLIES</u>	422,824,853	422,720,643	104,210	
b <u>INTER-ENTITY PURCHASED SERVICES</u>	267,532,440	267,532,440	0	
c <u>CORPORATE ALLOCATION</u>	107,326,590	0	107,326,590	
d <u>OTHER PURCHASES</u>	40,447,207	7,128,173	33,319,034	
e All other expenses	924,414	0	924,414	0
25 Total functional expenses. Add lines 1 through 24e	1,805,183,758	1,588,392,756	216,791,002	0
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	(373,089)	1	325,117
	2 Savings and temporary cash investments	22,455,616	2	39,841,776
	3 Pledges and grants receivable, net	68,420,449	3	52,492,560
	4 Accounts receivable, net	180,478,704	4	211,227,458
	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	0	7	0
	8 Inventories for sale or use	37,167,065	8	40,070,871
	9 Prepaid expenses and deferred charges	3,344,071	9	4,058,288
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,240,985,105		
	b Less: accumulated depreciation	10b 661,071,712	519,289,335	10c 579,913,393
	11 Investments—publicly traded securities	105,016,688	11	106,374,482
	12 Investments—other securities. See Part IV, line 11	171,473,567	12	213,081,460
	13 Investments—program-related. See Part IV, line 11	1,618,557	13	1,618,557
	14 Intangible assets	272,727	14	272,727
	15 Other assets. See Part IV, line 11	272,487,504	15	330,086,505
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,381,651,194	16	1,579,363,194	
Liabilities	17 Accounts payable and accrued expenses	110,036,961	17	133,976,152
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	146,353,103	25	156,409,051
	26 Total liabilities. Add lines 17 through 25	256,390,064	26	290,385,203
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	1,020,569,422	27	1,162,168,065
	28 Net assets with donor restrictions	104,691,708	28	126,809,926
	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	1,125,261,130	32	1,288,977,991
33 Total liabilities and net assets/fund balances	1,381,651,194	33	1,579,363,194	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,971,029,391
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,805,183,758
3	Revenue less expenses. Subtract line 2 from line 1	3	165,845,633
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,125,261,130
5	Net unrealized gains (losses) on investments	5	28,532,035
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	(30,660,807)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,288,977,991

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		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
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.		
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?		✓
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.		

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) IVICA ZALUD, M.D. ----- BOARD OF DIRECTOR	0.3 ----- 40.2	✓						0	443,950	13,800
(26) DAVID STUMBAUGH ----- VP	32.0 ----- 8.0			✓				0	346,794	106,754
(27) TROY BRANSTETTER ----- VP	40.0 ----- 18.0			✓				0	362,848	85,817
(28) WILLIAM BURKE ----- VP	16.0 ----- 36.0			✓				0	344,107	100,289
(29) LORRIE-ANN LUKE ----- VP	7.0 ----- 34.5			✓				0	337,450	104,800
(30) JOAN KANEMORI ----- VP	39.7 ----- 0.3			✓				0	355,587	81,744
(31) CARRIE ANN TSUTSUI ----- VP & CONTROLLER	13.1 ----- 35.3			✓				0	325,583	88,491
(32) ANDREW MOATS, R.N. ----- VP & CNE	39.7 ----- 0.3			✓				0	320,188	90,768
(33) LOUISE FUKUMOTO ----- VP	16.0 ----- 24.0			✓				0	317,587	89,707
(34) PETER LEWIS ----- VP & CHIEF INFORMATION SECURITY OFFICER	3.0 ----- 37.0			✓				0	371,348	27,754
(35) GLENN KAWABATA ----- VP	50.0 ----- 1.0			✓				0	294,767	87,601
(36) SUNSHINE TOPPING ----- FORMER OFFICER	0.0 ----- 0.0						✓	0	276,869	102,844
(37) DEAN TATEYAMA ----- VP	16.0 ----- 24.0			✓				0	326,450	47,152
(38) ROBERT WOTRING II, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 40.6	✓						0	336,557	21,428
(39) ROBYN KALAHIKI, R.N. ----- VP & CNE	39.7 ----- 0.3			✓				0	307,548	47,488
(40) RODNEY CHELLIAH ----- REGISTERED NURSE	40.0 ----- 0.0					✓		322,381	0	30,904
(41) MICHAEL FOUTCH ----- VP	40.0 ----- 0.3			✓				0	319,343	26,832
(42) DARLA SABRY, R.N. ----- VP & CNE (PART YEAR)	40.0 ----- 0.0			✓				0	300,755	41,202
(43) MELANIE KIM, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 30.0	✓						0	317,515	21,186
(44) BEAU NAKAMOTO, M.D. ----- FORMER OFFICER	0.0 ----- 40.0						✓	0	325,555	12,954

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) KENNETH T. NAKAMURA, M.D. ----- BOARD OF DIRECTOR (PART YEAR)	0.2 ----- 30.3	✓						0	281,148	36,502
(46) DAWN MIURA, M.D. ----- BOARD OF DIRECTOR, VICE CHAIR (PART YEAR)	0.2 ----- 40.4	✓		✓				0	292,911	15,602
(47) MATHEW LOUGHLIN ----- VP	39.7 ----- 0.3			✓				0	259,518	47,498
(48) MELODY KILCOMMONS ----- CLINICAL DIRECTOR	40.0 ----- 0.0					✓		249,204	0	42,581
(49) BRANDY RHINELAND ----- CLINICAL DIRECTOR	40.0 ----- 0.0					✓		234,817	0	53,050
(50) MYRA BARRIENTOS ----- CLINICAL DIRECTOR	40.0 ----- 0.0					✓		230,653	0	53,975
(51) KATIE SHIGEMITSU ----- COMPLIANCE OFFICER	18.5 ----- 21.5			✓				0	248,126	35,368
(52) CAROLYN SCHWARTZ ----- CLINICAL DIRECTOR	40.0 ----- 0.0					✓		245,385	0	34,783
(53) CATHYE SATARAKA ----- VP & CNE	39.7 ----- 0.3			✓				0	220,502	20,816
(54) JESSICA LEWIS ----- ASSISTANT CORPORATE SECRETARY	14.1 ----- 25.9			✓				0	190,855	47,962
(55) BRIDGET LAI ----- EXECUTIVE DIRECTOR	39.7 ----- 0.3			✓				0	214,451	18,500
(56) KEOKI CLEMENTE ----- COMPLIANCE OFFICER	18.5 ----- 21.5			✓				0	182,524	46,630
(57) JAN BOIVIN ----- BOARD OF DIRECTOR, SVP	9.1 ----- 41.9	✓		✓				0	212,332	9,721
(58) CLAIRE TONG ----- VP	16.0 ----- 24.0			✓				0	162,327	42,665
(59) REINA (FRANCE) GRAVES ----- PRIVACY OFFICER	15.2 ----- 24.8			✓				0	161,130	43,657
(60) ALLEN HIXON, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 40.0	✓						0	151,602	6,064
(61) RODNEY WILLIAMS, M.D. ----- FORMER OFFICER	0.0 ----- 20.0						✓	0	139,750	4,510
(62) SIDNEY LEE, M.D. ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	44,958	0
(63) JASON ISA, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	24,000	0
(64) OWEN CHAN, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	12,969	0
(65) ANDREW ROSEN ----- BOARD OF DIRECTOR, CHAIR	0.2 ----- 0.0	✓		✓				0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(66) JERRY PUPILLO ----- BOARD OF DIRECTOR, CHAIR	0.2 ----- 0.0	✓		✓				0	0	0
(67) PAUL TONER ----- BOARD OF DIRECTOR, CHAIR	0.2 ----- 0.0	✓		✓				0	0	0
(68) CARL ACKERMAN ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(69) CAROL AI-MAY ----- BOARD OF DIRECTOR	0.2 ----- 0.1	✓						0	0	0
(70) CLAIRE TAMAMOTO ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(71) DENNIS FRANCIS ----- BOARD OF DIRECTOR	0.2 ----- 0.4	✓						0	0	0
(72) DOUGLAS DUVAUCHELLE, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(73) EDWARD NISHIOKA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(74) ELIZABETH (LISA) UBAY ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(75) EMILIO GANITANO, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(76) EMILY KURAOKA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(77) JASMINE TANIOKA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(78) KATHY RICHARDSON ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(79) KIM HEHIR ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(80) LYLE TABATA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(81) MARK YAMAKAWA ----- BOARD OF DIRECTOR	0.3 ----- 0.4	✓						0	0	0
(82) MAYA ROGERS ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(83) MICHAEL O'MALLEY, ESQ. ----- BOARD OF DIRECTOR (PART YEAR)	0.3 ----- 0.0	✓						0	0	0
(84) MICHELLE BARTELL ----- BOARD OF DIRECTOR	0.3 ----- 0.2	✓						0	0	0
(85) MICHELLE HO ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(86) NATHAN TOKUDA, M.D. ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				Former
(87) NEIL MANAGO, M.D. ----- BOARD OF DIRECTOR (PART YEAR)	0.2 ----- 0.0	✓						0	0	0
(88) PAUL EAKIN, M.D. ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(89) ROBERT KURISU ----- BOARD OF DIRECTOR	0.3 ----- 0.0	✓						0	0	0
(90) SCOTT KUROSAWA ----- BOARD OF DIRECTOR	0.2 ----- 0.0	✓						0	0	0
(91) STEVEN AI ----- BOARD OF DIRECTOR	0.3 ----- 0.4	✓						0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
--	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 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
- g Provide the following information about the supported organization(s).

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

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 <input type="checkbox"/>						

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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	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 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 V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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 - PUBLIC CHARITY STATUS	BOX 3 HAS BEEN CHECKED AS THE MOST ACCURATE REPRESENTATION OF H HAWAII PACIFIC HEALTH GROUP RETURN'S PUBLIC CHARITY STATUS SINCE THE VAST MAJORITY OF THE INFORMATION REPORTED IN THE HAWAII PACIFIC HEALTH GROUP RETURN RELATES TO IRC SECTION 170(B)(1)(A)(III) HOSPITAL ENTITIES. ALL OF THE SUBORDINATE ORGANIZATIONS MAINTAIN A PUBLIC CHARITY STATUS PURSUANT TO SECTION 509(A). THE NON-HOSPITAL SUBORDINATE REPORTED IN THE HAWAII PACIFIC HEALTH GROUP RETURN IS A SCHOOL AS DESCRIBED IN IRC SECTION 170(B)(1)(A)(II). THEREFORE, NO ADDITIONAL SECTIONS OF SCHEDULE A ARE REQUIRED TO BE COMPLETED.

**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 GROUP RETURN	Employer identification number 38-3835105
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 GROUP RETURN	Employer identification number 38-3835105
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 2,273,324	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 5,075	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 374,465	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 1,558,040	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 487,618	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38-3835105
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 28,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 286,000	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.)
-----	----- ----- -----	\$ -----	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.)
-----	----- ----- -----	\$ -----	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 GROUP RETURN	Employer identification number 38-3835105
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
1	CLOTHING AND HOUSEHOLD GOODS, FOOD INVENTORY, PREPAID GIFT CARDS, AND TOYS	\$ 54,696	06/30/2025
3	CLOTHING AND FOOD INVENTORY	\$ 1,131	06/30/2025
4	FOOD, GIFT CARDS, PLANTS	\$ 1,248	06/30/2025
6	QUILTS, BEANIES, BICYCLE, CHEMO RELIEF KITS	\$ 11,833	06/30/2025
-----	-----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	-----	\$ -----	-----
(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 GROUP RETURN	Employer identification number 38-3835105
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

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 GROUP RETURN	Employer identification number (EIN) 38-3835105
--	---

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and 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?	✓		202,952
j Total. Add lines 1c through 1i			202,952
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
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES ARE THE PORTION OF AMOUNTS PAID TO HEALTHCARE ASSOCIATIONS THAT ENGAGED IN LEGISLATIVE LOBBYING ON BEHALF OF ITS MEMBERS.

SCHEDULE D (Form 990)

(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: HAWAI'I PACIFIC HEALTH GROUP RETURN; Employer identification number: 38-3835105

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 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2 for questions regarding art and historical treasures, including revenue and asset values.

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	299,022,687	267,619,774	241,504,197	265,651,554	213,487,581
b Contributions					
c Net investment earnings, gains, and losses	49,895,172	31,402,913	26,115,577	(24,147,357)	52,193,682
d Grants or scholarships					
e Other expenditures for facilities and programs					29,709
f Administrative expenses					
g End of year balance	348,917,859	299,022,687	267,619,774	241,504,197	265,651,554

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

- a** Board designated or quasi-endowment 98.41 %
- b** Permanent endowment 1.59 %
- 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?	✓	
(ii) Related organizations?	✓	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	✓	

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,720,249		19,720,249
b Buildings		724,543,635	393,096,779	331,446,856
c Leasehold improvements		54,467,088	34,495,195	19,971,893
d Equipment		303,119,000	230,132,854	72,986,146
e Other		139,135,133	3,346,884	135,788,249
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				579,913,393

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BOARD DESIGNATED SECURITIES	205,818,024	END OF YEAR MARKET VALUE
(B) INVESTMENT IN UNCONSOLIDATED SUB.	4,971,708	END OF YEAR MARKET VALUE
(C) LIMITED PARTNERSHIPS	2,291,728	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	213,081,460	

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) OPERATING & FINANCE LEASE RIGHT OF USE ASSETS	100,614,135
(2) INTEREST IN NET ASSETS OF FOUNDATIONS	113,937,838
(3) DUE FROM THIRD-PARTY PAYORS	48,882,489
(4) BOARD DESIGNATED INVESTMENTS	21,057,310
(5) OTHER RECEIVABLES	26,842,072
(6) DEPOSITS & NON-CURRENT ASSETS	8,226,953
(7) INTEREST IN PERPETUAL TRUST	5,581,612
(8) DECORATIVE ARTWORK	1,615,003
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	330,086,505

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OP. & FIN LEASE LIABILITIES	101,314,613
(3) DUE TO THIRD-PARTY PAYORS	8,336,761
(4) OTHER LONG-TERM LIABILITIES	15,105,978
(5) CURRENT OP & FIN LEASE LIABILITIES	9,624,434
(6) DUE TO KAPI'OLANI MEDICAL SPECIALISTS	15,534,740
(7) DUE TO STRAUB PHARMACY, INC.	4,971,708
(8) DUE TO HAWAII PACIFIC HEALTH	712,996
(9) (SEE STATEMENT)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	156,409,051

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
DUE FROM KAPI'OLANI HEALTH FOUNDATION	941,648
DUE FROM STRAUB FOUNDATION	962,260
DUE FROM KAUA'I MEDICAL CLINIC	232,085
DUE FROM KAPI'OLANI MEDICAL SPECIALISTS	441,824
DUE FROM WILCOX HEALTH FOUNDATION	156,638
DUE FROM HONOLULU SURGERY CENTER	73,001
DUE FROM PALI MOMI FOUNDATION	306,544
INVESTMENT IN JOINT VENTURES	25,000
DUE FROM HAWAI'I PACIFIC HEALTH PARTNERS	15,184
DUE FROM HAWAI'I PACIFIC HEALTH	174,909

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
ESCHEAT LIABILITY	459,464
DUE TO KEAHONUOKALANI	106,096
DUE TO STRAUB FOUNDATION	11,952
DUE TO WILCOX HEALTH FOUNDATION	10,961
DUE TO PALI MOMI FOUNDATION	15,141
DUE TO KAPI'OLANI HEALTH FOUNDATION	204,207

Part XIII

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

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

**SCHEDULE E
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or
Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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 GROUP RETURN

Employer identification number

38-3835105

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	✓	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	✓	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II (SEE STATEMENT)	✓	
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	✓	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	✓	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	✓	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		✓
b Admissions policies?		✓
c Employment of faculty or administrative staff?		✓
d Scholarships or other financial assistance?		✓
e Educational policies?		✓
f Use of facilities?		✓
g Athletic programs?		✓
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		✓
6a Does the organization receive any financial aid or assistance from a governmental agency?		✓
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain in Part II.		✓
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain in Part II	✓	

Part II

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6a, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE E, PART I, LINE 3 - RACIALLY NONDISCRIMINATORY POLICY	NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS IN OPERATING A SCHOOL. ACADEMY FOR HEALTHCARE INNOVATION (AHI) SHALL ADMIT STUDENTS OF ANY RACE, COLOR, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. AHI DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, AND ALL OTHER SCHOOL-ADMINISTERED PROGRAMS.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization HAWAI'I PACIFIC HEALTH GROUP RETURN	Employer identification number 38 3835105
--	---

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)		22,170	7,472,012		7,472,012	0.41
b Medicaid (from Worksheet 3, column a)		236,786	337,198,319	314,690,642	22,507,677	1.25
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial assistance and means-tested government programs	0	258,956	344,670,331	314,690,642	29,979,689	1.66
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	2,722	1,354,851	229,025	1,125,826	0.06
f Health professions education (from Worksheet 5)	7	3,441	10,104,186	3,372,742	6,731,444	0.37
g Subsidized health services (from Worksheet 6)	10		77,933,956	47,664,090	30,269,866	1.68
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	40		1,991,372		1,991,372	0.11
j Total. Other benefits	69	6,163	91,384,365	51,265,857	40,118,508	2.22
k Total. Add lines 7d and 7j	69	265,119	436,054,696	365,956,499	70,098,197	3.88

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

Cat. No. 50192T

Schedule H (Form 990) 2024

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	4		25,000		25,000	0.00
2 Economic development	4		50,000		50,000	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	8	0	75,000	0	75,000	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	198,817,252
6 Enter Medicare allowable costs of care relating to payments on line 5	6	192,269,446
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	6,547,806
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year? 4

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: A

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

		Yes	No
Community Health Needs Assessment (CHNA)			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	✓	
7	Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>https://www.hah.org/chna</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>24</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," list url: <u>(SEE STATEMENT)</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: A

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

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: A

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: A

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

Part V, Section C

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

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: REPORTING GROUP A</p> <p>DESCRIPTION: THE FOUR HOSPITALS OF HAWAII PACIFIC HEALTH, KAPI'OLANI, PALI MOMI, STRAUB AND WILCOX JOINTLY CONDUCTED THEIR MOST RECENT CHNA IN FISCAL YEAR 2025, IN COLLABORATION WITH OTHER HAWAII' NONPROFIT HOSPITALS AND THE HEALTHCARE ASSOCIATION OF HAWAII. THE RESEARCHERS CONVENED 8 COMMUNITY MEETINGS ACROSS THE ISLANDS TO ENGAGE EVERYDAY PEOPLE IN DISCUSSIONS AROUND HEALTH IN THEIR COMMUNITIES. A FULL LIST OF COMMUNITY MEETINGS CAN BE FOUND IN APPENDIX E OF THE 2025 CHNA. IN ADDITION, 42 INTERVIEWS WERE CONDUCTED WITH "KEY INFORMANTS" WITH EXPERTISE IN COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, AND POPULATIONS WITH HEALTH DISPARITIES. A COMPLETE LIST OF THESE KEY INFORMANTS AND THEIR ORGANIZATIONAL AFFILIATIONS CAN BE FOUND IN APPENDIX F OF THE 2025 CHNA. ADDITIONALLY, THE RESEARCHERS CONDUCTED A QUANTITATIVE SURVEY OF 970 RESIDENTS ACROSS HAWAII. ALL COMMUNITY MEETINGS, INTERVIEWS, AND THE SURVEY TOOK PLACE FROM APRIL TO NOVEMBER, 2024. A COMMUNITY ADVISORY COMMITTEE, MADE UP OF LEADERS REPRESENTING UNDER-SERVED OR MINORITY POPULATIONS WITH HEALTH DISPARITIES, PROVIDED INPUT TO THE RESEARCH TEAM THROUGHOUT THE CHNA PROCESS. A LIST OF COMMUNITY ADVISORY COMMITTEE MEMBERS CAN BE FOUND IN APPENDIX D OF THE 2025 CHNA.</p> <p>42 INTERVIEWS WERE CONDUCTED WITH "KEY INFORMANTS" WITH EXPERTISE IN COMMUNITY HEALTH ISSUES AND/OR POSSESSING SPECIAL KNOWLEDGE OF VULNERABLE POPULATIONS, INCLUDING (BUT NOT LIMITED TO) LOW-INCOME, MENTALLY ILL, AND POPULATIONS WITH HEALTH DISPARITIES. THE 42 KEY INFORMANTS INCLUDED REPRESENTATIVES FOR HOUSELESS PERSONS, PACIFIC ISLAND MIGRANTS, NATIVE HAWAIIANS, PERSONS WITH BEHAVIORAL AND MENTAL HEALTH NEEDS, PERSONS WITH DISABILITIES, THE LGBTQIA+ COMMUNITY, PERSONS WITH AIDS, ORGANIZATIONS CONCERNED WITH PUBLIC HEALTH INCLUDING THE STATE DEPARTMENT OF HEALTH AND HAWAII PUBLIC HEALTH INSTITUTE, FOOD INSECURE HOUSEHOLDS, AND CHILDREN AND FAMILIES, LOW-INCOME COMMUNITIES WITH SIGNIFICANT HEALTH DISPARITIES, AND HEALTH CARE FACILITIES. INDIVIDUALS CONSULTED WERE: ALEXANDER M. PHELPS, MAUI HEALTH - LANAI COMMUNITY HOSPITAL ALEXANDRA WROE, THE QUEEN'S MEDICAL CENTER - MANAMANA ALICIA HIGA, WAIANAEO COAST COMPREHENSIVE HEALTH CENTER (WCCHC) - ELEPAIO SOCIAL SERVICES ALLEN "CHIP" HIXON, M.D., PALI MOMI MEDICAL CENTER AMY MILLER MARVIN, HAWAII FOODBANK CARLA HOUSER, RESIDENTIAL YOUTH SERVICES AND EMPOWERMENT (RYSE) DAINTRY BARTOLDUS, HAWAII STATE COUNCIL ON DEVELOPMENTAL DISABILITIES (DD COUNCIL) DANIELA SPOTO, HAWAII APPLESEED CENTER FOR LAW AND ECONOMIC JUSTICE DANIELLE BERGAN, MENTAL HEALTH HAWAII OF HAWAII - MAUI DARRAH KAUHANE, PROJECT VISION HAWAII DEBORAH ZYSMAN, HAWAII CHILDREN'S ACTION NETWORK GARY MASSENGILL, MOLOKAI GENERAL HOSPITAL GEORGE "RICK" BRUNO, M.D., THE QUEEN'S MEDICAL CENTER - MANAMANA GREG Y. OISHI, KUAKINI MEDICAL CENTER HANNAH PRESTON-PITA, PSY. D., BIG ISLAND SUBSTANCE ABUSE COUNCIL HEATHER LUSK, HAWAII HEALTH AND HARM REDUCTION CENTER JANET BERREMAN, M.D., M.P.H., STATE DEPARTMENT OF HEALTH, KAUA'I DISTRICT HEALTH OFFICE JANICE IKEDA, VIBRANT HAWAII JEANETTE OSHIRO, MOLOKAI GENERAL HOSPITAL JESSE SEIBEL, ADVENTIST HEALTH CASTLE JESSICA YAMAUCHI, HAWAII PUBLIC HEALTH INSTITUTE JOSIE HOWARD, WE ARE OCEANIA JUDY MOHR PETERSON, STATE DEPARTMENT OF HUMAN SERVICES - MED-QUEST JUNE DRUMELLER, KUAKINI MEDICAL CENTER KAUI NISHIZAKI, THE QUEEN'S MEDICAL CENTER - MANAMANA LINDSEY ILAGAN, HAWAII PUBLIC HEALTH INSTITUTE - HEALTHY AGING & COMMUNITY LIVING MARK LINSOTT, SUTTER HEALTH KHI MHALA MARY BURGESS, SUTTER HEALTH KHI MHALA MATT MAMIZUKA, KAHUKU MEDICAL CENTER MELISSA MIYASHIRO, HAWAII ALLIANCE OF NONPROFIT ORGANIZATIONS (HANO) MELISSA MULLEN, REHABILITATION HOSPITAL OF THE PACIFIC MELINDA SWEANY, MAUI HEALTH FOUNDATION MICHAEL MULLEN, MOLOKAI GENERAL HOSPITAL MICHELLE "CHRIS" ROBBINS, KAPIOLANI MEDICAL CENTER FOR WOMEN AND CHILDREN NATHAN "NATE" ANGLE, M.D., HAWAII PACIFIC HEALTH MEDICAL GROUP NICHOLE FUKUDA, DEPARTMENT OF HEALTH, OFFICE OF PLANNING, POLICY AND PROGRAM DEVELOPMENT RICHELLE MAGDAY ASSELSTINE, SHRINERS CHILDREN'S HAWAII ROBERT HIROKAWA, DRPH, HAWAII PRIMARY CARE ASSOCIATION ROBIN KALOHELANI, THE QUEEN'S MEDICAL CENTER - WEST OAHU & WAHIAW RONALD M. KURODA, M.D., THE QUEEN'S MEDICAL CENTER - WEST OAHU RONNI OUNE, STRAUB CLINIC & HOSPITAL ROSI FILEMONI, HAWAII PUBLIC HEALTH INSTITUTE - HEALTHY AGING & COMMUNITY LIVING SANDRA NOON, DO, HAWAII PACIFIC HEALTH MEDICAL GROUP SHERI-ANN DANIELS, PAPA OLA LKAHI STEPHANIE NADOLNY, REHABILITATION HOSPITAL OF THE PACIFIC STEPHANY K. VAIOLETI, QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL TANYA T. SUAPAIA, THE QUEEN'S MEDICAL CENTER - MANAMANA VALERIE JANIOWSKI, LNAI KINAOLE VENUS KAUIOKAWKIU ROSETE-MEDEIROS, HALE KIPA WAYNE HIGAKI, QUEENS NORTH HAWAII COMMUNITY HOSPITAL WENDY SCHWARTZ, MENTAL HEALTH HAWAII OF HAWAII - MAUI</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: REPORTING GROUP A</p> <p>DESCRIPTION: THE FOUR HOSPITALS OF HAWAII PACIFIC HEALTH JOINTLY CONDUCTED THEIR MOST RECENT CHNA IN FISCAL YEAR 2025 IN COLLABORATION WITH 18 OTHER HAWAII' NONPROFIT HOSPITALS AND THE HEALTHCARE ASSOCIATION OF HAWAII'. PARTICIPATING HOSPITALS WERE: ADVENTIST HEALTH CASTLE, KAHUKU MEDICAL CENTER, KAISER PERMANENTE MOANALUA MEDICAL CENTER, KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN, KUAKINI HEALTH SYSTEM, KULA HOSPITAL, LANAI COMMUNITY HOSPITAL, MAUI MEMORIAL HOSPITAL, MOLOKAI GENERAL HOSPITAL, NORTH HAWAII COMMUNITY HOSPITAL, PALI MOMI MEDICAL CENTER, REHABILITATION HOSPITAL OF THE PACIFIC, SHRINER'S HOSPITALS FOR CHILDREN, STRAUB CLINIC & HOSPITAL, THE QUEEN'S MEDICAL CENTER, THE QUEEN'S MEDICAL CENTER - WEST OAHU, THE QUEEN'S MEDICAL CENTER - WAHIAWA, AND WILCOX MEMORIAL HOSPITAL.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES</p>	<p>FACILITY NAME: REPORTING GROUP A</p> <p>DESCRIPTION: THE HEALTHCARE ASSOCIATION OF HAWAII, WARD RESEARCH, AND SOLUTIONS PACIFIC COLLABORATED WITH THE HOSPITALS TO CONDUCT THE HOSPITALS' JOINT 2025 CHNA.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>HTTPS://WWW.HAWAII-PACIFIC-HEALTH.ORG/ABOUT-US/COMMUNITY/</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN</p> <p>DESCRIPTION: IN FISCAL YEAR 2025, KAPI'OLANI CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE YEAR 3 OF THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY THAT ADDRESSED THE FOLLOWING PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT: FINANCIAL SECURITY, FOOD SECURITY, HOUSING STABILITY, AND TRUST IN & EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM. (NOTE: COMMUNITY BENEFIT ACTIVITIES FOR KAPIOLANI'S 2025 CHNA IMPLEMENTATION STRATEGY WILL BE CONDUCTED IN FISCAL YEARS 2026 TO 2028.)</p> <p>FINANCIAL SECURITY HAWAIIAN COMMUNITY ASSETS, A NONPROFIT THAT BUILDS THE CAPACITY OF LOW-INCOME HOUSEHOLDS AND COMMUNITIES TO ACHIEVE AND SUSTAIN ECONOMIC SELF-SUFFICIENCY BY PROVIDING FINANCIAL EDUCATION, ASSET-BUILDING, AND HOMEOWNERSHIP PROGRAMS.</p> <p>THE ALICE COHORT, A COLLECTIVE OF NONPROFIT ORGANIZATIONS AIMED AT ADVANCING FINANCIAL STABILITY, HOUSING SOLUTIONS, AND WORKFORCE OPPORTUNITIES FOR HAWAII'S ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) HOUSEHOLDS.</p> <p>KAPI'OLANI PROVIDES FUNDING AND IN-KIND SERVICES TO THE HAWAII DEPARTMENT OF EDUCATION TO SUPPORT PROGRAMS THAT PREPARE STUDENTS FOR WELL-PAYING CAREERS IN THE HEALTH CARE SECTOR.</p> <p>FOOD SECURITY HAWAII FOODBANK'S FARM TO FAMILIES PROGRAM SUPPORTS BOTH THE LOCAL FOOD SYSTEM AND FAMILIES IN NEED BY PURCHASING FRESH, HEALTHY FOOD FROM LOCAL FARMERS AND PRODUCERS AND PROVIDING IT FREE OF CHARGE TO FOOD INSECURE HOUSEHOLDS THROUGH ITS NETWORK OF FOOD PANTRIES.</p> <p>FARMLINK HAWAII, AN ONLINE FOOD HUB THAT AGGREGATES AND SELLS LOCALLY GROWN AND PRODUCED FOOD PRODUCTS. KAPI'OLANI PROVIDED FINANCIAL SUPPORT FOR FARMLINK'S SERVICES TO SNAP HOUSEHOLDS INCLUDING FREE HOME DELIVERY TO HOMES PURCHASING WITH SNAP-EBT.</p> <p>FEED THE HUNGER FUND PROVIDES TECHNICAL ASSISTANCE, BUSINESS DEVELOPMENT, CONNECTIONS TO RESOURCES AND MARKETS, AND CAPITAL TO SMALL FARMERS AND FOOD ENTREPRENEURS, SUPPORTING THEM TO GROW THEIR BUSINESSES, SUPPORT THEIR FAMILIES, AND CREATE A HEALTHY, SUSTAINABLE AND EQUITABLE REGIONAL FOOD SYSTEMS, WHICH IN TURN SUPPORTS ACCESS TO HEALTHY FOOD FOR ALL HAWAII'S RESIDENTS.</p> <p>HOUSING STABILITY HONOLULU HABITAT FOR HUMANITY'S PROGRAMS THAT ASSIST LOW-INCOME HOUSEHOLDS TO ACHIEVE HOMEOWNERSHIP, REPAIR AND MAINTAIN THEIR CURRENT HOMES, AND INCREASE SELF-RELIANCE AND SECURITY THROUGH STABLE, SAFE HOUSING.</p> <p>KAPI'OLANI PROVIDED FUNDING TO RESIDENTIAL YOUTH SERVICES & EMPOWERMENT HAWAII (RYSE), A YOUTH-SPECIFIC SHELTER PROVIDING TEMPORARY OVERNIGHT LODGING AND SUPPORT SERVICES, TO HELP HOMELESS YOUTH ACHIEVE HOUSING, EMPLOYMENT AND SELF-SUFFICIENCY.</p> <p>ACCESS TO CARE UNIVERSITY OF HAWAII SCHOOL OF LAW'S MEDICAL-LEGAL PARTNERSHIPS PROGRAM INTEGRATES LEGAL SERVICES IN HEALTH CARE SETTINGS TO ADDRESS HEALTH-HARMING CIVIL LEGAL NEEDS FOR LOW-INCOME FAMILIES.</p> <p>THE HAWAII HOME PROJECT, A PROGRAM OF THE UH JOHN A. BURNS SCHOOL OF MEDICINE, PROVIDES FREE CLINICS STAFFED BY MEDICAL STUDENTS AND PHYSICIAN VOLUNTEERS AT HOMELESS SHELTERS AND FROM A MOBILE HEALTH VAN FOR HOMELESS INDIVIDUALS ON O'AHU.</p> <p>CANCER RESEARCH CENTER OF HAWAII: KAPI'OLANI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: MANY AREAS OF HAWAII ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HAWAII RESIDENTS, KAPI'OLANI PROVIDES CLINICAL TRAINING AND RESIDENCIES FOR MEDICAL STUDENTS AND RESIDENTS, NURSING STUDENTS, AND ALLIED HEALTH PROFESSIONALS. KAPI'OLANI ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS COMMITTED TO PRACTICING IN HAWAII TO ATTEND THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE.</p> <p>MEDICAL TRANSPORT SERVICES: KAPI'OLANI PROVIDE INTER-HOSPITAL TRANSPORTS FROM THE NEIGHBOR ISLANDS TO O'AHU, WHERE KAPI'OLANI IS LOCATED, AND TO THE CONTINENTAL US, FOR CRITICAL NEONATAL AND PEDIATRIC PATIENTS REQUIRING ACCESS TO SPECIALTY CARE NOT AVAILABLE IN THEIR COMMUNITIES.</p> <p>SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN KAPI'OLANI'S 2022 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY: NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM SICK CARE, RESTORE ENVIRONMENT AND SENSE OF PLACE, PREPARE FOR EMERGENCIES, MENTAL AND BEHAVIORAL HEALTH AND WORK TOGETHER FOR EQUITY AND JUSTICE. THEY WERE NOT SELECTED AS PRIORITIES FOR KAPI'OLANI TO ADDRESS BECAUSE THEY DID NOT MEET THE FOLLOWING CRITERIA: ALIGNMENT WITH KAPIOLANI'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE KAPI'OLANI'S PLANNED AND EXISTING COMMUNITY PARTNERSHIPS AND INITIATIVES, KAPI'OLANI'S AVAILABLE RESOURCES AND EXPERTISE TO ADDRESS THE NEEDS, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.</p>

Return Reference - Identifier	Explanation
	SIGNIFICANT HEALTH NEEDS IDENTIFIED IN KAPI'OLANI'S RECENTLY CONDUCTED 2025 CHNA WILL BE ADDRESSED IN THE HOSPITAL'S 2026-2028 IMPLEMENTATION STRATEGY.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: PALI MOMI MEDICAL CENTER</p> <p>DESCRIPTION: IN FISCAL YEAR 2025, PALI MOMI CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE YEAR 3 OF THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY THAT ADDRESSED THE FOLLOWING PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT: FINANCIAL SECURITY, FOOD SECURITY, HOUSING STABILITY, AND TRUST IN & EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM. (NOTE: COMMUNITY BENEFIT ACTIVITIES FOR PALI MOMI'S 2025 CHNA IMPLEMENTATION STRATEGY WILL BE CONDUCTED IN FISCAL YEARS 2026 TO 2028.)</p> <p>FINANCIAL SECURITY HAWAIIAN COMMUNITY ASSETS, A NONPROFIT THAT BUILDS THE CAPACITY OF LOW-INCOME HOUSEHOLDS AND COMMUNITIES TO ACHIEVE AND SUSTAIN ECONOMIC SELF-SUFFICIENCY BY PROVIDING FINANCIAL EDUCATION, ASSET-BUILDING, AND HOMEOWNERSHIP PROGRAMS.</p> <p>THE ALICE COHORT, A COLLECTIVE OF NONPROFIT ORGANIZATIONS AIMED AT ADVANCING FINANCIAL STABILITY, HOUSING SOLUTIONS, AND WORKFORCE OPPORTUNITIES FOR HAWAII'S ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) HOUSEHOLDS.</p> <p>PALI MOMI PROVIDES FUNDING AND IN-KIND SERVICES TO THE HAWAII DEPARTMENT OF EDUCATION TO SUPPORT PROGRAMS THAT PREPARE STUDENTS FOR WELL-PAYING CAREERS IN THE HEALTH CARE SECTOR.</p> <p>FOOD SECURITY HAWAII FOODBANK'S FARM TO FAMILIES PROGRAM SUPPORTS BOTH THE LOCAL FOOD SYSTEM AND FAMILIES IN NEED BY PURCHASING FRESH, HEALTHY FOOD FROM LOCAL FARMERS AND PRODUCERS AND PROVIDING IT FREE OF CHARGE TO FOOD INSECURE HOUSEHOLDS THROUGH ITS NETWORK OF FOOD PANTRIES.</p> <p>FARMLINK HAWAII, AN ONLINE FOOD HUB THAT AGGREGATES AND SELLS LOCALLY GROWN AND PRODUCED FOOD PRODUCTS. PALI MOMI PROVIDED FINANCIAL SUPPORT FOR FARMLINK'S SERVICES TO SNAP HOUSEHOLDS INCLUDING FREE HOME DELIVERY TO HOMES PURCHASING WITH SNAP-EBT.</p> <p>FEED THE HUNGER FUND PROVIDES TECHNICAL ASSISTANCE, BUSINESS DEVELOPMENT, CONNECTIONS TO RESOURCES AND MARKETS, AND CAPITAL TO SMALL FARMERS AND FOOD ENTREPRENEURS, SUPPORTING THEM TO GROW THEIR BUSINESSES, SUPPORT THEIR FAMILIES, AND CREATE A HEALTHY, SUSTAINABLE AND EQUITABLE REGIONAL FOOD SYSTEMS, WHICH IN TURN SUPPORTS ACCESS TO HEALTHY FOOD FOR ALL HAWAII'S RESIDENTS.</p> <p>HOUSING STABILITY HONOLULU HABITAT FOR HUMANITY'S PROGRAMS THAT ASSIST LOW-INCOME HOUSEHOLDS TO ACHIEVE HOMEOWNERSHIP, REPAIR AND MAINTAIN THEIR CURRENT HOMES, AND INCREASE SELF-RELIANCE AND SECURITY THROUGH STABLE, SAFE HOUSING.</p> <p>PALI MOMI PROVIDED FUNDING TO RESIDENTIAL YOUTH SERVICES & EMPOWERMENT HAWAII (RYSE), A YOUTH-SPECIFIC SHELTER PROVIDING TEMPORARY OVERNIGHT LODGING AND SUPPORT SERVICES TO HELP HOMELESS YOUTH ACHIEVE HOUSING, EMPLOYMENT AND SELF-SUFFICIENCY.</p> <p>ACCESS TO CARE UNIVERSITY OF HAWAII SCHOOL OF LAW'S MEDICAL-LEGAL PARTNERSHIPS PROGRAM INTEGRATES LEGAL SERVICES IN HEALTH CARE SETTINGS TO ADDRESS HEALTH-HARMING CIVIL LEGAL NEEDS FOR LOW-INCOME FAMILIES.</p> <p>THE HAWAII HOME PROJECT, A PROGRAM OF THE UH JOHN A. BURNS SCHOOL OF MEDICINE, PROVIDES FREE CLINICS STAFFED BY MEDICAL STUDENTS AND PHYSICIAN VOLUNTEERS AT HOMELESS SHELTERS AND FROM A MOBILE HEALTH VAN FOR HOMELESS INDIVIDUALS ON O'AHU.</p> <p>CANCER RESEARCH CENTER OF HAWAII: PALI MOMI, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: MANY AREAS OF HAWAII ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HAWAII RESIDENTS, PALI MOMI PROVIDES CLINICAL TRAINING AND RESIDENCIES FOR FAMILY PRACTICE PHYSICIANS. PALI MOMI ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS COMMITTED TO PRACTICING IN HAWAII TO ATTEND THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE.</p> <p>SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN PALI MOMI'S 2022 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY: NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM SICK CARE, RESTORE ENVIRONMENT AND SENSE OF PLACE, PREPARE FOR EMERGENCIES, MENTAL AND BEHAVIORAL HEALTH, AND WORK TOGETHER FOR EQUITY AND JUSTICE. THEY WERE NOT SELECTED AS PRIORITIES FOR PALI MOMI TO ADDRESS BECAUSE THEY DID NOT MEET THE FOLLOWING CRITERIA: ALIGNMENT WITH PALI MOMI'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE PALI MOMI'S PLANNED AND EXISTING COMMUNITY PARTNERSHIPS AND INITIATIVES, PALI MOMI'S AVAILABLE RESOURCES AND EXPERTISE TO ADDRESS THE NEEDS, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.</p> <p>SIGNIFICANT HEALTH NEEDS IDENTIFIED IN PALI MOMI'S RECENTLY CONDUCTED 2025 CHNA WILL BE ADDRESSED IN THE HOSPITAL'S 2026-2028 IMPLEMENTATION STRATEGY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: STRAUB CLINIC & HOSPITAL (DBA STRAUB BENIOFF MEDICAL CENTER)</p> <p>DESCRIPTION: STRAUB BENIOFF MEDICAL CENTER IN FISCAL YEAR 2025, STRAUB CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE YEAR 3 OF THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY THAT ADDRESSED THE FOLLOWING PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT: FINANCIAL SECURITY, FOOD SECURITY, HOUSING STABILITY, AND TRUST IN & EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM. (NOTE: COMMUNITY BENEFIT ACTIVITIES FOR STRAUB'S 2025 CHNA IMPLEMENTATION STRATEGY WILL BE CONDUCTED IN FISCAL YEARS 2026 TO 2028.)</p> <p>FINANCIAL SECURITY HAWAIIAN COMMUNITY ASSETS, A NONPROFIT THAT BUILDS THE CAPACITY OF LOW-INCOME HOUSEHOLDS AND COMMUNITIES TO ACHIEVE AND SUSTAIN ECONOMIC SELF-SUFFICIENCY BY PROVIDING FINANCIAL EDUCATION, ASSET-BUILDING, AND HOMEOWNERSHIP PROGRAMS.</p> <p>THE ALICE COHORT, A COLLECTIVE OF NONPROFIT ORGANIZATIONS AIMED AT ADVANCING FINANCIAL STABILITY, HOUSING SOLUTIONS, AND WORKFORCE OPPORTUNITIES FOR HAWAII'S ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) HOUSEHOLDS.</p> <p>STRAUB PROVIDES FUNDING AND IN-KIND SERVICES TO THE HAWAII DEPARTMENT OF EDUCATION TO SUPPORT PROGRAMS THAT PREPARE STUDENTS FOR WELL-PAYING CAREERS IN THE HEALTH CARE SECTOR.</p> <p>FOOD SECURITY HAWAII FOODBANK'S FARM TO FAMILIES PROGRAM SUPPORTS BOTH THE LOCAL FOOD SYSTEM AND FAMILIES IN NEED BY PURCHASING FRESH, HEALTHY FOOD FROM LOCAL FARMERS AND PRODUCERS AND PROVIDING IT FREE OF CHARGE TO FOOD INSECURE HOUSEHOLDS THROUGH ITS NETWORK OF FOOD PANTRIES.</p> <p>FARMLINK HAWAII, AN ONLINE FOOD HUB THAT AGGREGATES AND SELLS LOCALLY GROWN AND PRODUCED FOOD PRODUCTS. STRAUB PROVIDED FINANCIAL SUPPORT FOR FARMLINK'S SERVICES TO SNAP HOUSEHOLDS INCLUDING FREE HOME DELIVERY TO HOMES PURCHASING WITH SNAP-EBT.</p> <p>FEED THE HUNGER FUND PROVIDES TECHNICAL ASSISTANCE, BUSINESS DEVELOPMENT, CONNECTIONS TO RESOURCES AND MARKETS, AND CAPITAL TO SMALL FARMERS AND FOOD ENTREPRENEURS, SUPPORTING THEM TO GROW THEIR BUSINESSES, SUPPORT THEIR FAMILIES, AND CREATE A HEALTHY, SUSTAINABLE AND EQUITABLE REGIONAL FOOD SYSTEMS, WHICH IN TURN SUPPORTS ACCESS TO HEALTHY FOOD FOR ALL HAWAII'S RESIDENTS.</p> <p>HOUSING STABILITY HONOLULU HABITAT FOR HUMANITY'S PROGRAMS THAT ASSIST LOW-INCOME HOUSEHOLDS TO ACHIEVE HOMEOWNERSHIP, REPAIR AND MAINTAIN THEIR CURRENT HOMES, AND INCREASE SELF-RELIANCE AND SECURITY THROUGH STABLE, SAFE HOUSING.</p> <p>STRAUB PROVIDED FUNDING TO RESIDENTIAL YOUTH SERVICES & EMPOWERMENT HAWAII (RYSE), A YOUTH-SPECIFIC SHELTER PROVIDING TEMPORARY OVERNIGHT LODGING AND SUPPORT SERVICES, TO HELP HOMELESS YOUTH ACHIEVE HOUSING, EMPLOYMENT AND SELF-SUFFICIENCY.</p> <p>ACCESS TO CARE UNIVERSITY OF HAWAII SCHOOL OF LAW'S MEDICAL-LEGAL PARTNERSHIPS PROGRAM INTEGRATES LEGAL SERVICES IN HEALTH CARE SETTINGS TO ADDRESS HEALTH-HARMING CIVIL LEGAL NEEDS FOR LOW-INCOME FAMILIES.</p> <p>THE HAWAII HOME PROJECT, A PROGRAM OF THE UH JOHN A. BURNS SCHOOL OF MEDICINE, PROVIDES FREE CLINICS STAFFED BY MEDICAL STUDENTS AND PHYSICIAN VOLUNTEERS AT HOMELESS SHELTERS AND FROM A MOBILE HEALTH VAN FOR HOMELESS INDIVIDUALS ON O'AHU.</p> <p>CANCER RESEARCH CENTER OF HAWAII: STRAUB, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: MANY AREAS OF HAWAII ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HAWAII RESIDENTS, STRAUB PROVIDES CLINICAL TRAINING AND MEDICAL RESIDENCIES FOR PHYSICIANS. STRAUB ALSO SUPPORTS A SCHOLARSHIP THAT PROVIDES FINANCIAL ASSISTANCE FOR LOCAL STUDENTS COMMITTED TO PRACTICING IN HAWAII TO ATTEND THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE.</p> <p>SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN STRAUB'S 2022 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY: NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM SICK CARE, RESTORE ENVIRONMENT AND SENSE OF PLACE, PREPARE FOR EMERGENCIES, MENTAL AND BEHAVIORAL HEALTH, AND WORK TOGETHER FOR EQUITY AND JUSTICE. THEY WERE NOT SELECTED AS PRIORITIES FOR STRAUB TO ADDRESS BECAUSE THEY DID NOT MEET THE FOLLOWING CRITERIA: ALIGNMENT WITH STRAUB'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE STRAUB'S PLANNED AND EXISTING COMMUNITY PARTNERSHIPS AND INITIATIVES, STRAUB'S AVAILABLE RESOURCES AND EXPERTISE TO ADDRESS THE NEEDS, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.</p> <p>SIGNIFICANT HEALTH NEEDS IDENTIFIED IN STRAUB'S RECENTLY CONDUCTED 2025 CHNA WILL BE ADDRESSED IN THE HOSPITAL'S 2026-2028 IMPLEMENTATION STRATEGY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: WILCOX MEMORIAL HOSPITAL (DBA WILCOX MEDICAL CENTER)</p> <p>DESCRIPTION: WILCOX MEDICAL CENTER IN FISCAL YEAR 2025, WILCOX CONDUCTED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES TO EXECUTE YEAR 3 OF THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY THAT ADDRESSED THE FOLLOWING PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT: FINANCIAL SECURITY, FOOD SECURITY, HOUSING STABILITY, AND TRUST IN & EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM. (NOTE: COMMUNITY BENEFIT ACTIVITIES FOR WILCOX'S 2025 CHNA IMPLEMENTATION STRATEGY WILL BE CONDUCTED IN FISCAL YEARS 2026 TO 2028.)</p> <p>FINANCIAL SECURITY HAWAIIAN COMMUNITY ASSETS, A NONPROFIT THAT BUILDS THE CAPACITY OF LOW-INCOME HOUSEHOLDS AND COMMUNITIES TO ACHIEVE AND SUSTAIN ECONOMIC SELF-SUFFICIENCY BY PROVIDING FINANCIAL EDUCATION, ASSET-BUILDING, AND HOMEOWNERSHIP PROGRAMS.</p> <p>HALE OPIO'S FIRST JOBS ACADEMY OFFERS SOCIAL SERVICE SUPPORTS AND TRAINING IN LIFE SKILLS AND WORK READINESS FOR YOUNG ADULTS EXITING FOSTER CARE OR EXPERIENCING HOMELESSNESS OR OTHER VULNERABLE SITUATIONS.</p> <p>THE ALICE COHORT, A COLLECTIVE OF NONPROFIT SOCIAL SERVICE ORGANIZATIONS AIMED AT ADVANCING FINANCIAL STABILITY, HOUSING SOLUTIONS, AND WORKFORCE OPPORTUNITIES FOR HAWAII'S ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) HOUSEHOLDS.</p> <p>FOOD SECURITY FEED THE HUNGER FUND PROVIDES TECHNICAL ASSISTANCE, BUSINESS DEVELOPMENT, CONNECTIONS TO RESOURCES AND MARKETS, AND CAPITAL TO SMALL FARMERS AND FOOD ENTREPRENEURS, SUPPORTING THEM TO GROW THEIR BUSINESSES, SUPPORT THEIR FAMILIES, AND CREATE A HEALTHY, SUSTAINABLE AND EQUITABLE REGIONAL FOOD SYSTEMS, WHICH IN TURN SUPPORTS ACCESS TO HEALTHY FOOD FOR ALL HAWAII'S RESIDENTS.</p> <p>MALAMA KAUA'I, A FOOD HUB THAT SUPPORTS A HEALTHY FOOD SYSTEM ON KAUA'I, BY AGGREGATING AND SELLING LOCALLY GROWN AND PRODUCED FOOD PRODUCTS TO SUPPORT SMALL LOCAL FARMERS AND SUPPORTING ACCESS TO HEALTHY FOODS FOR FOOD INSECURE HOUSEHOLDS.</p> <p>HOUSING STABILITY KAUA'I HABITAT FOR HUMANITY'S PROGRAMS THAT ASSIST LOW-INCOME HOUSEHOLDS TO ACHIEVE HOMEOWNERSHIP, REPAIR AND MAINTAIN THEIR CURRENT HOMES, AND INCREASE SELF-RELIANCE AND SECURITY THROUGH STABLE, SAFE HOUSING.</p> <p>TRUST IN AND EQUITABLE ACCESS TO THE HEALTH CARE SYSTEM PROJECT VISION IS A NONPROFIT COMMITTED TO INCREASING ACCESS TO CARE FOR HOMELESS INDIVIDUALS THROUGH "STREET-LEVEL" SOCIAL AND MEDICAL SERVICES INCLUDING MOBILE HEALTH CLINICS, VISION CARE, AND HYGIENE TRAILERS. WILCOX PROVIDED FUNDING TO SUPPORT MOBILE HEALTH CLINIC SERVICES ON KAUA'I.</p> <p>CHEMOTHERAPY: WILCOX'S CHEMOTHERAPY CENTER, SUBSIDIZED BY THE MEDICAL CENTER, IS THE ONLY ONE AVAILABLE ON THE ISLAND, LESSENING THE NEED FOR ISLAND RESIDENTS WITH CANCER TO FLY TO O'AHU FOR CARE.</p> <p>AFTER-HOURS PHARMACY: WILCOX'S AFTER-HOURS PHARMACY IS THE ONLY PHARMACY OPEN AFTER NORMAL BUSINESS HOURS ON THE ISLAND OF KAUA'I. IT PROVIDES CRITICAL AND TIME SENSITIVE MEDICATIONS TO THE COMMUNITY DURING EVENING HOURS WHEN THE OTHER PHARMACIES ON THE ISLAND ARE CLOSED. WILCOX SUBSIDIZES PROVISION OF SERVICE DURING THESE HOURS.</p> <p>CANCER RESEARCH CENTER OF HAWAII: WILCOX, TOGETHER WITH THE OTHER HOSPITALS OF HAWAII PACIFIC HEALTH, QUEENS MEDICAL CENTER, AND KUAKINI MEDICAL CENTER, PARTNERED WITH THE CANCER RESEARCH CENTER OF HAWAII TO ENHANCE THE QUALITY AND BREADTH OF CANCER CARE IN HAWAII BY SUPPORTING ENHANCED PATIENT ACCESS TO CLINICAL TRIALS, STATE-OF-THE-ART TREATMENT, AND INNOVATIVE THERAPIES FOCUSED ON HAWAII'S UNIQUE POPULATION.</p> <p>HEALTH PROFESSIONALS EDUCATION: THE ISLAND OF KAUA'I IS AMONG THE MANY AREAS OF HAWAII THAT ARE IDENTIFIED AS HEALTH PROFESSIONAL SHORTAGE AREAS. TO ADDRESS THIS SHORTAGE AND IMPROVE ACCESS TO HEALTH CARE SERVICES FOR KAUA'I RESIDENTS, WILCOX SUPPORTS SCHOLARSHIPS AND A TRAINING PROGRAM FOR UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE MEDICAL STUDENTS WHO ARE COMMITTED TO PRACTICING IN HAWAII AND ON KAUA'I AFTER THEY COMPLETE THEIR MEDICAL TRAINING.</p> <p>SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED THE FOLLOWING AREAS OF NEED IDENTIFIED IN WILCOX'S 2022 CHNA WERE NOT ADDRESSED IN THE HOSPITAL'S 2023-2025 IMPLEMENTATION STRATEGY: NURTURE COMMUNITY IDENTITY AND COHESIVENESS, SHIFT ELDER CARE AWAY FROM SICK CARE, RESTORE ENVIRONMENT AND SENSE OF PLACE, PREPARE FOR EMERGENCIES, MENTAL AND BEHAVIORAL HEALTH, AND WORK TOGETHER FOR EQUITY AND JUSTICE. THEY WERE NOT SELECTED AS PRIORITIES FOR WILCOX TO ADDRESS BECAUSE THEY DID NOT MEET THE FOLLOWING CRITERIA: ALIGNMENT WITH WILCOX'S COMMUNITY HEALTH PARTNERSHIP FOCUS AREAS, OPPORTUNITY TO LEVERAGE WILCOX'S PLANNED AND EXISTING COMMUNITY PARTNERSHIPS AND INITIATIVES, WILCOX'S AVAILABLE RESOURCES AND EXPERTISE TO ADDRESS THE NEEDS, AND POTENTIAL TO HAVE A MEASURABLE IMPACT ON COMMUNITY HEALTH IN COLLABORATION WITH PARTNERS.</p> <p>SIGNIFICANT HEALTH NEEDS IDENTIFIED IN WILCOX'S RECENTLY CONDUCTED 2025 CHNA WILL BE ADDRESSED IN THE HOSPITAL'S 2026-2028 IMPLEMENTATION STRATEGY.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>HTTPS://WWW.HAWAIIIPACIFICHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAM/</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAM/
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.HAWAII PACIFIC HEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE-PROGRAM/

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

Name and address	Type of facility (describe)
1 STRAUB MEDICAL CENTER-PALI MOMI CLINIC 98-1079 MOANALUA ROAD, SUITE 600 AIEA, HI 96701	CLINIC
2 STRAUB MEDICAL CENTER-PEARLRIDGE CLINIC 98-151 PALI MOMI ST, SUITE 142 AIEA, HI 96701	CLINIC
3 STRAUB MEDICAL CENTER-KAPOLEI CLINIC & URGENT CARE 91-5431 KAPOLEI PKWY, SUITE 1706 KAPOLEI, HI 96707	CLINIC
4 PALI MOMI PAVILION/WOMEN'S CENTER 98-1005 MOANALUA ROAD, #FS4 AIEA, HI 96701	CLINIC
5 STRAUB MEDICAL CENTER-MILILANI TOWN CENTER CLINIC 95-1249 MEHEULA PKWY, UNIT 187 MILILANI, HI 96789	CLINIC
6 STRAUB MEDICAL CENTER-KAHALA CLINIC & URGENT CARE 4210 WAIALAE AVE, SUITE 501 HONOLULU, HI 96816	CLINIC
7 HPH CANCER CENTER AT PALI MOMI MEDICAL CENTER 98-1005 MOANALUA ROAD AIEA, HI 96701	CLINIC
8 STRAUB MEDICAL CENTER-KANEOHE CLINIC 46-056 KAMEHAMEHA HWY, SUITE 221 KANEOHE, HI 96744	CLINIC
9 STRAUB MEDICAL CENTER-WATEFRONT PLAZA CLINIC 500 ALA MOANA BLVD, SUITE 1D HONOLULU, HI 96813	CLINIC
10 STRAUB MEDICAL CENTER-WARD VILLAGE CLINIC & URGENT CARE 1001 QUEEN ST, SUITE 102 HONOLULU, HI 96814	CLINIC

Schedule H (Form 990) 2024

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of facility (describe)
1 STRAUB MEDICAL CENTER-FIRST INSURANCE CENTER CLINIC 1100 WARD AVE, STE 700 HONOLULU, HI 96814	CLINIC
2 STRAUB MEDICAL CENTER-DOCTORS ON CALL AT SHERATON WAIKIKI 2255 KALAKAUA AVE MANOR WING, LOWER LEVEL HONOLULU, HI 96815	CLINIC
3 STRAUB MEDICAL CENTER-HAWAI'I KAI CLINIC 7192 KALANIANA'OLE HIGHWAY, SUITE A200 HONOLULU, HI 96825	CLINIC
4 STRAUB MEDICAL CENTER- KAILUA CLINIC 602 KAILUA ROAD, SUITE 200 KAILUA, HI 96734	CLINIC
5 STRAUB MEDICAL CENTER-LANA'I CLINIC 628-B SEVENTH STREET LANAI CITY, HI 96763	CLINIC
6 PALI MOMI MEDICAL CENTER 98-1079 MOANLUA RD, STE 300/480/490/630/640/670/680 AEIA, HI 96701	CLINIC
7 STRAUB MEDICAL CENTER-MILILANI SHOPPING CENTER CLINIC 95-390 KUAHELANI AVENUE, SUITE J-1 MILILANI, HI 96789	CLINIC
8 PALI MOMI CANCER CENTER 98-1005 MOANALUA RD, STE 4010 AEIA , HI 96701	CLINIC
9 STRAUB MEDICAL CENTER-DOWNTOWN HONOLULU CLINIC 1003 BISHOP ST, PAUAHI TOWER, SUITE 395 HONOLULU, HI 96813	CLINIC
10 STRAUB MEDICAL CENTER-KAHULUI CLINIC 33 LONO AVENUE, SUITE 250 KAHULUI, HI 96732	CLINIC

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of facility (describe)
1 PALI MOMI/WAIPAHAU HIGH SCHOOL 94-1211 FARRINGTON HWY WAIPAHAU, HI 96797	CLINIC
2 STRAUB MEDICAL CENTER-ARTESIAN SATELLITE 1907 SOUTH BERETANIA ST, 1ST & 5TH FLOORS HONOLULU, HI 96826	CLINIC
3 CARDIOLOGY CLINIC-KUAKINI MEDICAL PLAZA 321 NORTH KUAKINI ST, SUITE 504 HONOLULU, HI 96817	CLINIC
4 STRAUB MEDICAL CENTER-DOCTORS ON CALL AT HILTON HAWAIIAN VILLAGE 2005 KALIA ROAD, RAINBOW BAZAAR, 2F HONOLULU, HI 96815	CLINIC
5 STRAUB MEDICAL CENTER-HILO CLINIC 82 PUUHONU PLACE, SUITE 208 HILO, HI 96720	CLINIC
6 	
7 	
8 	
9 	
10 	

Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I - LINE 3C	HPH FINANCIAL ASSISTANCE POLICY INCLUDES PRESUMPTIVE ELIGIBILITY CRITERIA: PATIENT IS HOMELESS, PATIENT CURRENTLY QUALIFIES FOR MEDICAID, PATIENT IS SEX ABUSE TREATMENT CENTER (SATC)/CRIME VICTIM, PATIENT HAS DECLARED BANKRUPTCY, AND PATIENT IS DECEASED WITH NO SPOUSE, PROPERTY OR PROBATE. HPH ALSO EMPLOYS AN ANALYTICS ENGINE THAT MAY DETERMINE ELIGIBILITY IN THE ABSENCE OF OTHER DOCUMENTATION.
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	COMMUNITY BENEFITS ARE INCLUDED IN A REPORT PREPARED BY HAWAI'I PACIFIC HEALTH, THE FILING ORGANIZATIONS' PARENT.
SCHEDULE H, PART I, LINE 7 - COSTING METHODOLOGY USED	COST TO CHARGE RATIO AND SCHEDULE H WORKSHEET WAS USED TO CALCULATE THE COSTS.
SCHEDULE H, PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES	NO COSTS OF A PHYSICIAN CLINIC WERE INCLUDED AS SUBSIDIZED HEALTH SERVICES.
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	FOOD SECURITY AND HOUSING STABILITY WERE IDENTIFIED AS SIGNIFICANT HEALTH PRIORITIES FOR HAWAI'I RESIDENTS IN THE HPH HOSPITALS' JOINTLY CONDUCTED 2022 CHNA. IN 2025, YEAR 3 OF THE HOSPITALS' 3-YEAR IMPLEMENTATION STRATEGIES, THE FACILITIES PARTNERED TO STRENGTHEN LOCAL FOOD SYSTEMS AND ASSURE ACCESS TO FRESH, HEALTHY FOODS FOR RESIDENTS OF THEIR RESPECTIVE SERVICE AREAS BY PROVIDING FINANCIAL SUPPORT TO FEED THE HUNGER FUND. THIS NONPROFIT ORGANIZATION SUPPORTS THE VIABILITY OF SMALL LOW-INCOME FARMERS AND ENDEAVORS TO TRANSFORM HAWAI'I'S LOCAL FOOD ECONOMY INTO AN EQUITABLE AND EFFICIENT COMMUNITY-LED SYSTEM THAT ENSURES ACCESS TO FRESH, HEALTHY FOOD FOR ALL HAWAI'I RESIDENTS. NUMEROUS STUDIES HAVE AFFIRMED THAT STABLE HOUSING IS CRUCIAL TO HEALTH AND WELLBEING. THE HPH HOSPITALS JOINTLY PROVIDED FINANCIAL SUPPORT TO THE KAUA'I AND HONOLULU HABITAT FOR HUMANITY AFFILIATES TO ASSIST LOW-INCOME HOUSEHOLDS TO ACHIEVE HOMEOWNERSHIP, REPAIR AND MAINTAIN THEIR OWN HOMES, AND INCREASE SELF-RELIANCE AND SECURITY THROUGH STABLE, SAFE HOUSING.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	HPH UTILIZES THE ALLOWANCE METHODOLOGY TO CALCULATE BAD DEBT EXPENSE. THIS IS DONE BY ANALYZING PAST BAD DEBT EXPERIENCES, EXPRESSED AS A PERCENTAGE OF PATIENT REVENUE. THIS ESTIMATED AMOUNT IS THEN USED TO CREATE AN ALLOWANCE FOR DOUBTFUL ACCOUNTS, A CONTRAASSET ACCOUNT, AND THE CORRESPONDING BAD DEBT EXPENSE IS RECORDED ON THE INCOME STATEMENT. THE ALLOWANCE (CONTRA-ASSET) ACCOUNT, AND THE CORRESPONDING BAD DEBT EXPENSE, IS ALSO ADJUSTED BY THE ESTIMATED UNCOLLECTIBLE AMOUNTS ON ACCOUNTS RECEIVABLES. UNCOLLECTIBLE AMOUNTS ON RECEIVABLES ARE DETERMINED BY AGING AND PERCENT OF RECEIVABLES, AS FOLLOWS: AGING: ANY SELF-PAY ACCOUNT BALANCE AGED > 360 DAYS IS DEEMED TO BE 100% UNCOLLECTIBLE. PERCENTAGE OF RECEIVABLES: HISTORICAL BAD DEBT PERCENTAGES, BY PAYOR, ARE APPLIED TO RECEIVABLE BALANCES <= 360. THE PRODUCT OF THIS CALCULATION IS ALSO CONSIDERED UNCOLLECTIBLE AMOUNTS. THE DIFFERENCE OF THE UNCOLLECTIBLE AMOUNTS ON RECEIVABLES VERSUS THE CONTRA-ASSET ACCOUNT BALANCE IS THE ADJUSTMENT TO THE BAD DEBT EXPENSE. NOTE: WRITING OFF UNCOLLECTIBLE ACCOUNT. WHEN AN ACCOUNT IS OFFICIALLY DEEMED UNCOLLECTIBLE, DEBIT THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CREDIT ACCOUNTS RECEIVABLE. THIS REDUCES THE ALLOWANCE AND THE ACCOUNTS RECEIVABLE BALANCE, BUT DOES NOT AFFECT THE INCOME STATEMENT.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	IN CALCULATING THE ESTIMATED FY24 BAD DEBT, HPH APPLIED THE CALENDAR YEAR PERCENTAGE OF NO INSURANCE TO THE TOTAL BAD DEBT EXPENSE IN ORDER TO DETERMINE THE BAD DEBT RELATED TO NO INSURANCE. HPH ALSO APPLIED THE CALENDAR YEAR PERCENTAGE OF CHARITY CARE TO BAD DEBT RELATED TO NO INSURANCE TO DETERMINE THE AMOUNTS ELIGIBLE FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	SEE FOOTNOTE 1 ON PAGE 18 OF THE AUDITED FINANCIALS FOR INFORMATION RELATING TO THE ORGANIZATION'S EXPLANATION OF IMPLICIT PRICE CONCESSIONS. A COPY OF THE FY25 AUDITED FINANCIAL STATEMENTS IS AVAILABLE UPON REQUEST AND ATTACHED TO THE FILED COPY OF THIS RETURN.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	BECAUSE TAX-EXEMPT HOSPITALS MUST PARTICIPATE IN MEDICARE AND MEDICAID AS A CONDITION OF MAINTAINING THEIR FEDERAL TAX- EXEMPT STATUS, MEDICARE UNDERPAYMENTS ARE NOT OPERATING EXPENSES THAT SHOULD BE EXPECTED IN THE ORDINARY COURSE OF BUSINESS. BECAUSE TAX-EXEMPT HOSPITALS MUST ACCEPT MEDICARE RATES THAT ARE IN SOME CASES BELOW COST, THEY SHOULD BE ABLE TO REPORT ANY NEGATIVE DIFFERENCES BETWEEN MEDICARE RATES AND COST AS LOSSES INCURRED BY SERVICING THE COMMUNITY. TOTAL MEDICARE COSTS WERE CALCULATED IN ACCORDANCE WITH THE FEDERAL STANDARD FORM CMS-2552.96.
SCHEDULE H, PART III, LINE 9B - DEBT COLLECTION POLICY	<p>PATIENTS WHO QUALIFY FOR CHARITY CARE RECEIVE EITHER 100% DISCOUNT (FREE SERVICES) OR 85% DISCOUNT (PARTIAL CHARITY) ON OUTSTANDING BALANCES. PATIENTS RECEIVING PARTIAL CHARITY THAT HAVE REMAINING ACCOUNT BALANCES AFTER THE CHARITY CARE ADJUSTMENT, FOLLOW THE SAME COLLECTION PROCEDURES AS ALL OTHER PATIENTS. PATIENTS WHO QUALIFY FOR 100% DISCOUNT HAVE THEIR PATIENT ACCOUNT BALANCES FULLY ADJUSTED AND ARE NOT SUBJECT TO ANY COLLECTION PROCEDURES.</p> <p>IN GENERAL THE POLICY INVOLVES SENDING FOLLOW UP STATEMENTS AND DOING FOLLOW UP PHONE CALLS. PAYMENT OPTIONS ARE ALSO PRESENTED TO THE PATIENT AS PART OF THE COLLECTION PROCESS. ACCOUNTS NOT COLLECTED WITHIN THE SPECIFIED TIME PERIOD OUTLINED IN THE POLICY (HOSPITAL AND PHYSICIAN CLAIMS) ARE SENT TO A COLLECTION AGENCY FOR COLLECTION.</p>
SCHEDULE H, PART V, SECTION B, LINE 10 - IMPLEMENTATION STRATEGY PLAN WEBSITE	<p>KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN: HTTPS://WWW.HAWAIIIPACIFICHEALTH.ORG/MEDIA/17126/CHI_PLAN_KAPIOLANI_FY23-25.PDF</p> <p>PALI MOMI MEDICAL CENTER: HTTPS://WWW.HAWAIIIPACIFICHEALTH.ORG/MEDIA/17127/CHI_PLAN_PALIMOMI_FY23-25.PDF</p> <p>STRAUB CLINIC & HOSPITAL: HTTPS://WWW.HAWAIIIPACIFICHEALTH.ORG/MEDIA/17128/CHI_PLAN_STRAUB_FY23-25.PDF</p> <p>WILCOX MEMORIAL HOSPITAL: HTTPS://WWW.HAWAIIIPACIFICHEALTH.ORG/MEDIA/17129/CHI_PLAN_WILCOX_FY23-25.PDF</p>
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>AT HAWAI'I PACIFIC HEALTH MEDICAL CENTERS, WE FACILITATE HEALTH-RELATED SOCIAL NEEDS (HRSN) SCREENINGS AT THREE MAIN ENTRY POINTS: INPATIENT CARE, EMERGENCY CARE AND INFUSION SERVICES. THROUGH THIS HRSN SCREENING PROCESS, A HEALTH CARE TEAM MEMBER EVALUATES CRITICAL ASPECTS OF A PATIENT'S WELLBEING SUCH AS FOOD SECURITY, HOUSING, TRANSPORTATION, UTILITIES, AND SAFETY NEEDS.</p> <p>WHEN A SCREENING INDICATES THAT A PATIENT MAY REQUIRE ADDITIONAL SUPPORT, WE WILL MAKE EVERY EFFORT TO MEET WITH THE PATIENT IN PERSON. THE MEETING ALLOWS US TO HELP DIRECTLY CONNECT THE PATIENT WITH COMMUNITY PARTNERS WHO CAN PROVIDE ANY NECESSARY ASSISTANCE.</p> <p>FOR INPATIENTS, THOSE WHO ARE ADMITTED TO OUR HOSPITAL FOR TREATMENT, A BEDSIDE NURSE CONDUCTS THE SCREENING. IF THE HRSN SCREENING RESULTS INDICATE A NEED FOR ADDITIONAL SUPPORT, A CASE MANAGER OR SOCIAL WORKER WILL STEP IN TO CONNECT THE PATIENT WITH ONE OF OUR COMMUNITY PARTNERS. IN FY25, MORE THAN 21,000 INPATIENTS WERE SCREENED AT OUR MEDICAL CENTERS FOR HRSN SUPPORT SERVICES.</p> <p>IN THE EMERGENCY DEPARTMENT (ED), PATIENTS WHO ARE STABLE ENOUGH ARE SCREENED BY THE TRIAGE NURSE. IF THE HRSN SCREENING INDICATES A NEED FOR ADDITIONAL SUPPORT, THE PATIENT WILL BE PROVIDED WITH COMMUNITY RESOURCES AT THE TIME OF DISCHARGE AS PART OF THEIR AFTER-VISIT SUMMARY. IN FY25, MORE THAN 68,000 ED PATIENTS WERE SCREENED AT OUR MEDICAL CENTERS FOR HRSN SUPPORT SERVICES.</p> <p>LASTLY, PATIENTS VISITING OUR INFUSION CENTERS HAVE THE OPPORTUNITY TO COMPLETE THE SCREENING THROUGH MYCHART OR IN-PERSON WITH THE INFUSION NURSE. THE INFUSION NURSE WILL VALIDATE ALL MYCHART SCREENINGS AT THE TIME OF THE PATIENT'S APPOINTMENT. IF THE HRSN SCREENING INDICATES A NEED FOR FURTHER SUPPORT, THE INFUSION NURSE NAVIGATOR WILL MEET WITH THE PATIENT TO PROVIDE CONTINUED ASSISTANCE. IN FY25, MORE THAN 2,600 INFUSION PATIENTS WERE SCREENED AT OUR MEDICAL CENTERS FOR HRSN SUPPORT SERVICES.</p>
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	WHEN A PATIENT PRESENTS FOR SERVICES AND THE PATIENT DOES NOT HAVE INSURANCE COVERAGE FOR SERVICES TO BE PROVIDED, THE PATIENT, OR GUARANTOR IS ASKED TO SIGN THE "SELF-PAY ACKNOWLEDGEMENT" LETTER. THE LETTER DESCRIBES THE TERMS OF THE HAWAI'I PACIFIC HEALTH ("HPH") UNINSURED DISCOUNT PROGRAM, AND BY SIGNING THE LETTER, THE PATIENT ACKNOWLEDGES THAT HE/SHE UNDERSTANDS AVAILABLE UNINSURED PAYMENT TERMS. IN MOST UNINSURED CASES, THE PATIENT WILL BE OFFERED A HAWAI'I STATE MEDICAL ASSISTANCE APPLICATION. THIS IS THE APPLICATION FOR THE HAWAI'I STATE MEDICAID/QUEST PROGRAM. THE HOSPITAL CONTRACTS WITH SERVICE PROVIDERS WHO SPECIALIZE IN ASSISTING PATIENTS WITH THE MEDICAID/QUEST PROGRAM APPLICATION PROCESS. IF THE PATIENT'S APPLICATION FOR MEDICAID/QUEST IS DENIED OR IT IS DETERMINED THAT THE PATIENT IS INELIGIBLE TO APPLY FOR MEDICAID/QUEST, THE PATIENT MAY APPLY FOR HPH FINANCIAL ASSISTANCE EITHER IN THE HOSPITAL FINANCIAL SERVICES DEPARTMENT OR BY MAIL DIRECTLY TO THE HPH BUSINESS SERVICES OFFICE. FINANCIAL COUNSELORS ARE AVAILABLE ON SITE TO REVIEW PAYMENT OPTIONS WITH THE PATIENT OR THE GUARANTOR. THESE OPTIONS INCLUDE THE AFOREMENTIONED HPH UNINSURED DISCOUNT PROGRAM, THE HAWAI'I STATE MEDICAID/QUEST PROGRAM, THE HPH FINANCIAL ASSISTANCE PROGRAM, PAYMENT PLANS AND ANY GRANT OR FUNDING SOURCE THAT MAY BE APPROPRIATE FOR THE SERVICES PROVIDED. IN SOME CASES, HPH DETERMINES THAT A PATIENT OR GUARANTOR MAY NEED ASSISTANCE AFTER SERVICES ARE PROVIDED, AND FINANCIAL INFORMATION IS MAILED TO THE PATIENT. EDUCATION AND ASSISTANCE IS OFTEN PROVIDED VIA PHONE CONTACT IN THESE CASES. PAYMENT PLAN ARRANGEMENTS ARE HANDLED VIA PHONE CONTACT WITH THE PATIENT.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>HAWAII PACIFIC HEALTH'S MEDICAL CENTERS TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THUS SERVING AS SAFETY NET PROVIDERS OF HEALTH CARE FOR THE COMMUNITY. DEMOGRAPHICS OF THE STATE OF HAWAII INCLUDE AN ESTIMATED POPULATION OF MORE THAN 1.4 MILLION RESIDENTS (2024 U.S. CENSUS BUREAU DATA) AND MORE THAN 9.7 MILLION VISITORS (2024 DBEDT DATA). THERE ARE MORE THAN 20 OTHER HOSPITALS IN THE STATE THAT PROVIDE ACUTE-CARE SERVICES, INCLUDING THOSE THAT ARE COMMUNITY ACCESS HOSPITALS. AREAS AND POPULATIONS DESIGNATED AS MEDICALLY UNDERSERVED BY THE FEDERAL GOVERNMENT ARE PRESENT.</p> <p>KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN HAS BEEN TREATING WOMEN, CHILDREN AND INFANTS FOR MORE THAN A CENTURY. IT IS HAWAII'S ONLY FULL SERVICE MATERNITY, NEWBORN AND PEDIATRIC SPECIALTY HOSPITAL WITH 253 BEDS. IT IS ALSO A TERTIARY CARE, TEACHING AND RESEARCH FACILITY. FOR WOMEN, KAPI'OLANI PROVIDES COMPLETE OBSTETRICAL AND GYNECOLOGICAL CARE. FOR INFANTS AND CHILDREN, THE MEDICAL CENTER PROVIDES PEDIATRIC SPECIALTY CARE FOR THE STATE THAT IS ONLY AVAILABLE AT KAPI'OLANI. IN FISCAL YEAR 2025, KAPI'OLANI HAD 5,128 DELIVERIES (BIRTHS), 70,250 WOMEN'S CENTER PROCEDURES, 37,264 EMERGENCY DEPARTMENT VISITS, 70,222 IMAGING PROCEDURES, 452 TRANSPORTS AND 14,031 INPATIENT ADMISSIONS. ITS GEOGRAPHIC SERVICE AREA IS THE ENTIRE PACIFIC REGION AS MANY SPECIALTIES OFFERED ARE NOT AVAILABLE ELSEWHERE.</p> <p>PALI MOMI MEDICAL CENTER IS A COMMUNITY-BASED, ACUTE-CARE, 118-BED HOSPITAL THAT OFFERS A FULL RANGE OF SERVICES IN CARDIOLOGY, ORTHOPEDICS, EMERGENCY MEDICINE, GENERAL SURGERY AND MEDICINE, OPHTHALMOLOGY, WOMEN'S SERVICES, ONCOLOGY AND MORE. IT HAS DELIVERED MANY MEDICAL FIRSTS FOR THE COMMUNITY, INCLUDING WEST O'AHU'S ONLY INTERVENTIONAL CARDIAC CATHETERIZATION UNITS, A WOMEN'S CENTER, AND THE REGION'S ONLY COMPREHENSIVE CANCER CENTER. IT HAS BEEN DESIGNATED AS A LEVEL III TRAUMA CENTER BY THE STATE OF HAWAII AND IT IS ALSO A CERTIFIED PRIMARY STROKE CENTER. IN FISCAL YEAR 2025, PALI MOMI HAD 29,562 EMERGENCY DEPARTMENT VISITS, 49,089 WOMEN'S CENTER PROCEDURES, 97,746 IMAGING PROCEDURES AND 6,085 INPATIENT ADMISSIONS. PALI MOMI'S GEOGRAPHIC SERVICE AREA IS PRIMARILY CENTRAL O'AHU, WEST O'AHU AND THE NORTH SHORE.</p> <p>STRAUB MEDICAL CENTER HAS SERVED THE PEOPLE OF HAWAII FOR MORE THAN 100 YEARS. IT IS A FULLY INTEGRATED HEALTH CARE PROVIDER WITH A 159-BED HOSPITAL IN HONOLULU, A NETWORK OF NEIGHBORHOOD CLINICS, AND A VISITING SPECIALISTS PROGRAM TO IMPROVE ACCESS TO MEDICAL SERVICES FOR NEIGHBOR ISLAND RESIDENTS. STRAUB HOUSES AN ARRAY OF PHYSICIAN SPECIALISTS UNDER ONE ROOF, ENABLING PATIENTS TO RECEIVE DIAGNOSIS AND TREATMENT IN MORE THAN 32 MEDICAL SPECIALTIES. IN FISCAL YEAR 2025, STRAUB HAD 22,306 EMERGENCY DEPARTMENT VISITS, 7,608 INPATIENT ADMISSIONS, 121,899 IMAGING PROCEDURES AND 1,011,031 CLINIC ENCOUNTERS. STRAUB IS PROUD TO PROVIDE SERVICES THAT ARE NOT OFFERED BY ANY OTHER PROVIDERS IN THE REGION. THE BURN CARE UNIT, FOR EXAMPLE, IS THE ONLY DEDICATED BURN TREATMENT FACILITY IN HAWAII AND BESIDES SERVING STATE NEEDS, THE UNIT TREATS MILITARY AND CIVILIAN PATIENTS THROUGHOUT THE PACIFIC REGION.</p> <p>WILCOX MEMORIAL HOSPITAL HAS SERVED KAUA'I FOR MORE THAN 80 YEARS. THE ACUTE-CARE, 72-BED FACILITY OFFERS 30 SPECIALTIES AND PROGRAMS, AND A FULL SUITE OF SERVICES INCLUDING CARDIOLOGY, EMERGENCY, FAMILY PRACTICE, GASTROENTEROLOGY, HEALTH MANAGEMENT, INTERNAL MEDICINE, NEUROLOGY, OB-GYN, ONCOLOGY, ORTHOPEDICS, PEDIATRICS AND UROLOGY. IN FISCAL YEAR 2025, WILCOX HAD 15,227 EMERGENCY DEPARTMENT VISITS, 403 DELIVERIES (BIRTHS), 79,738 IMAGING PROCEDURES AND 3,352 INPATIENT ADMISSIONS. WILCOX'S GEOGRAPHIC SERVICE AREA IS THE ISLAND OF KAUA'I. DEMOGRAPHICS OF THE KAUA'I COMMUNITY IN FISCAL YEAR 2025 INCLUDE AN ESTIMATED POPULATION OF MORE THAN 73,000 (2024 U.S. CENSUS BUREAU DATA) AND MORE THAN 1.3 MILLION VISITORS ANNUALLY (2023 DBEDT DATA). THERE ARE TWO OTHER HOSPITALS IN THE COMMUNITY, AND FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS ARE PRESENT.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>EACH AFFILIATE HOSPITAL OF HAWAII PACIFIC HEALTH IS A LEADER IN COMMUNITY HEALTH CARE EDUCATION AND ADVOCACY AND MAINTAINS AN OPEN MEDICAL STAFF; THIS ARRANGEMENT GRANTS ADMITTING PRIVILEGES TO NONAFFILIATED PHYSICIAN SPECIALISTS AND BROADENS EACH FACILITY'S ABILITY TO OFFER HIGH-QUALITY, SPECIALIZED CARE TO THEIR RESPECTIVE COMMUNITY. EACH HOSPITAL IS GOVERNED BY A COMMUNITY BOARD COMPRISED OF PHYSICIANS, COMMUNITY MEMBERS AND KEY LEADERSHIP WITHIN HAWAII PACIFIC HEALTH. THESE VOLUNTEER, UNPAID BOARD MEMBERS ENSURE THAT EACH FACILITY FULFILLS ITS MISSION-DRIVEN GOALS. AS AFFILIATES OF THE NOT-FOR-PROFIT HAWAII PACIFIC HEALTH SYSTEM, EACH HOSPITAL REINVESTS ALL SURPLUS RESOURCES BACK INTO PATIENT CARE AND TO SUBSIDIZE THOSE WHO CANNOT PAY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>HAWAII PACIFIC HEALTH, ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, IS COMMITTED TO PROVIDING HIGH-QUALITY, ACCESSIBLE CARE AND SERVICES TO THE PEOPLE OF HAWAII AND THE PACIFIC REGION. THE HAWAII PACIFIC HEALTH SYSTEM INCLUDES FOUR MEDICAL CENTERS, 70 LOCATIONS, MORE THAN 1,900 AFFILIATED PHYSICIANS AND MORE THAN 7,700 EMPLOYEES. THE MEDICAL CENTERS PROVIDE ACUTE AND SPECIALTY CARE WITH 602 BEDS AND HANDLED 31,076 ADMISSIONS IN FISCAL YEAR 2025.</p> <p>KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN IS THE PRIMARY PEDIATRIC AND OBSTETRIC TEACHING HOSPITAL FOR THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE. KAPI'OLANI SUPPORTS THE TRAINING AND TEACHING OF HAWAII'S FUTURE DOCTORS, NURSES AND OTHER HEALTH CARE PROFESSIONALS, AS WELL AS CLINICAL AND COMMUNITY HEALTH RESEARCH THAT BRINGS NEW THERAPIES AND TREATMENT PROTOCOLS TO THE ISLANDS. KAPI'OLANI ACTIVELY SUPPORTS COMMUNITY ORGANIZATIONS AND EVENTS THAT ARE IN LINE WITH ITS MISSION, INCLUDING SUSAN G. KOMEN BREAST CANCER FOUNDATION, MARCH OF DIMES, HAWAII CHILDREN'S CANCER FOUNDATION AND OTHERS. THE KAPI'OLANI CHILDREN'S MIRACLE NETWORK SUPPORTS THE COST OF PEDIATRIC HEALTH CARE PROGRAMS AND SERVICES AT THE HOSPITAL, AS WELL AS MEDICAL EQUIPMENT, NEIGHBOR ISLAND TRAVEL, RESEARCH AND PUBLIC AWARENESS. THE HOSPITAL ALSO OPERATES THE SEX ABUSE TREATMENT CENTER OF HAWAII, WHICH PROVIDES TREATMENT SERVICES FOR SURVIVORS OF SEXUAL ASSAULT, PROMOTES PREVENTION AND EDUCATION, AND ENGAGES IN PUBLIC POLICY ACTIVITIES RELATING TO SEXUAL ASSAULT, AND THE KAPI'OLANI CHILD ADVOCACY AND PROTECTION CENTER, WHICH PROVIDES EXPERTISE IN RECOGNIZING AND TREATING CHILD ABUSE AND NEGLECT.</p> <p>PALI MOMI MEDICAL CENTER CONTINUES TO FOCUS ON MEETING THE NEEDS OF THE COMMUNITIES OF CENTRAL AND WEST O'AHU AND THE NORTH SHORE. IN FISCAL YEAR 2025, PALI MOMI CONTINUED TO PROVIDE SERVICES AS A DESIGNATED LEVEL III TRAUMA CENTER BY THE STATE OF HAWAII. PALI MOMI HOLDS THIS DESIGNATION BECAUSE OF ITS KEY GEOGRAPHIC LOCATION AND ADVANCED HOSPITAL CAPABILITIES THAT ENABLE IT TO PROVIDE THIS CRITICALLY NEEDED SERVICE TO THE COMMUNITY. IT IS ALSO CERTIFIED AS A PRIMARY STROKE CENTER IN RECOGNITION OF ITS COMMITMENT TO THE CARE OF STROKE PATIENTS. IN FISCAL YEAR 2025, PALI MOMI ALSO HOSTED AND PARTICIPATED IN COMMUNITY HEALTH EVENTS, HEALTH FAIRS AND HEALTH SCREENINGS, AND CANCER SUPPORT GROUPS.</p> <p>STRAUB CLINICAL & HOSPITAL HAS MANY SPECIALTY CARE UNITS. THE BURN CARE UNIT IS THE STATE'S ONLY MULTIDISCIPLINARY BURN TREATMENT UNIT, PROVIDING VICTIMS WITH IMMEDIATE AND COMPREHENSIVE CARE CLOSE TO HOME. STRAUB PHYSICIANS PROVIDE PATIENTS WITH DIAGNOSES AND TREATMENTS FOR MORE THAN 32 DIFFERENT MEDICAL SPECIALTIES, INCLUDING BONE AND JOINT, HEART, CANCER, ENDOCRINOLOGY/DIABETES, FAMILY MEDICINE, GASTROENTEROLOGY, GERIATRIC MEDICINE, INTERNAL MEDICINE, VASCULAR AND UROLOGY. IT PROVIDES CHARITY CARE, HEALTH EDUCATION AND PREVENTIVE PROGRAMS TO THE COMMUNITY. IN FISCAL YEAR 2025, STRAUB PROVIDED A VARIETY OF FREE HEALTH EDUCATION PROGRAMS, ACTIVITIES AND EVENTS.</p> <p>WILCOX MEMORIAL HOSPITAL IS DEDICATED TO PROVIDING KAUA'I WITH AFFORDABLE AND ACCESSIBLE HEALTH CARE. WILCOX PHYSICIANS OFFER CARE IN 30 SPECIALTIES AND PROGRAMS. WILCOX IS AN ACTIVE COMMUNITY PARTNER. IN FISCAL YEAR 2025, ITS HEALTH EDUCATION, PREVENTION PROGRAMS AND SUPPORT GROUPS FOCUSED ON DIABETES, OBESITY, CANCER, HEART ATTACK/STROKE, IMMUNIZATION, SPORTS MEDICINE, WATER SAFETY, INJURY PREVENTION, AND HEALTH FAIRS. TOGETHER WITH KAUA'I MEDICAL CLINIC, WILCOX HOSTED OR SPONSORED A VARIETY OF COMMUNITY HEALTH EDUCATION EVENTS, AND STAFF SUPPORTED THEIR COMMUNITY BY PARTICIPATING IN ANNUAL CHARITABLE ENDEAVORS. THESE INCLUDED "KIDS FEST," "KAUA'I MARATHON," AND THE "KEIKI BIKE AND SKATEBOARD SAFETY DAY."</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>N/A</p>

**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 GROUP RETURN

Employer identification number

38-3835105

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	45-2280259	501(C)(3)	1,000,000				GENERAL SUPPORT
(2) UNIVERSITY OF HAWAII FOUNDATION P.O. BOX 11270, HONOLULU, HI 96828	99-0085260	501(C)(3)	704,496				(SEE STATEMENT)
(3) (SEE STATEMENT)	81-2102826	501(C)(3)	55,000				GENERAL SUPPORT
(4) (SEE STATEMENT)	26-2975093	501(C)(3)	50,000				GENERAL SUPPORT
(5) (SEE STATEMENT)	99-0073494	501(C)(3)	40,000				GENERAL SUPPORT
(6) (SEE STATEMENT)	81-4611816	501(C)(3)	21,000				GENERAL SUPPORT
(7) (SEE STATEMENT)	58-1341679	501(C)(3)	20,000				GENERAL SUPPORT
(8) (SEE STATEMENT)	99-0348767	501(C)(3)	20,000				GENERAL SUPPORT
(9) HOOLA NA PUA PO BOX 22551, HONOLULU, HI 96823	46-5139164	501(C)(3)	20,000				GENERAL SUPPORT
(10) PROJECT VISION HAWAII PO BOX 23212, HONOLULU, HI 96823	27-2831637	501(C)(3)	20,000				GENERAL SUPPORT
(11) FRIENDS OF HAWAII HOME PROJECT 651 ILALO STREET, HONOLULU, HI 96822	88-2346103	501(C)(3)	15,500				GENERAL SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 21

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

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) HAWAI'I FOODBANK HONOLULU 2611 KINAU ST, HONOLULU, HI 96819	99-0220699	501(C)(3)	15,000				GENERAL SUPPORT
(13) HONOLULU HABITAT FOR HUMANITY 680 IWILEI ROAD, SUITE 675, HONOLULU, HI 96817	99-0261871	501(C)(3)	15,000				GENERAL SUPPORT
(14) STATE OF HAWAI'I DEPARTMENT OF EDUCATION: WAIPAHU HIGH SCHOOL 94-1211 FARRINGTON HIGHWAY, WAIPAHU, HI 96797	99-0266482	501(C)(3)	15,000				GENERAL SUPPORT
(15) GIRL SCOUTS OF HAWAII 410 ATKINSON DRIVE, SUITE 2E1, BOX 3, HONOLULU, HI 96814	99-0073488	501(C)(3)	10,000				GENERAL SUPPORT
(16) KAUAI HABITAT FOR HUMANITY INC PO BOX 28, ELEELE, HI 96705	99-0302595	501(C)(3)	10,000				GENERAL SUPPORT
(17) RONALD MCDONALD HOUSE CHARITIES P.O. BOX 61777, HONOLULU, HI 96839	99-0222124	501(C)(3)	10,000				GENERAL SUPPORT
(18) THE KAUAI MARATHON PO BOX 573, KOLOA, HI 96756	26-4084075	501(C)(3)	10,000				GENERAL SUPPORT
(19) MALAMA KAUAI PO BOX 1414, KILAUEA, HI 96754	20-5137488	501(C)(3)	9,500				GENERAL SUPPORT
(20) ISLAND PACIFIC ACADEMY INC 909 HAUMEA STREET, KAPOLEI, HI 96707	68-0534162	501(C)(3)	8,000				GENERAL SUPPORT
(21) KAPOLEI CHAMBER OF COMMERCE JAMES CAMPBELL BLDG, 1001 KAMOKILA BLVD, STE 250, KAPOLEI, HI 96707	26-2216335	501(C)(6)	7,000				GENERAL SUPPORT
(22) REHAB FOUNDATION 226 NORTH KUAKINI ST, HONOLULU, HI 96817	99-0241634	501(C)(3)	7,500				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 HAWAII PACIFIC HEALTH DONATIONS COMMITTEE REVIEWS AND APPROVES DONATIONS TO IRC SECTION 501(C)(3) ORGANIZATIONS ON AN ANNUAL BASIS. NO FURTHER MONITORING IS DONE FOR DONATIONS MADE TO 501(C)(3) ORGANIZATIONS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HAWAII CANCER CONSORTIUM 201 MERCHANT STREET, SUITE 1830, HONOLULU, HI 96813
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	RESIDENTIAL YOUTH SERVICES & EMPOWERMENT P.O. BOX 11662, KAILUA, HI 96828
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FEED THE HUNGER FUND 100 MONTGOMERY STREET, THE PRESIDIO, SAN FRANCISCO, CA 94129
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALOHA UNITED WAY 200 N VINEYARD BLVD, SUITE 700, HONOLULU, HI 96817
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HAWAII INVESTMENT READY 44-527 A. KANEOHE BAY DRIVE, KANEOHE, HI 96744
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ARTHRITIS FOUNDATION HAWAII 1355 PEACHTREE STREET NE, SUITE 600, ATLANTA, GA 30309
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HAWAIIAN COMMUNITY ASSETS INC 200 N VINEYARD BLVD, SUITE B140, HONOLULU, HI 96817
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UNIVERSITY OF HAWAII FOUNDATION: GENERAL SUPPORT AND 4-YEAR SCHOLARSHIP TUITION - PLEDGE #8

**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

HAWAII PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input 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 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) |

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

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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	(i) 0	0	0	0	0	0	0
	(ii) 1,260,109	838,646	944,632	2,382,431	20,008	5,445,826	709,655	
2	DAVID OKABE EVP, CFO & TREASURER	(i) 0	0	0	0	0	0	0
	(ii) 624,373	209,979	471,232	551,845	16,958	1,874,387	253,888	
3	DAVID UNDERRINER BOARD OF DIRECTOR, CEO (PART YEAR)	(i) 0	0	0	0	0	0	0
	(ii) 645,749	219,868	152,932	355,337	19,935	1,393,821	189,657	
4	ARTHUR GLADSTONE BOD, VP, EVP & CSO	(i) 0	0	0	0	0	0	0
	(ii) 565,932	190,996	168,202	431,337	25,429	1,381,896	213,071	
5	LESLIE CHUN, M.D. EVP	(i) 0	0	0	0	0	0	0
	(ii) 615,100	205,459	109,915	414,397	27,223	1,372,094	211,855	
6	STEVEN ROBERTSON EVP & CIO	(i) 0	0	0	0	0	0	0
	(ii) 507,874	171,107	158,363	399,294	16,958	1,253,596	207,799	
7	CHARLES R. CHING EVP, GENERAL COUNSEL & SECRETARY	(i) 0	0	0	0	0	0	0
	(ii) 492,816	166,082	163,846	380,936	16,958	1,220,638	189,528	
8	JENNIE CHAHANOVICH BOD, PRESIDENT & CEO	(i) 0	0	0	0	0	0	0
	(ii) 418,880	159,613	159,043	315,241	14,559	1,067,336	157,174	
9	RUSSELL WOO, M.D. BOARD OF DIRECTOR	(i) 0	0	0	0	0	0	0
	(ii) 770,065	0	35,671	13,800	24,834	844,370	0	
10	DAVID CHO, M.D. BOARD OF DIRECTOR (PART YEAR)	(i) 0	0	0	0	0	0	0
	(ii) 772,476	0	22,027	13,800	24,834	833,137	0	
11	PATRICK O'DONNELL, M.D. BOARD OF DIRECTOR, CHAIR	(i) 0	0	0	0	0	0	0
	(ii) 685,282	0	71,414	13,800	26,334	796,830	0	
12	TODD MILLER, M.D. BOARD OF DIRECTOR, VICE CHAIR	(i) 0	0	0	0	0	0	0
	(ii) 681,050	0	70,026	13,800	8,697	773,573	0	
13	DOUGLAS KWOCK, M.D. VP	(i) 0	0	0	0	0	0	0
	(ii) 423,818	86,133	53,960	107,599	26,863	698,373	64,656	
14	GIDGET RUSCETTA, R.N. COO - KMCWC	(i) 0	0	0	0	0	0	0
	(ii) 389,839	104,304	77,210	96,430	16,317	684,100	82,607	
15	SHILPA PATEL, M.D. SVP & CQO	(i) 0	0	0	0	0	0	0
	(ii) 403,174	96,598	40,347	115,796	27,199	683,114	63,839	
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) JOHN MCNAMARA SVP & CMO (PART YEAR)	(i)	0	0	0	0	0	0
	(ii)	331,481	97,126	48,383	110,392	10,161	597,543
(17) DAWN DUNBAR SVP	(i)	0	0	0	0	0	0
	(ii)	326,138	88,166	45,274	105,915	27,199	592,692
(18) TRAVIS CLEGG COO	(i)	0	0	0	0	0	0
	(ii)	362,808	75,952	32,718	91,855	27,295	590,628
(19) WARREN CHAIKO SVP	(i)	0	0	0	0	0	0
	(ii)	291,616	79,851	70,811	105,591	30,121	577,990
(20) TYLER CHIHARA, DPM BOARD OF DIRECTOR, VICE CHAIR	(i)	0	0	0	0	0	0
	(ii)	481,956	0	8,610	13,800	24,834	529,200
(21) SAMUEL EVANS, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	396,867	0	62,750	13,800	24,834	498,251
(22) GLORIA BROOKS COO	(i)	0	0	0	0	0	0
	(ii)	304,642	62,107	28,462	90,178	9,418	494,807
(23) MICHAEL ROBINSON VP	(i)	0	0	0	0	0	0
	(ii)	300,828	59,356	36,081	82,284	11,062	489,611
(24) JAMES LIN, M.D. VP	(i)	0	0	0	0	0	0
	(ii)	283,193	58,207	26,057	83,339	27,030	477,826
(25) IVICA ZALUD, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	406,710	34,700	2,540	13,800	0	457,750
(26) DAVID STUMBAUGH VP	(i)	0	0	0	0	0	0
	(ii)	266,440	53,633	26,721	80,775	25,979	453,548
(27) TROY BRANSTETTER VP	(i)	0	0	0	0	0	0
	(ii)	270,194	57,896	34,758	77,119	8,698	448,665
(28) WILLIAM BURKE VP	(i)	0	0	0	0	0	0
	(ii)	257,950	52,998	33,159	79,608	20,681	444,396
(29) LORRIE-ANN LUKE VP	(i)	0	0	0	0	0	0
	(ii)	253,631	51,171	32,648	77,170	27,630	442,250
(30) JOAN KANEMORI VP	(i)	0	0	0	0	0	0
	(ii)	261,405	52,715	41,467	64,123	17,621	437,331
(31) CARRIE ANN TSUTSUI VP & CONTROLLER	(i)	0	0	0	0	0	0
	(ii)	249,774	50,341	25,468	75,717	12,774	414,074
(32) ANDREW MOATS, R.N. VP & CNE	(i)	0	0	0	0	0	0
	(ii)	256,590	40,966	22,632	61,905	28,863	410,956
(33) LOUISE FUKUMOTO VP	(i)	0	0	0	0	0	0
	(ii)	238,673	48,057	30,857	73,027	16,680	407,294
(34) PETER LEWIS VP & CHIEF INFORMATION SECURITY OFFICER	(i)	0	0	0	0	0	0
	(ii)	290,129	57,057	24,162	25,875	1,879	399,102

(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) GLENN KAWABATA VP	(i)	0	0	0	0	0	0
	(ii)	233,736	36,937	24,094	58,609	28,992	382,368
(36) SUNSHINE TOPPING FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	145,231	97,406	34,232	91,623	11,221	379,713
(37) DEAN TATEYAMA VP	(i)	0	0	0	0	0	0
	(ii)	238,720	48,057	39,673	30,535	16,617	373,602
(38) ROBERT WOTRING II, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	296,276	0	40,281	13,073	8,355	357,985
(39) ROBYN KALAHIKI, R.N. VP & CNE	(i)	0	0	0	0	0	0
	(ii)	240,267	37,287	29,994	29,691	17,797	355,036
(40) RODNEY CHELLIAH REGISTERED NURSE	(i)	209,948	0	112,433	22,537	8,367	353,285
	(ii)	0	0	0	0	0	0
(41) MICHAEL FOUTCH VP	(i)	0	0	0	0	0	0
	(ii)	237,161	48,578	33,604	24,461	2,371	346,175
(42) DARLA SABRY, R.N. VP & CNE (PART YEAR)	(i)	0	0	0	0	0	0
	(ii)	231,806	38,644	30,305	25,951	15,251	341,957
(43) MELANIE KIM, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	275,600	31,943	9,972	12,331	8,855	338,701
(44) BEAU NAKAMOTO, M.D. FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	217,478	0	108,077	12,592	362	338,509
(45) KENNETH T. NAKAMURA, M.D. BOARD OF DIRECTOR (PART YEAR)	(i)	0	0	0	0	0	0
	(ii)	168,863	32,700	79,585	21,622	14,880	317,650
(46) DAWN MIURA, M.D. BOARD OF DIRECTOR, VICE CHAIR (PART YEAR)	(i)	0	0	0	0	0	0
	(ii)	279,209	0	13,702	6,249	9,353	308,513
(47) MATHEW LOUGHLIN VP	(i)	0	0	0	0	0	0
	(ii)	205,987	31,847	21,684	25,460	22,038	307,016
(48) MELODY KILCOMMONS CLINICAL DIRECTOR	(i)	220,968	23,610	4,626	26,077	16,504	291,785
	(ii)	0	0	0	0	0	0
(49) BRANDY RHINELAND CLINICAL DIRECTOR	(i)	200,422	24,949	9,446	24,961	28,089	287,867
	(ii)	0	0	0	0	0	0
(50) MYRA BARRIENTOS CLINICAL DIRECTOR	(i)	198,891	26,449	5,313	24,567	29,408	284,628
	(ii)	0	0	0	0	0	0
(51) KATIE SHIGEMITSU COMPLIANCE OFFICER	(i)	0	0	0	0	0	0
	(ii)	237,675	0	10,451	25,179	10,189	283,494
(52) CAROLYN SCHWARTZ CLINICAL DIRECTOR	(i)	223,511	19,878	1,996	25,686	9,097	280,168
	(ii)	0	0	0	0	0	0
(53) CATHYE SATARAKA VP & CNE	(i)	0	0	0	0	0	0
	(ii)	177,658	14,938	27,906	20,367	449	241,318
(54) JESSICA LEWIS ASSISTANT CORPORATE SECRETARY	(i)	0	0	0	0	0	0
	(ii)	182,430	7,827	598	18,897	29,065	238,817

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(55) BRIDGET LAI EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	188,875	20,992	4,584	12,190	6,310	232,951
(56) KEOKI CLEMENTE COMPLIANCE OFFICER	(i)	0	0	0	0	0	0
	(ii)	169,096	12,155	1,273	19,811	26,819	229,154
(57) JAN BOIVIN BOARD OF DIRECTOR, SVP	(i)	0	0	0	0	0	0
	(ii)	166,340	7,500	38,492	0	9,721	222,053
(58) CLAIRE TONG VP	(i)	0	0	0	0	0	0
	(ii)	144,518	14,644	3,165	16,520	26,145	204,992
(59) REINA (FRANCE) GRAVES PRIVACY OFFICER	(i)	0	0	0	0	0	0
	(ii)	159,693	0	1,437	17,388	26,269	204,787
(60) ALLEN HIXON, M.D. BOARD OF DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	125,338	0	26,264	6,064	0	157,666
(61) RODNEY WILLIAMS, M.D. FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	139,750	0	0	4,510	0	144,260

Return Reference - Identifier	Explanation
<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:</p> <p>JENNIE CHAHANOVICH - \$ 28,518 RAYMOND P. VARA JR. - \$ 236,450 LESLIE CHUN, M.D. - \$ 49,140 ARTHUR GLADSTONE - \$ 56,841 DAVID OKABE - \$ 89,681 CHARLES R. CHING - \$ 52,702 STEVEN ROBERTSON - \$ 61,201 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:</p> <p>JENNIE CHAHANOVICH - \$ 144,613 RAYMOND P. VARA JR. - \$ 763,646 LESLIE CHUN, M.D. - \$ 205,459 ARTHUR GLADSTONE - \$ 190,996 DAVID OKABE - \$ 209,979 CHARLES R. CHING - \$ 166,083 STEVEN ROBERTSON - \$ 171,107 DAVID UNDERRINER - \$ 219,868 SHILPA PATEL, M.D. - \$ 91,598 CARRIE ANN TSUTSUI - \$ 50,341 WARREN CHAIKO - \$ 79,850 DAWN DUNBAR - \$ 88,166 LOUISE FUKUMOTO - \$ 48,057 MICHAEL FOUTCH - \$ 31,078 MICHAEL ROBINSON - \$ 59,356 JOHN MCNAMARA - \$ 89,126 LORRIE-ANN LUKE - \$ 51,171 DAVID STUMBAUGH - \$ 53,633 PETER LEWIS - \$ 57,057 GLORIA BROOKS - \$ 62,107 GIDGET RUSCETTA, R.N. - \$ 69,305 DEAN TATEYAMA - \$ 48,057 TRAVIS CLEGG - \$ 75,952 JOAN KANEMORI - \$ 35,215 ANDREW MOATS, R.N. - \$ 40,965 GLENN KAWABATA - \$ 36,936 ROBYN KALAHIKI - \$ 37,287 DARLA SABRY, R.N. - \$ 38,644 WILLIAM BURKE - \$ 52,998 JAMES LIN, M.D. - \$ 58,207 DOUGLAS KWOCK, M.D. - \$ 86,133 TROY BRANSTETTER - \$ 52,896 SUNSHINE TOPPING - \$ 89,906</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>
<p>SCHEDULE J, PART I, LINE 3 - SUPPLEMENTAL COMPENSATION INFORMATION</p>	<p>THE ORGANIZATION'S PRESIDENT IS PAID BY ITS TAX EXEMPT PARENT, HAWAI'I PACIFIC HEALTH ('HPH'), AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION.</p> <p>COMPENSATION FOR HPH EXECUTIVES IS SET BY THE INDEPENDENT BOARD MEMBERS OF THE HAWAI'I PACIFIC BOARD'S COMPENSATION COMMITTEE. ON AN ANNUAL BASIS THE HPH BOARD CHAIRPERSON (WHO IS INDEPENDENT) SELECTS A NEUTRAL THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO REVIEW THE EXECUTIVE'S COMPENSATION AND BENEFITS. THE CONSULTANT PROVIDES A WRITTEN REPORT TO THE COMPENSATION COMMITTEE AT ITS ANNUAL MEETING. INCLUDED IN THE REPORT IS MARKET BASED DATA FROM LIKE ORGANIZATIONS. THE COMPENSATION COMMITTEE MAKES A FINAL DECISIONS REGARDING COMPENSATION AND BENEFITS AT THE MEETING AFTER REVIEW AND DISCUSSION OF THE CONSULTANT'S REPORT. COMMUNITY BASED DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED.</p> <p>CERTAIN EMPLOYED PHYSICIANS MAY BE OFFICERS OR AN IDENTIFIED KEY EMPLOYEE OF THE REPORTING OR RELATED ORGANIZATION. PHYSICIAN COMPENSATION IS ALSO HANDLED IN THE SAME MANNER AS EXECUTIVE COMPENSATION, WITH THE HPH COMPENSATION COMMITTEE RECEIVING A REPORT FROM A NEUTRAL CONSULTANT AND FOLLOWING THE SAME PROCESS AS DESCRIBED ABOVE ON AN ANNUAL BASIS. THIS PROCESS WAS MOST RECENTLY COMPLETED ON FEBRUARY 27, 2025 TO REVIEW PHYSICIAN COMPENSATION AND ON JUNE 23, 2025 TO REVIEW EXECUTIVE COMPENSATION WITH APPROVAL TAKING PLACE AUGUST 08, 2025.</p>

**SCHEDULE L
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Cat. No. 50056A

Schedule L (Form 990) (Rev.1-2025)

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV - EMELYN RAMIREZ EVANS	SPOUSE OF BOARD MEMBER, SAMUEL EVANS, M.D.
SCHEDULE L, PART IV - HAWAI'I BIO WASTE	MICHELLE HO, WHO SERVES ON THE KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN BOARD OF DIRECTORS, OWNS MORE THAN 65% DIRECTLY AND INDIRECTLY OF HAWAI'I BIO WASTE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HAWAI'I PACIFIC HEALTH GROUP RETURN

Employer identification number

38-3835105

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	✓		320	MARKET VALUE
5 Clothing and household goods	✓		16,213	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓			NONE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	✓	3	1,602	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ((SEE STATEMENT))				
26 Other ()				
27 Other ()				
28 Other ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
----	---	----	---

	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31		✓
32a		✓
b If "Yes," describe in Part II.		
33		

Part I

Types of Property (continued)

Property Type	(a) Check If Applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
PREPAID GIFT CARDS	✓	3	25,022	MARKET VALUE
TOYS	✓	2	25,152	MARKET VALUE
MEDICAL SUPPLIES	✓	1	600	MARKET VALUE

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN B	COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.
SCHEDULE M, PART I, LINE 33 - NONCASH CONTRIBUTION AMOUNTS NOT REPORTED	THE ORGANIZATION RECEIVED A \$20,419,965 STOCK CONTRIBUTION TO FULFIL A PLEDGE COMMITMENT REPORTED ON THE 2023 FORM 990.

Name of organization or government	Address	EIN
KAPI'OLANI MED CTR WOMEN & CHILDREN	55 MERCHANT ST., 24TH FLOOR, HONOLULU, HI 96813	99-0177350
PALI MOMI MEDICAL CENTER	55 MERCHANT ST., 24TH FLOOR, HONOLULU, HI 96813	99-0274038
STRAUB CLINIC & HOSPITAL	55 MERCHANT ST., 24TH FLOOR, HONOLULU, HI 96813	91-2151670
WILCOX MEMORIAL HOSPITAL	3-3420 KUHIO HIGHWAY, LIHUE, HI 96766	99-0074365
ACADEMY FOR HEALTHCARE INNOVATION	55 MERCHANT ST., 24TH FLOOR, HONOLULU, HI 96813	33-4642134

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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 Group Return

Employer identification number

38-3835105

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>HAWAII PACIFIC HEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM WITH OVER 70 LOCATIONS STATEWIDE INCLUDING MEDICAL CENTERS, CLINICS, PHYSICIANS AND OTHER PROVIDERS COMMITTED TO THE ORGANIZATION'S MISSION TO CREATE A HEALTHIER HAWAII. ITS FOUR MEDICAL CENTERS AND ONE EDUCATIONAL INSTITUTION - KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN (KAPI'OLANI), PALI MOMI MEDICAL CENTER (PALI MOMI), STRAUB CLINIC AND HOSPITAL (STRAUB), WILCOX MEMORIAL HOSPITAL (WILCOX) AND ACADEMY FOR HEALTH CARE INNOVATION (AHI) - SPECIALIZE IN INNOVATIVE PROGRAMS IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, CANCER CARE, BONE AND JOINT SERVICES, EDUCATION FOR FUTURE HEALTH CARE WORKFORCE AND MORE. HAWAII PACIFIC HEALTH IS RECOGNIZED NATIONALLY FOR ITS EXCELLENCE IN PATIENT CARE AND THE USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY AND PATIENT SAFETY.</p>
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>IN FISCAL YEAR 2025, HAWAII PACIFIC HEALTH MEDICAL CENTERS AND CLINICS 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.</p> <p>PEDIATRIC SURGERIES AT KAPI'OLANI INCLUDE THORACIC/HEART; CLEFT LIP/PALATE; EAR, NOSE AND THROAT; ORTHOPEDIC; NEUROLOGIC; UROLOGIC; OPHTHALMOLOGIC; GASTROINTESTINAL; PLASTIC AND GENERAL PROCEDURES. WOMEN'S SURGERIES INCLUDE BREAST BIOPSIES, LUMPECTOMIES, MASTECTOMIES AND RECONSTRUCTION, HYSTEROSCOPES, INTERSTIM BLADDER IMPLANT AND SUB URETHRAL SLING TO TREAT INCONTINENCE, TUBAL LIGATION AND ENDOMETRIAL ABLATION. KAPI'OLANI IS THE ONLY MEDICAL CENTER IN THE STATE PROVIDING DA VINCI ROBOT-AIDED PEDIATRIC SURGERY. ADDITIONALLY, THE ROBOT IS UTILIZED IN PERFORMING GYNECOLOGICAL SURGICAL SERVICES. THE MINIMALLY INVASIVE SURGERIES PERFORMED USING THE DA VINCI PROVIDE INCREASED BENEFITS FOR PATIENTS, INCLUDING LESS PAIN, LOWER RISK OF INFECTION AND LESS BLOOD LOSS.</p> <p>IN 2022 KAPI'OLANI BECAME THE FIRST AND ONLY MEDICAL CENTER IN HAWAII TO ACHIEVE LEVEL 1 CHILDREN'S SURGERY VERIFICATION FROM THE AMERICAN COLLEGE OF SURGEONS (ACS). KAPI'OLANI WAS EVALUATED ON MORE THAN 140 REQUIREMENTS AND CONSIDERATIONS IN ORDER TO BE AWARDED THE HIGHEST OF ACS' THREE SURGERY DESIGNATIONS FOR CHILDREN'S HOSPITALS. IN FISCAL YEAR 2025, KAPI'OLANI PERFORMED 3,172 PEDIATRIC AND ADULT OUTPATIENT SURGERIES.</p> <p>PALI MOMI HAS A FULLY INTEGRATED, MINIMALLY INVASIVE SURGICAL SUITE EQUIPPED WITH TELEMEDICINE CAPABILITY, TOUCHSCREEN CONTROL PANELS AT THE NURSES' STATION, VOICE ACTIVATION SYSTEM. IN FISCAL YEAR 2025, PALI MOMI PERFORMED 3,160 OUTPATIENT SURGERIES. PALI MOMI UTILIZES THE DA VINCI FIREFLY ROBOT-AIDED SYSTEM TO ASSIST WITH MINIMALLY INVASIVE SURGERY. THE MINIMALLY INVASIVE SURGERIES PERFORMED USING THE DA VINCI PROVIDE INCREASED BENEFITS FOR PATIENTS INCLUDING LESS PAIN, LOWER RISK OF INFECTION AND LESS BLOOD LOSS.</p> <p>STRAUB OFFERS INTEGRATED OUTPATIENT SURGERY WITH SEVEN SURGICAL SUITES, TWO PLASTIC SURGERY SUITES, TWO GENERAL SURGERY DEPARTMENT ROOMS, TWO INTERVENTIONAL CARDIAC CATHETERIZATION LABORATORIES, INTERVENTIONAL RADIOLOGY SUITES, AND AN ENDOSCOPY DEPARTMENT. PROCEDURES PERFORMED RANGE FROM MINOR EXCISIONS TO COMPLEX PERIPHERAL INTRAVASCULAR TECHNIQUES. IN FISCAL YEAR 2025, STRAUB PERFORMED 2,031 OUTPATIENT SURGERIES.</p> <p>WILCOX HAS A STATE-OF-THE-ART SURGICAL CENTER WITH SIX SURGICAL SUITES, 20 SAME-DAY SURGERY BEDS AND ADVANCED COMPUTER-ASSISTED TECHNOLOGIES. IN FISCAL YEAR 2025, WILCOX PERFORMED 1,296 OUTPATIENT SURGERIES.</p> <p>ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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 Group Return

Employer identification number

38-3835105

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>IN FISCAL YEAR 2025, HAWAII PACIFIC HEALTH MEDICAL CENTERS 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.</p> <p>KAPI'OLANI IS THE ONLY LEVEL III PEDIATRIC TRAUMA CENTER SERVING HAWAII AND THE PACIFIC REGION. KAPI'OLANI'S EXPANDED ED FEATURES 24 PRIVATE TREATMENT ROOMS, INCLUDING TWO TRAUMA ROOMS AND TWO TRIAGE ROOMS; THREE ROOMS EQUIPPED AS NEGATIVE-PRESSURE ISOLATION ROOMS; ON-SITE SATELLITE RADIOLOGY SUITE FOR PLAIN X-RAYS, SEPARATE ADULT AND PEDIATRIC WAITING AREAS; CHILD-FRIENDLY DECOR; AND A CENTRAL, OPEN BUSINESS CENTER.</p> <p>KAPI'OLANI'S ED IS THE ONLY ONE IN THE STATE WITH PEDIATRIC SPECIALISTS AVAILABLE 24/7. IT HAS A TEAM FOR ADULTS AND ANOTHER DEDICATED TO PEDIATRICS, WHERE BOARD-CERTIFIED PEDIATRIC EMERGENCY PHYSICIANS CAN QUICKLY DIAGNOSE AND TREAT A FULL RANGE OF MEDICAL CONDITIONS IN BABIES, CHILDREN AND TEENS, FROM RARE INFECTIONS TO SPORTS INJURIES. IN FISCAL YEAR 2025, KAPI'OLANI HAD 37,264 OUTPATIENT ED CASES.</p> <p>PALI MOMI IS THE ONLY LEVEL III TRAUMA CENTER SERVING CENTRAL AND WEST O'AHU. IT HAS A TEAM OF BOARD-CERTIFIED EMERGENCY PHYSICIANS WHO HAVE UNIQUE SPECIALTY SERVICES AVAILABLE AT PALI MOMI WHICH INCLUDE THE FIRST AND ONLY INTERVENTIONAL CARDIAC CATHETERIZATION UNIT TO DETECT AND TREAT HEART DISEASE IN CENTRAL AND WEST OAHU AS WELL AS A PRIMARY STROKE CENTER. IN FISCAL YEAR 2025, THE PALI MOMI ED HAD 29,562 OUTPATIENT ED CASES.</p> <p>THE STRAUB ED ALSO HAS BOARD-CERTIFIED EMERGENCY PHYSICIANS ON STAFF 24/7, 365 DAYS A YEAR. IN FISCAL YEAR 2025, THE STRAUB ED HAD 22,306 OUTPATIENT ED CASES.</p> <p>WILCOX IS THE FIRST AMERICAN COLLEGE OF SURGEONS VERIFIED LEVEL III TRAUMA CENTER IN THE STATE OF HAWAII. THE WILCOX 20-BED ED IS THE FIRST NEIGHBOR ISLAND FACILITY TO OBTAIN A LEVEL III TRAUMA DESIGNATION. IT IMPLEMENTED A TRIAGE BEST PRACTICE, "RAPID TRIAGE AND IMMEDIATE BED PLACEMENT," TO DECREASE DOOR-TO-BED AND DOOR-TO-DOC TIMES, ALLOW SOME PATIENTS TO BYPASS THE TRIAGE AREA, AND LET NURSE ASSESSMENT AND ED PHYSICIAN EVALUATION OCCUR SIMULTANEOUSLY. THIS IMPROVES SERVICE, QUALITY AND SAFETY. IN FISCAL YEAR 2025, THE WILCOX ED HAD 15,227 OUTPATIENT ED CASES.</p> <p>ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.</p>
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>OUTPATIENT INFUSION SERVICES</p> <p>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>ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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 Group Return

Employer identification number

38-3835105

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF PROGRAM SERVICES</p>	<p>OTHER PROGRAMS</p> <p>HAWAI'I PACIFIC HEALTH IS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS WITH FOUR MEDICAL CENTERS, MORE THAN 70 LOCATIONS, 1,900+ AFFILIATED PHYSICIANS, MORE THAN 7,700 EMPLOYEES, AND NEARLY 500 VOLUNTEERS FROM THE COMMUNITY. HAWAI'I RESIDENTS AND VISITORS RELY ON HAWAI'I PACIFIC HEALTH FOR ITS FULL RANGE OF PRIMARY, SECONDARY AND SELECT TERTIARY CARE SERVICES. 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> <p>AFFILIATES AND SUBSIDIARIES</p> <p>HAWAI'I HEALTH PARTNERS IS A PHYSICIAN-LED ACCOUNTABLE CARE ORGANIZATION WITH THE GOAL OF IMPROVING HEALTH CARE QUALITY, EFFICIENCY AND PATIENT HEALTH. KAPI'OLANI MEDICAL SPECIALISTS, (DBA HAWAI'I PACIFIC HEALTH MEDICAL GROUP), IS A MULTISPECIALTY PROVIDER GROUP THAT SERVES HAWAI'I 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 HAWAI'I 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. HAWAI'I HEALTH PARTNERS, INC. IS A FOR-PROFIT SUBSIDIARY THAT SERVES AS THE JOINT VENTURE PARTNER WHEN HAWAI'I PACIFIC HEALTH WORKS WITH OTHER PROVIDERS. PROVIDERS INSURANCE CORPORATION IS A CAPTIVE INSURANCE COMPANY THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE FOR HAWAI'I PACIFIC HEALTH-AFFILIATED EMPLOYED PHYSICIANS.</p> <p>PATIENT CARE</p> <p>HAWAI'I PACIFIC HEALTH HAS STRATEGIC INITIATIVES IN WOMEN'S HEALTH, PEDIATRIC CARE, CARDIOVASCULAR SERVICES, BONE & JOINT SERVICES, AND CANCER CARE. IT IS RECOGNIZED NATIONALLY FOR ITS EXCELLENCE IN HEALTH INFORMATION TECHNOLOGY, SPECIFICALLY THE USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY OF CARE AND PATIENT SAFETY. THE HAWAI'I PACIFIC HEALTH SYSTEM INCLUDES: THE PACIFIC REGION'S ONLY FULL-SERVICE WOMEN'S AND CHILDREN'S MEDICAL CENTER AND ONLY DEDICATED BURN CARE UNIT, HAWAI'I'S ONLY PEDIATRIC HEART CENTER, STATE-OF-THE-ART IMAGING CENTER ON KAUA'I, WEST O'AHU'S ONLY CARDIAC CATHETERIZATION LABS, CENTRAL AND WEST O'AHU'S ONLY COMPREHENSIVE CANCER CENTER, MINIMALLY INVASIVE BONE AND JOINT CENTER, STATE'S FIRST WOMEN'S CENTER, SPECIALIZED BREAST AND WOMEN'S CANCER CENTERS, AND OTHER SERVICES CONSIDERED CRITICAL TO THE REMOTE HAWAIIAN ARCHIPELAGO.</p> <p>COMMUNITY ROLE/ACTIVITY</p> <p>AS ONE OF THE STATE'S LARGEST HEALTH CARE SYSTEMS, HAWAI'I PACIFIC HEALTH HAS A RESPONSIBILITY TO IMPROVE THE HEALTH OF HAWAI'I RESIDENTS AND, THROUGH ITS MISSION, IS COMMITTED TO CREATING A HEALTHIER HAWAI'I. EACH YEAR, HAWAI'I PACIFIC HEALTH SPONSORS HEALTH EDUCATION, TEACHING AND RESEARCH, AND SUPPORTS LIKE-MINDED ORGANIZATIONS.</p> <p>HAWAI'I PACIFIC HEALTH CONTINUES TO SUPPORT VARIOUS COMMUNITY BENEFIT PROGRAMS, INCLUDING THE KAPI'OLANI SEX ABUSE TREATMENT CENTER, KAPI'OLANI CHILD ADVOCACY AND PROTECTION CENTER, HEART DISEASE PREVENTION, BREAST AND CERVICAL CANCER SCREENING FOR UNINSURED PERSONS, WOMEN AND INFANT HEALTH AND NUTRITION, REHABILITATION SERVICES, SUPPORT GROUPS, HEMOPHILIA PROGRAMS, AND OTHER EDUCATION AND SCREENINGS FOR HAWAI'I RESIDENTS ON HEALTH, WELLNESS AND DISEASE-PREVENTION STRATEGIES.</p> <p>IN FISCAL YEAR 2025, HAWAI'I PACIFIC HEALTH SPONSORED OR SUPPORTED NUMEROUS HEALTH EVENTS, INCLUDING "AMERICAN HEART ASSOCIATION HAWAI'I 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 HAWAI'I PACIFIC HEALTH'S WOMEN'S 10K & 5K FUN. THIS HPH EVENT IS HAWAI'I'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>HAWAI'I 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, HAWAI'I PACIFIC HEALTH HAS ALLIANCES WITH THE UNIVERSITY OF HAWAI'I JOHN A. BURNS</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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 Group Return

Employer identification number

38-3835105

Return Reference - Identifier	Explanation
	<p>SCHOOL OF MEDICINE AND HAWAI'I PACIFIC UNIVERSITY, PLUS WORKS CLOSELY IN PARTNERSHIP WITH THE HAWAI'I STATE DEPARTMENT OF EDUCATION. HAWAI'I PACIFIC HEALTH INVESTS EACH YEAR IN TEACHING AND RESEARCH AS A PEDIATRIC AND OB-GYN TRAINING FACILITY FOR THE UNIVERSITY OF HAWAI'I. HAWAI'I PACIFIC HEALTH IS ALSO ACTIVELY INVOLVED IN CLINICAL TRIALS AND RESEARCH THROUGH ITS VARIOUS FACILITIES IN PEDIATRICS, ONCOLOGY, OPHTHALMOLOGY AND CARDIOLOGY.</p> <p>PUBLIC POLICY HAWAI'I PACIFIC HEALTH HAS A RESPONSIBILITY TO OFFER THOUGHTFUL AND INNOVATIVE INPUT TO LAWMAKERS REGARDING HEALTH CARE POLICY AND LEGISLATION. HAWAI'I PACIFIC HEALTH LEADERS ADVOCATE FOR LEGISLATIVE REFORM AND REGULATORY ENHANCEMENTS FOR VARIOUS HEALTH CARE INDUSTRY ISSUES RANGING FROM RETAINING PHYSICIANS IN THE STATE TO PROVIDING STABILITY FOR HEALTH CARE PROVIDERS 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>ESTIMATED PROGRAM SERVICES REVENUE IS REPORTED ON PART III, LINE 4.</p>
FORM 990, PART IV, LINE 8 - COLLECTION OF WORKS OF ART, HISTORICAL TREASURES OR SIMILAR	KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC), PALI MOMI MEDICAL CENTER (PMMC), STRAUB CLINIC & HOSPITAL (SCH), AND WILCOX MEMORIAL HOSPITAL (WMH) MAINTAINED WORKS OF ART.
FORM 990, PART IV, LINE 10 - ENDOWMENT FUNDS	KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC), PALI MOMI MEDICAL CENTER (PMMC) AND STRAUB CLINIC & HOSPITAL (SCH) HELD ASSETS IN ENDOWMENT FUNDS. WILCOX MEMORIAL HOSPITAL DID NOT HOLD ASSETS IN ENDOWMENT FUNDS.
FORM 990, PART IV, LINE 11B - INVESTMENTS - OTHER SECURITIES 5% OR MORE OF TOTAL ASSETS	KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC) AND PALI MOMI MEDICAL CENTER (PMMC) BOTH REPORTED INVESTMENTS IN OTHER SECURITIES GREATER OR EQUAL TO 5% OF TOTAL ASSETS. STRAUB CLINIC & HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) BOTH DID NOT REPORT INVESTMENTS IN OTHER SECURITIES GREATER OR EQUAL TO 5% OF TOTAL ASSETS.
FORM 990, PART IV, LINE 28C - BUSINESS TRANSACTION WITH A CONTROLLED ENTITY	KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN (KMCWC) WAS A PARTY TO A BUSINESS TRANSACTION WITH A 35% CONTROLLED ENTITY BY A CURRENT OFFICER. PALI MOMI MEDICAL CENTER (PMMC), STRAUB CLINICAL & HOSPITAL (SCH) AND WILCOX MEMORIAL HOSPITAL (WMH) WERE NOT A PARTY TO A BUSINESS TRANSACTION WITH A 35% CONTROLLED ENTITY BY A CURRENT OFFICER.
FORM 990, PART V, LINE 1A - FORM 1096 REPORTING	HAWAI'I PACIFIC HEALTH (HPH), THE ORGANIZATION'S TAX EXEMPT PARENT, PAYS ALL VENDORS. THEREFORE, HPH ISSUES FORMS 1099 UNDER ITS TAX ID.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	JESSICA LEWIS AND PETER LEWIS - FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	THE PMMC BYLAWS WERE AMENDED IN SEPTEMBER 2024 TO REMOVE ONE DIRECTOR POSITION FROM THE TOTAL BOARD COUNT.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER WHO HAS THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE WITH THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND/OR APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	HAWAI'I PACIFIC HEALTH IS THE SOLE MEMBER, AND HAS THE POWER TO APPROVE THE ELECTION OF MEMBERS OF THE GOVERNING BODY. HAWAI'I PACIFIC HEALTH, AS MEMBER, ALSO HAS THE POWER TO APPOINT ONE OR MORE EX OFFICIO VOTING MEMBERS OF THE GOVERNING BODY.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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 Group Return

Employer identification number

38-3835105

Return Reference - Identifier	Explanation
<p>FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS</p>	<p>HAWAII PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN AND PALI MOMI MEDICAL CENTER:</p> <p>(I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: PRESIDENT, CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, OTHER EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE PRESIDENTS EXCEPT THE OPERATING UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS; (II) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER BOARD; (III) AMEND THE BYLAWS; (IV) DETERMINE AND EFFECT THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLARS (\$1,000,000) OR MORE; (V) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED; (VI) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION; (VII) DETERMINE AND EFFECT INTER- CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE; (VIII) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS; (IX) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION; (X) CLOSE THE ACUTE CARE HOSPITAL OWNED AND OPERATED BY THE CORPORATION; (XI) AFTER CONSULTING WITH THE BOARD, REMOVE THE PRESIDENT, CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, TREASURER, SECRETARY, OTHER EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, ASSISTANT SECRETARIES, AND/OR ALL VICE PRESIDENTS EXCEPT THE OPERATING UNIT VICE PRESIDENTS; (XII) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION; AND (XIII) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.</p> <p>WITH RESPECT TO KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN AND PALI MOMI MEDICAL CENTER, THE CORPORATION SHALL NOT TAKE THE FOLLOWING ACTIONS WITHOUT FIRST OBTAINING MEMBER BOARD APPROVAL:</p> <p>(I) ADD ANY DIRECTOR TO THE BOARD; (II) REMOVE ANY DIRECTOR FROM THE BOARD; (III) AMEND THE ARTICLES; (IV) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE; (V) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000); (VI) ACQUIRE SHARES IN ANOTHER CORPORATION; (VII) MERGE THE CORPATIOIN WITH ANY ENTITY; (VIII) DISSOLVE OR LIQUIDATE THE CORPORATION; (IX) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER (X) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY; AND (XI) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.</p> <p>HAWAII PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO STRAUB CLINIC & HOSPITAL:</p> <p>(I) NOMINATE CANDIDATES TO THE BOARD FOR THE FOLLOWING POSITIONS: THE CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND ALL VICE-PRESIDENTS EXCEPT THE CLINIC AND HOSPITAL UNIT VICE-PRESIDENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS; (II) REMOVE ANY DIRECTOR FROM THE BOARD; PROVIDED, HOWEVER, THAT THE BOARD MAY REMOVE ANY DIRECTOR FROM THE BOARD IF APPROVED BY THE MEMBER BOARD; (III) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER BOARD; (IV) AMEND THE BYLAWS; (V) CAUSE THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLARS (\$1,000,000) OR MORE; (VI) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000); (VII) ACQUIRE SHARES IN ANOTHER CORPORATION;</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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 Group Return

Employer identification number

38-3835105

Return Reference - Identifier	Explanation
	<p>(VIII) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED; (IX) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION; (X) DETERMINE AND EFFECT INTER CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE; (XI) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S PHYSICIAN AND EXECUTIVE COMPENSATION AND BENEFIT PLANS; (XII) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION; (XIII) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY; (XIV) CLOSE THE ACUTE CARE HOSPITAL OR CLINIC FACILITIES OWNED AND OPERATED BY THE CORPORATION; (XV) RELOCATE THE ACUTE CARE HOSPITAL OR CLINIC FACILITIES OWNED AND OPERATED BY THE CORPORATION; (XVI) CONVERT THE ACUTE CARE HOSPITAL OWNED AND OPERATED BY THE CORPORATION INTO A NON-ACUTE CARE FACILITY; (XVII) AFTER CONSULTING WITH THE BOARD, REMOVE THE CHIEF EXECUTIVE OFFICER, TREASURER, SECRETARY, EXECUTIVE VICE-PRESIDENT/CHIEF FINANCIAL OFFICER, EXECUTIVE VICE-PRESIDENTS, SENIOR VICE-PRESIDENTS, ASSISTANT SECRETARIES, AND/OR ALL VICE PRESIDENTS EXCEPT THE CLINIC AND HOSPITAL UNIT VICE PRESIDENTS; (XVIII) DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG-RANGE AND STRATEGIC PLAN OF THE CORPORATION; (XIX) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.</p> <p>WITH RESPECT TO STRAUB CLINIC & HOSPITAL, THE FOLLOWING ACTIONS REQUIRE APPROVAL FROM THE MEMBER BOARD:</p> <p>(I) ADD ANY DIRECTOR TO THE BOARD; (II) AMEND THE ARTICLES OF INCORPORATION; (III) SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE AMOUNT OF PROPERTY OR ASSETS HELD BY THE ORGANIZATION, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, TO ANY ENTITY THAT IS NOT AN AFFILIATE; (IV) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE ORGANIZATION WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE ORGANIZATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE; (V) ISSUE THE ORGANIZATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER; (VI) MERGE THE ORGANIZATION WITH ANY ENTITY; (VII) DISSOLVE THE ORGANIZATION; AND (VIII) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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 Group Return

Employer identification number

38-3835105

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

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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 Group Return

Employer identification number

38-3835105

Return Reference - Identifier	Explanation
	<p>GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE WILCOX AFFILIATES DURING THE PRIOR FISCAL YEAR;</p> <p>(X) MERGE THE CORPORATION WITH ANY ENTITY; (XI) DISSOLVE OR LIQUIDATE THE CORPORATION; (XII) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER (XIII) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY; AND (XIV) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.</p> <p>HAWAI'I PACIFIC HEALTH, AS MEMBER, HAS THE FOLLOWING RESERVED POWERS WITH RESPECT TO ACADEMY FOR HEALTHCARE INNOVATION:</p> <p>(I) NOMINATE TO THE BOARD CANDIDATE(S) FOR THE POSITION OF PRESIDENT OF THE CORPORATION; (II) DELEGATE MANAGEMENT AUTHORITIES FROM THE BOARD TO OFFICERS OR COMMITTEES OF THE CORPORATION IN ACCORDANCE WITH A DELEGATED AUTHORITIES MATRIX ADOPTED BY THE MEMBER BOARD; (III) AMEND THE BYLAWS; (IV) CAUSE THE CORPORATION'S PARTICIPATION IN ALL LONG TERM FINANCING TRANSACTIONS WHICH ARE IN EXCESS OF ONE (1) YEAR AND/OR FOR ONE MILLION DOLLARS (\$1,000,000) OR MORE; (V) SELECT BANKS, TRUST COMPANIES, OR OTHER DEPOSITORIES TO WHICH THE CORPORATION'S FUNDS SHALL BE DEPOSITED; (VI) DIRECT, MANAGE AND CONTROL THE CUSTODY, ADVISORY SERVICE, AND ASSET MANAGEMENT OF THE FINANCIAL ASSETS OF THE CORPORATION; (VII) DETERMINE AND EFFECT INTER-CORPORATE TRANSFERS BY AND BETWEEN THE CORPORATION AND ANY AFFILIATE; (VIII) DEVELOP AND IMPLEMENT THE GENERAL POLICIES REGARDING THE CORPORATION'S EXECUTIVE COMPENSATION AND BENEFIT PLANS; (IX) FORM A NEW CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR OTHER ORGANIZATION THAT IS OWNED SOLELY BY THE CORPORATION; (X) EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS OR AS REQUIRED BY THE LAW OF THE STATE OF HAWAI'I, SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY THE CORPORATION; (XI) EXCEPT AS PROVIDED IN THE BYLAWS OR AS REQUIRED BY THE LAWS OF THE STATE OF HAWAI'I, SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE CORPORATION WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE CORPORATION DURING THE PRIOR FISCAL YEAR; (XII) AFTER CONSULTING WITH THE BOARD, REMOVE THE PRESIDENT; (XIII) AFTER CONSULTING WITH THE BOARD, DEVELOP AND PROMULGATE THE CORPORATE GOALS AND THE LONG RANGE AND STRATEGIC PLANS OF THE CORPORATION; AND (XIV) AFTER CONSULTING WITH THE BOARD, DEVELOP AND IMPLEMENT THE ANNUAL CAPITAL, OPERATING, AND CASH FLOW BUDGETS.</p> <p>WITH RESPECT TO ACADEMY FOR HEALTHCARE INNOVATION, THE CORPORATION SHALL NOT TAKE THE FOLLOWING ACTIONS WITHOUT FIRST OBTAINING MEMBER BOARD APPROVAL:</p> <p>(I) ADD ANY DIRECTOR TO THE BOARD; (II) REMOVE ANY DIRECTOR FROM THE BOARD; (III) AMEND THE ARTICLES; (IV) ENTER INTO ANY UNBUDGETED CONTRACTS ON BEHALF OF THE CORPORATION WHICH REQUIRE ANNUAL PAYMENTS ON BEHALF OF THE CORPORATION EXCEEDING ONE MILLION DOLLARS (\$1,000,000) IN VALUE; (V) ACQUIRE ASSETS WORTH OVER ONE MILLION DOLLARS (\$1,000,000); (VI) ACQUIRE SHARES IN ANOTHER CORPORATION; (VII) SELL, LEASE OR OTHERWISE TRANSFER FIFTY PERCENT (50%) OR MORE OF THE THEN CURRENT AMOUNT, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE TOTAL ASSETS HELD BY THE CORPORATION; (VIII) SELL, LEASE, EXCHANGE OR DISPOSE OF FIFTY PERCENT (50%) OR MORE OF THE PROPERTY AND ASSETS HELD BY THE CORPORATION; (IX) SELL, LEASE OR TRANSFER OF OPERATIONS OR ACTIVITIES OF THE CORPORATION WHICH GENERATE FIFTY PERCENT (50%) OR MORE OF THE TOTAL NET REVENUES, AS REPORTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, OF THE CORPORATION DURING THE PRIOR FISCAL YEAR; (X) MERGE THE CORPORATION WITH ANY ENTITY; (XI) DISSOLVE OR LIQUIDATE THE CORPORATION; (XII) ISSUE THE CORPORATION'S MEMBERSHIP TO ANYONE OTHER THAN THE MEMBER; (XIII) FORM A JOINT VENTURE OR OTHER BUSINESS RELATIONSHIP (OTHER THAN THE ORDINARY COURSE OF BUSINESS CONTRACTS) BETWEEN THE CORPORATION AND ANY PERSON OR ENTITY; AND (XIV) DEVELOP A NEW LINE OF BUSINESS OR A NEW SERVICE.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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 Group Return

Employer identification number

38-3835105

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	VARIOUS SCHEDULES OF THE FORM 990 ARE PREPARED PRIMARILY BY STAFF WITHIN THE ACCOUNTING AREA OF THE ORGANIZATION WORKING WITH VARIOUS OTHER AREAS OF THE ORGANIZATION SUCH AS MANAGEMENT OF THE OPERATING UNITS, HR, LEGAL, ETC. DISCLOSURE NARRATIVES ARE WRITTEN AND COMPILED INTERNALLY BASED ON INPUT AND DISCUSSION WITH FINANCIAL ANALYSTS AND THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF THE REPORTING ENTITY. THE CHIEF OPERATING OFFICER/EXECUTIVE DIRECTOR OF EACH REPORTING ENTITY REVIEWS AND APPROVES THE DISCLOSURE NARRATIVES WHICH DESCRIBES THE MISSION/PURPOSE AND PROGRAM ACCOMPLISHMENTS OF THEIR ORGANIZATION. SENIOR MANAGEMENT OF THE HEALTH CARE SYSTEM REVIEWS THE FORM 990 OF EACH FILING ORGANIZATION WITHIN THE HEALTH CARE SYSTEM. ONCE SENIOR MANAGEMENT HAS COMPLETED ITS REVIEW, THE FORMS 990 ARE THEN PROVIDED TO THE GOVERNANCE AND NOMINATING COMMITTEE OF THE HEALTH CARE SYSTEM'S BOARD OF DIRECTORS FOR THEIR REVIEW. THE GOVERNANCE AND NOMINATING COMMITTEE OF THE PARENT ENTITY'S (HAWAII PACIFIC HEALTH "HPH") BOARD PROVIDES OVERSIGHT FOR THE FORM 990 REPORTING AND REVIEWS THE FORM 990 FOR EACH ENTITY PRIOR TO FILING. IN ADDITION, THE FORM 990 FOR EACH ENTITY IS MADE AVAILABLE TO THE BOARD MEMBERS OF EACH SUBSIDIARY UNIT OF HPH AND THE HPH BOARD OF DIRECTORS THROUGH A BOARD MEMBER PORTAL FOR REVIEW PRIOR TO THE FILING OF THE FORM 990. THE FORMS 990 WILL BE POSTED TO HPH'S WEBSITE FOR PUBLIC ACCESS AFTER THE FILING OF THE RETURNS WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ANNUALLY, EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: 1) RECEIVED A COPY OF THE CONFLICT OF INTEREST ("COI") POLICY; 2) HAS READ AND UNDERSTANDS THE POLICY; 3) AGREES TO COMPLY WITH THE POLICY; 4) HAS DISCLOSED ANY CONFLICTS OR POTENTIAL CONFLICTS OR ECONOMIC INTERESTS AS REQUIRED; AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THE IN-HOUSE LEGAL DEPARTMENT DISTRIBUTES THE STATEMENT REQUEST AND REVIEWS THE COI STATEMENTS RETURNED. IDENTIFIED CONFLICTS OF INTEREST ARE PRESENTED TO THE BOARD FOR REVIEW, DELIBERATION AND CONFIRMATION/REFUTATION THAT A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST HAS BEEN FOUND, THE INDIVIDUAL MAY ADDRESS THE BOARD AND EXPLAIN THE TRANSACTION OR ARRANGEMENT CAUSING THE CONFLICT. AFTER THE PRESENTATION, THE INDIVIDUAL IS EXCUSED FROM THE MEETING AND SHALL NOT PARTICIPATE WITH ANY DISCUSSION OR VOTE ON MATTERS PERTAINING TO THE TRANSACTION OR ARRANGEMENT. IN MEETINGS WHERE APPLICATION OF THE COI POLICY OCCURS, THE MEETING MINUTES INCLUDE NATURE OF THE FINANCIAL INTEREST/CONFLICT, NAME(S) OF THE PERSON(S) WITH THE POTENTIAL OR ACTUAL CONFLICT, ANY ACTION TAKEN TO ASSIST IN THE DETERMINATION OF WHETHER A CONFLICT EXISTED, INCLUDING ANY DISCUSSION OF ALTERNATIVE ARRANGEMENTS, THE BOARD'S DECISION(S) REGARDING THE CONFLICT AND NAMES OF PERSON PRESENT IN THE DISCUSSION AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT.
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 HAWAII PACIFIC HEALTH WEBSITE. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE HAWAII PACIFIC HEALTH WEBSITE.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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 Group Return

Employer identification number

38-3835105

Return Reference - Identifier	Explanation					
	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	PHYSICIAN SERVICES	29,647,759	29,192,955	454,804		
	MEDICAL SERVICES	4,010,221	3,969,470	40,751		
	CONSULTING SERVICES	558,669	152,672	405,997		
	REGISTRY SERVICES	43,338,336	17,404,270	25,934,066		
	TEMPORARY LABOR ADMIN SERVICES	558,998	558,998			
	TEMPORARY LABOR OTHER SERVICES	11,886,940	11,886,940			
	LAUNDRY SERVICES	4,978,597	4,975,498	3,099		
	CONTRACT & RECURRING SERVICES	52,859,479	48,324,185	4,535,294		
	COLLECTION FEES SERVICES	756,272	756,272			
	OTHER SERVICES	43,835,607	40,741,028	3,094,579		
	REPAIRS & MAINTENANCE	10,150,876	10,033,656	117,220		
	INTERNAL SERVICE PROVIDED EXPENSE	54,381,217	44,012,371	10,368,846		
	OTHER EXPENSE RECOVERY	-702,512	-702,512			
	SERVICES OTHER-IT	41,849	21,188	20,661		
	SERVICES OTHER-BIOMED	2,947	2,947			
	SERVICES OTHER-BIOMED PARTS SUPPLY	88	88			
	REPAIRS & MAINTENANCE-BIOMED	741,007	740,180	827		
	REPAIRS & MAINTENANCE-BIOMED PARTS SUPPLY	512	512			
	Total		257,046,862	212,070,718	44,976,144	0
	FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description		(b) Amount		
OBLIGATED GROUP INTERCOMPANY TRANSFERS		- 51,098,574				
NET ASSETS RELEASED FROM RESTRICTION		- 1,712,700				
EQUITY TRANSFERS		- 1,153,160				
CHANGE IN INTEREST IN KHF/WHF		21,191,389				
CHANGE IN INTEREST IN PERPETUAL TRUSTS		162,259				
RESTRICTED GRANTS AND CONTRIBUTIONS		1,757,298				
OTHER CHANGES		- 7,318				
CAPITAL CONTRIBUTIONS - AHI		200,000				
ROUNDING		- 1				
TOTAL		- 30,660,807				

**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 GROUP RETURN

Employer identification number

38-3835105

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

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

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

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

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

Cat. No. 50135Y

Schedule R (Form 990) (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		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)	✓	

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) KAPI'OLANI HEALTH FOUNDATION	C	2,273,324	FMV
(2) KAPI'OLANI HEALTH FOUNDATION	P	123,089	FMV
(3) KAPI'OLANI MEDICAL SPECIALISTS	Q	164,817,684	FMV
(4) KAPI'OLANI MEDICAL SPECIALISTS	P	13,374,860	FMV
(5) KAPI'OLANI MEDICAL SPECIALISTS	R	903,953	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 III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HONOLULU SURGERY CENTER, LP (62-1506645) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	AMBU. SURG. CTR.	TN	N/A	N/A								
(2) SPECIALTY SURGICAL SUITES, LLC (46-1674512) 1401 S. BERETANIA ST., STE 750, HONOLULU, HI 96814	AMBU. SURG. CTR.	HI	N/A	N/A								
(3) HONOLULU IMAGING CENTER LLC (87-1602945) 55 MERCHANT STREET, 27TH FLOOR, HONOLULU, HI 96814	DIAG. IMAGING CTR	DE	N/A	N/A								
(4) HAWAI'I ISOTOPE TECHNOLOGY LLC (99-1995020) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	PHARMACEUTICAL MANUFACTURING	HI	N/A	N/A								
(5) ALL ACCESS ORTHO OAHU, LLC (93-4678472) 1401 S. BERETANIA ST, SUITE 102, HONOLULU, HI 96814	URGENT CARE CLINICS	HI	N/A	N/A								

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HAWAII PACIFIC HEALTH PARTNERS, INC. (99-0318588) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	HOLDING COMPANY	HI	N/A	C CORPORATION					
(2) STRAUB PHARMACY, INC. (99-0145107) 888 SOUTH KING STREET, HONOLULU, HI 96813	INACTIVE	HI	SCH	C CORPORATION			100.00	✓	
(3) HICORD, INC. (99-0251496) 55 MERCHANT STREET, 24TH FLOOR, HONOLULU, HI 96813	INVESTMENT	HI	N/A	C CORPORATION					

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) KAUAI MEDICAL CLINIC	P	1,081,432	FMV
(7) KAUAI MEDICAL CLINIC	R	914,908	FMV
(8) PALI MOMI FOUNDATION	P	122,393	FMV
(9) PALI MOMI FOUNDATION	C	374,465	FMV
(10) PROVIDERS INSURANCE CORPORATION	R	12,266,532	FMV
(11) STRAUB FOUNDATION	C	1,558,040	FMV
(12) WILCOX HEALTH FOUNDATION	C	487,618	FMV
(13) WILCOX HEALTH FOUNDATION	P	127,940	FMV