### EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

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

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

Open to Public

Department of the Treasury Inspection Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, D Employer identification number Check if applicable C Name of organization KALIHI-PALAMA HEALTH CENTER Address change HALE HO'OLA HOU) Name change 99-0161221 Doing business as initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (808)845-8578 915 NORTH KING STREET termi ated 29,735,308. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amende return HONOLULU, HI 96817 H(a) Is this a group return Applica-tion pending F Name and address of principal officer LIANE SUGIMOTO Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or 🗓 501(c) ( If "No," attach a list. (see instructions) J Website: ► WWW.KPHC.ORG **H(c)** Group exemption number ▶ K Form of organization; X Corporation Trust Association Other > Year of formation: 1975 M State of legal domicile: HI Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE NEEDED PREVENTIVE AND Governance PRIMARY CARE, ADVOCATE FOR THOSE IN NEED, AND EDUCATE if the organization discontinued its operations predisposed of more than 25% of its net assets RECEIVED 11 Number of voting members of the governing body (Part VI, line 1a) 3 11 Number of independent voting members of the governing body (Part VI, line 4 Activities & RS-OS MAY 1 6 2019 289 Total number of individuals employed in calendar year 2017 (Part V, line 28) 5 37 Total number of volunteers (estimate if necessary) 6 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN, UT 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 9,965,594. 11,123,088. Contributions and grants (Part VIII, line 1h) 16,193,206. 18,191,024. Program service revenue (Part VIII, line 2g) 1,093. 18,036. Investment income (Part VIII, column (A), lines 3, 4, and 7d) <48,592.> 403,160. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,111,301. 29,735,308. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <2,474,<u>522</u>. 2,329,052. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 15,651,295. 16,403,594. SCANNED Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,725. b Total fundraising expenses (Part IX, column (D), line 25) 8,842,904. 8,673,072. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 26,823,251. 27,551,188. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <711,950.> 2,184,120. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 17,240,032. 18,507,960. 20 Total assets (Part X, line 16) 4,306,339 3,367,729. Total liabilities (Part X, line 26) 15,140,231. 12,933,693. Net assets or fund balances Subtract line 21 from line 20 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 truc, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign

Signature of officer

Date 5/10/19 LIANE SUGIMOTO, CFO

Sign Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 105/09/19 P00852868 PAUL BALI PAUL BALLASY Paid Firm's name COHNREZNICK LLP 22-1478099 Firm's EIN ▶ Preparer Firm's address > 350 CHURCH STREET, 12TH FLOOR Use Only Phone no. 959-200-7000 HARTFORD, CT 06103 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Form	1990 (2017) (HALE HO'OLA HOU)	99-0161221	Page 2
Pa	rt III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO PROVIDE QUALITY, INTEGRATED HEALTH AND SOCIAL SERVICES	TO OUR	
	COMMUNITY AND ALL OTHERS IN NEED OF HEALTH CARE.		
		<del> </del>	
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>₩</b>
	prior Form 990 or 990·EZ?	. L Yes	X 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	X 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 m	leasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		nd
	revenue, if any, for each program service reported	•	
4a	12 622 721	s 15,951,	142.)
44	(Code)(Expenses \$13,622,721. including grants of \$) (Revenue GENERAL MEDICAL SERVICES INCLUDING PHYSICAL EXAMS, IMMUNI		,
	PRENATAL CARE, AND CONTINUED HEALTH CARE THROUGH THE DIAG		
	TREATMENT OF ACUTE ILLNESSES AND DISEASES. WE PROVIDE PRI		-50
	SERVICES FOR PEOPLE WITH A WIDE VARIETY OF ADULT HEALTH P		
	SCREENING EVALUATIONS FOR COMMON CONDITIONS IN PEOPLE WHO		
	ANY SYMPTOMS. WE DIAGNOSE MEDICAL CONDITIONS AND COORDINA	TE EVALUATI	ON
	AND TREATMENT. WE HELP PATIENTS MANAGE CHRONIC MEDICAL CO	NDITIONS LI	KE
	DIABETES, HYPERTENSION, HEART DISEASE, LUNG DISEASE AND H		
	CHOLESTEROL.		
	CHOBESTEROD:		
	<u> </u>	****	
		-	
4b	(Code) (Expenses \$		)
	HEALTHCARE FOR THE HOMELESS PROJECT PROVIDES ACCESSIBLE,	QUALITY CAR	E
	FOR INDIVIUALS AND FAMILIES WHO ARE HOMELESS THROUGH INTE	GRATED	
	MEDICAL, MENTAL HEALTH, OUTREACH, AND SOCIAL SERVICES. HE	ALTHCARE	
		UBSTANCE	
		RAM IS TO	
	REACH AND CARE FOR INDIVIDUALS MOST IN NEED OF HELP WHO A		
	LIKELY TO RECEIVE SERVICES IN OTHER SETTINGS. WE PROVIDE		
	PROFESSIONAL AND INTEGRATED MEDICAL, MENTAL HEALTH, AND S	OCIAL	
	SERVICES.		
	WE ACHIEVE OUR MISSION THROUGH COST-EFFECTIVE DIRECT SERV		
	PREVENTION, ADVOCACY, RESEARCH, AND BY ENHANCING THE EDUC	ATION OF	
4c	(Code ) (Expenses \$ 2,147,122. including grants of \$) (Revenue	2,643,	042.)
_	DENTAL HEALTH SERVICES INCLUDING EXAMS, CLEANINGS AND ALL	STANDARD	
	FAMILY DENTAL SERVICES. OUR DENTISTS AND DENTAL STAFF PRO		<del>Y</del> .
	INTEGRATED, FAMILY DENTAL CARE FOR THE COMMUNITY AND ALL		
	OF DENTAL CARE. OUR FOCUS IS ON PREVENTIVE AND PRIMARY DE		
	PROVIDED IN A RESPECTFUL, CARING AND CULTURALLY SENSITIVE	ENVIRONMEN.	<u>r</u> •
		<del></del>	
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ 2,060,658 · including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 23,009,290.		
		Form 9	90 (2017)

Form 990 (2017) (HALE HO'OLA HOU)
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<del></del> -
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.	1	v
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ ا		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
_	Schedule D, Part III	<del>ا°</del>		
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?	9		Х
	If "Yes," complete Schedule D, Part IV	-		<del></del>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  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.	İ,	' ·	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	445		Х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	15		Х
4.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		
17		17		Х
18	column (A), lines 6 and 11e <sup>9</sup> If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <del>''</del>		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- <u>;                                    </u>		
	complete Schedule G. Part III	19		Х
	CONTRACT STATEMENT OF THE INC. AND ADDRESS OF THE STATEMENT OF THE STATEME		990 (	
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Form 990 (2017) (HALE HO'OLA HOU)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
<b>ວ</b> ດລ	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		-	
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Z-TG	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
ь	Schedule K If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A second of the	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	(001=
		⊦orm	33U	(2017)

Form 990 (2017)

(HALE HO'OLA HOU)

99-0161221 Page 5

28 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e_nile (see instructions)  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  31 If "Yes," has it filed a Form 990-T for this year? If "No," or line 3b, provide an explanation in Schedule O  42 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, secuntes account, or other financial accountry?  43 If "Yes," enter the name of the foreign country Ses enstructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  55 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  56 Did any taxable party notify the organization file Form 8886:T?  56 Did explain the state of the goods of the state of the goods of the party of the organization solicit any contributions that were not tax deductible as charitable contributions?  56 If "Yes," did the organization inclide with every solicitation an express statement that such contributions or gifts were not tax deductible.  56 If "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  57 Organizations that may receive deductible contributions under section 170(c).  58 If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums of the goods or services provided?  59 If "Yes,"		
b Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions)  30 bid the organization have unrelated business gross income of \$1,000 or more during the year?  3. bif 17'es, *has it filed a Form 990-T for this year? # 17'No, to line 3b, provide an explanation in Schedulio O  4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;?  b if 17'es,* 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?  b did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6i Did the organization serves annual gross recopits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 organizations that may receive deductible contributions under setation 170(c).  b if 17'es,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizat		<del>  </del>
b Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions)  30 bid the organization have unrelated business gross income of \$1,000 or more during the year?  3. bif 17'es, *has it filed a Form 990-T for this year? # 17'No, to line 3b, provide an explanation in Schedulio O  4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;?  b if 17'es,* 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?  b did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6i Did the organization serves annual gross recopits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 organizations that may receive deductible contributions under setation 170(c).  b if 17'es,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizat	Yes	es No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2 Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return  3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-flie (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 If 1'Yes, "1 sat \$1 fled a Form 990 To fir this year?" If "No," to line \$2, provide an explanation in Schedule 0  4 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 [No]. The Province is a very provided to the provided in the		
gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.  2a 289  bif at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions)  3a Did the organization have urrelated business gross income of \$1,000 or more during the year?  bif "Yes," has it filed a Form 990-T for this year? if "No," to fine 3b, provide an explanation in Schedule O  4 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)?  bif "Yes," that if filed a Form 990-T for this year? if "No," to fine 3b, provide an explanation in Schedule O  4 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)?  bif "Yes," to time 5a or 5b, did the organization life Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 3a Was the organization and the foreign country (such as helder transaction?  bif "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  bif "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  bif "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  bif "Yes," to line 5a or 5b, did the organization in the form 8866.77  organization shart were not tax deductible as charitable contributions?  bif "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  organization include that many	.	
28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e_file, (see instructions)  29 Did the organization have unrelated business gross income of \$1,000 or more during the year?  30 If Yes, has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  40 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, or other financial account;?  41 If "Yes," enter the name of the foreign country town, as a bank account, securities account, or other financial accounts?  52 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  53 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  54 Do any taxable party notify the organization file Form 8886-T?  55 Do se the organization have annual gross receipts that are normally greater than \$100,000, and did the organization surplication of the year of the prohibited tax shelter transaction?  55 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  56 Organizations that may receive deductible contributions under section 170(c).  57 Organizations that may receive deductible contributions under section 170(c).  58 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  59 If "Yes," did the organization state any receive deductible contributions under section 170(c).  50 If "Yes," did the organization state any receive deductible contributions under section 170(c).  50 If "Yes,"	1c X	<del>-                                     </del>
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KALIHI-PALAMA HEALTH CENTER (HALE HO'OLA HOU) 99-0161221 Form 990 (2017) 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official Х 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶HI Section 6104 requires an organization to make its Forms 1023 (or 1024 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. \_\_\_ Another's website X Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records.

\_\_\_\_

LIANE SUGIMOTO - (808) 843-7238

915 NORTH KING STREET ,

HONOLULU

96817

(HALE HO'OLA HOU)

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

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

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

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

(A)	(B)							(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	рох	box, unless person is bo		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of	
	week	-	cer an	a a a	recio	rreus	100)	from	from related	other
	(list any	recto						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	poo	tee			sated		(W-2/1099-MISC)	(44-271099-141130)	organization
	organizations	Individual trustee or director	institutional trustee		99/	ubeu :		(** 27 1000 141100)		and related
	below	dual t			Key employee	28.8	*			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	<b>Former</b>			_
(1) CHRISTOPHER PATING	1.00									
DIRECTOR		X						0.	0.	0
(2) CLIFFORD CHANG	1.00									
DIRECTOR		X						0.	0.	0
(3) KAHU RICHARD K KAMANU	1.00									_
DIRECTOR		X						0.	0.	0
(4) KEITH KIUCHI	1.00							_		_
DIRECTOR		X		Ш				0.	0.	0
(5) LOUISE LI	1.00									
SECRETARY		X		X		ļ		0.	0.	0
(6) MATTLIE DAVIS	1.00	<b>∤</b>							•	
DIRECTOR	1 00	X		Ш		<u> </u>		0.	0.	0
(7) PETER HANASHIRO	1.00	<b>.</b> ,		$ _{\mathbf{x}} $		1		0.	0.	0
TREASURER	1.00	X		^	<u> </u>	├		0.	0.	0
(8) RICHARD KEENE DIRECTOR	1.00	x						0.	0.	0
(9) ROSEMARIE V MENDOZA	1.00	<u> </u>	$\vdash$			┢	_	0.		
DIRECTOR	1.00	X						0.	0.	0
(10) RUSSELL KAUPU	1.00	1		Н		<del> </del>				
DIRECTOR	2100	$\mathbf{x}$						0.	0.	0
(11) VERNON Y NAKAMURA	1.00								-	
PRESIDENT		X		x				0.	0.	0
(12) EMMANUEL KINTU	40.00									
EXECUTIVE DIRECTOR		]		X				239,048.	0.	24,812
(13) LIANE SUGIMOTO	40.00									
CFO				Х		<u> </u>	<u> </u>	169,011.	0.	17,796
(14) DARRIN SATO	40.00									
coo		<u>L</u>	<u> </u>		X	<u> </u>		152,004.	0.	12,730
(15) KEITH LARSON	40.00	1							_	
DENTAL DIRECTOR		乚	<u> </u>	Ш	X	<u> </u>		168,715.	0.	24,876
(16) GLENN REDIGER	40.00	1	1							06 000
PHYSICAN		$\vdash$	<b> </b>	Щ	L_	X	<u> </u>	154,616.	0.	26,088
(17) MICHAEL WALTER	40.00	1						140 005		41 000
PHYSICAN		<u> </u>		<u> </u>	l	X	L	143,295.	0.	41,988 Form <b>990</b> (201

732007 11-28-17

(HALE HO'OLA HOU)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
decum A. Oniders, Directors, Trustees, Rey Employees, and Trustees Employees (COMMIS						<u>(E)</u>		(F)			
Name and title	Average			Posi		١		Reportable	Reportable		Estimated
Name and the	hours per			heck r				compensation	compensation	i	amount of
	week box, unless person is both an officer and a director/trustee)		from	from related		other					
	(list any	뵭						the	organizations		compensation
	hours for	a a				e		organization	(W-2/1099-MISC	)	from the
	related	tee	ustee			ensat		(W-2/1099-MISC)		- 1	organization
	organizations	trus	la tr		oyee	Ē				1	and related
	below	Individual trustee or director	Institutional trustee	cer	empl	Highest compensated employee	Former				organizations
	line)	En 1	Ξ	Officer	Key	H. B.	F				
(18) MIRIAM SEITZ	40.00									_	_
PHYSICAN			L	Щ		X		149,059.		0.	0.
(19) RICHARD RICARDO	40.00									_	
PHYSICAN						Х		143,656.		0.	19,054.
(20) SHIRLEY TAMORIA	40.00									_	
MEDICAL DIRECTOR						X		168,596.		0.	7,140.
								}			
1b Sub-total							<u> </u>	1,488,000.		0.	174,484.
c Total from continuation sheets to Part VII	. Section A					Ï	•	0.		0.	0.
d Total (add lines 1b and 1c)	,						<b>•</b>	1,488,000.		0.	174,484.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove)	) wh	o re	ceived more than \$100,	000 of reportable		
compensation from the organization						•					22
											Yes No
3 Did the organization list any former officer,	director, or tru	stee	e. ke	v em	יסומר	vee.	or i	highest compensated en	nplovee on		
line 1a? If "Yes," complete Schedule J for so			,	,		,,	•			ı	3 X
4 For any individual listed on line 1a, is the su		9 00	mne	neat	tion	and	oth	er compensation from th	ne organization		
and related organizations greater than \$150	•							•	70 07 gai a 0		4 X
5 Did any person listed on line 1a receive or a									lual for services		
rendered to the organization? If "Yes." com								organization or marria			5 X
Section B. Independent Contractors	olete Schedule	: J 10	JI SL	CHL	JE/S	<i></i>					<u> </u>
Complete this table for your five highest cor	nnensated ind	ene	nder	at co	ntra	ector	e th	nat received more than \$	100 000 of compe	nsat	ion from
the organization Report compensation for t											
	rie caleridar ye	ai c	nuii	ig wi	11110	71 4410	<u>                                      </u>	(B)	Jul		(C)
	(A) Name and business address							Description of s	ervices	С	ompensation
ALPH INOUYE CO. LTD					ᅥ						
							598,676.				
500 ALAKAWA ST. #220E, HONOLULU, HI 96817 CONSTRUCTION						<del></del>		330,010:			
ALTRES STAFFING, INC.								310,022.			
PO BOX 1410, HONOLULU, HI 96807 STAFFING								310,022.			
ANAGO OF HAWAII							249 450				
615 PIIKO ST.#2000, HONOLULU, HI 96814 HOUSEKEEPING								249,450.			
ISLAND WIDE SECURITY, 800 RICHARD ST.							GROUP TEST		202 206		
SUITE 810, HONOLULU, HI 9	PRT3						_	SECURITY			223,386.
UCERA								016 515			
PO BOX 31000, HONOLULU, HI 96849 STAFFING							216,745.				
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											

\$100,000 of compensation from the organization

Page 9

(HALE HO'OLA HOU)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 691,731. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 10 c Fundraising events 1d d Related organizations 9,860,804. e Government grants (contributions) 1e All other contributions, gifts, grants, and 570,553. similar amounts not included above 951,400, g Noncash contributions included in lines 1a-1f \$ 11,123,088. Total. Add lines 1a-1f Business Code 11,436,071 11,436,071 2 a MEDICAID 624100 b PHARMACY REVENUE 2,198,381 624100 2,198,381. 1,540,834, RISK POOL REVENUE 624100 1,540,834. OTHER THIRD PARTY PAYORS 624100 1,496,226 1,496,226. 624100 732,412, 732,412, CAPTITATION REVENUE 624100 787,100. 787,100. f All other program service revenue 18,191,024 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 18,036 18,036. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a INSURANCE INCENTIVES 175,357 175,357 900099 172,261 900099 172,261 b RECOVERY OF UNCOLLECTIBLE ACCOUNT 55,542 MISCELLANEOUS REVENUE 900099 55,542 d All other revenue 403,160, e Total. Add lines 11a-11d 18,036. 29,735,308. 18,594,184

732009 11-28-17

Total revenue See instructions

(HALE HO'OLA HOU)

Part IX | Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (/).	
	not include amounts reported on lines 6b, 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	Grants and other assistance to domestic			7	
	individuals. See Part IV, line 22	2,474,522.	2,474,522.		
3	Grants and other assistance to foreign				•
	organizations, foreign governments, and foreign			.	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	832,273.	328,488.	503,785.	
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	12,634,069.	11,389,388.	1,244,681.	
8	Pension plan accruals and contributions (include	048 606	005 464	22 452	
	section 401(k) and 403(b) employer contributions)	317,620.	295,161.	22,459.	
9	Other employee benefits	1,433,278.	1,289,966.	143,312.	
10	Payroll taxes	1,186,354.	989,027.	197,327.	
11	Fees for services (non-employees).				
а	Management	45 400		45 400	
b	Legal	45,488.		45,488.	
c	Accounting	11,184.		11,184.	<del></del>
	Lobbying				
	Professional fundraising services. See Part IV, line 17			* -	
f	Investment management fees		_		
9	Other. (If line 11g amount exceeds 10% of line 25,	1,941,914.	1,145,314.	795,600.	1,000.
12	column (A) amount, list line 11g expenses on Sch O.)	17,658.	13,237.	4,421.	1,000.
13	Advertising and promotion Office expenses	3,602,988.	3,381,348.	221,640.	
14	Information technology	3,002,300	3,301,340.	221,040.	
15	Royalties				
16	Occupancy	1,128,643.	922,542.	206,101.	
17	Travel	82,572.	58,636.	23,936.	
18	Payments of travel or entertainment expenses		30,0003		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	86,953.	40,031.	46,922.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	817,423.		817,423.	_
23	Insurance	61,036.	48,932.	12,104.	<u> </u>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	•	,		
а	REPAIRS & MAINTENANCE	447,928.	408,184.	39,744.	
b	SECURITY	186,591.	166,686.	19,905.	· · · · · · · · · · · · · · · · · · ·
C	MEMBERSHIP DUES	143,896.	40,178.	103,718.	
d	MISCELLANEOUS	98,798.	17,650.	80,423.	725.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	27,551,188.	23,009,290.	4,540,173.	1,725.
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 if following SOP 98-2 (ASC 958-720)		_		5 990 (2017

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 3,388,829. 1,426,552. 1 Cash - non-interest-bearing 439,180. 1,030,946. 2 Savings and temporary cash investments 2,343,432. 2,614,932. 3 3 Pledges and grants receivable, net 1,970,144. 1,643,139. 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 61,211. 85,927. 8 8 Inventories for sale or use 328,292. 337,272. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 17,216,961. basis. Complete Part VI of Schedule D 10a 9,950,928. 10b 7,662,901. 10c 9,554,060. **b** Less accumulated depreciation 75,243. 102,987. Investments - publicly traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 84,073. 310,845. 15 15 Other assets. See Part IV, line 11 18,507,960. 17,240,032. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,556,525. 2,916,230. 17 17 Accounts payable and accrued expenses 0. 18 18 Grants payable 99,999. 18,073. 19 Deferred revenue 19 0. 20 20 Tax-exempt bond liabilities 0. 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Ō. Complete Part II of Schedule L 22 731,741. 351,500. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 4,306,339. 3,367,729. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X
and complete lines 27 through 29, and lines 33 and 34. Balances 11,845,408. 13,955,699. 27 27 Unrestricted net assets 1,088,285. 1,184,532. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds

Form **990** (2017)

15,140,231.

18,507,960.

12,933,693.

17,240,032.

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2017) (HALE HO'OLA HOU)	99-	01612	21	Pa	qe <b>12</b>
	rt 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	29,	73.	5,3	08.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,			
3	Revenue less expenses Subtract line 2 from line 1	3	2,	18	4,1	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,	93	3,6	93.
5	Net unrealized gains (losses) on investments	5		2	2,4	18.
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	15,	14	0,2	31.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990.					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	<u> </u>		•	اليا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u>	2a		X
	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					1 1
	Separate basis Consolidated basis Both consolidated and separate basis		<u></u>			
b	Were the organization's financial statements audited by an independent accountant?		<u>_</u>	2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1			ľ l
	consolidated basis, or both.					1 1
	X Separate basis Consolidated basis Both consolidated and separate basis			Ì		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				ш
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			ĺ		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Aud	ıt 📙			لــــــــا
	Act and OMB Circular A-133?		ot	3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t	- 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<u>3b</u>	X	

Form **990** (2017)

732012 11-28-17

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **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

Open to Public Inspection

Name of the organization KALIHI-PALAMA HEALTH CENTER **Employer identification number** (HALE HO'OLA HOU) 99-0161221 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 X A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. \_\_\_\_ 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (I) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

KALIHI-PALAMA HEALTH CENTER 99-0161221 Schedule A (Form 990 or 990-EZ) 2017 (HALE HO'OLA HOU) 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 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 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 (b) 2014 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (c) 20157 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) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. 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 b 33 1/3% support test - 2016. 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 ofganization 17a 10% -facts-and-circumstances test - 2017. 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 b 10% -facts-and-circumstances test - 2016. 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

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Schedule A (Form 990 or 990-EZ) 2017

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990 EZ) 2017 (HALE HO'OLA HOU)

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

	(Complete only if you checked			organization failed	to qualify under P	art II. If the organiz	ation fails to
Sec	qualify under the tests listed be tion A. Public Support	elow, please comp	olete Part II )				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/(c) 2015	(d) 2016	(e) 2017	(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 organ- ization's benefit and either paid to				* ***		
_	or expended on its behalf		<del>                                     </del>	-		<b>†</b>	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total. Add lines 1 through 5		i				
	Amounts included on lines 1, 2, and				,-	†	
	3 received from disqualified persons 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		<u>.</u>	-			
C	Add lines 7a and 7b		<u> </u>				
	Public support. (Subtract line 7c from line 6) ction B. Total Support		*	1, * ; .	, , .	<u> </u>	<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		Ì				
	Total support (Add lines 9, 10c, 11, and 12) [ First five years. If the Form 990 is for	the erganization's	first second thu	rd fourth or fifth ta	v vear as a sectio	n 501(c)(3) organiza	ation
	check this box and stop here			d, loditil, or marta		Troor(c)(c) organize	<b>▶</b>
	ction C. Computation of Public		- 4			1 1	
	Public support percentage for 2017 (li	• • • • • • • • • • • • • • • • • • • •	*	column (f))		15	%
	Public support percentage from 2016 ction D. Computation of Inves			\		16	%
	Investment income percentage for 20			ü		17	%
	Investment income percentage from 2			1		18	%
18				1/2 - 44 1/	15 is more than 3	33 1/3% and line 1	7 is not
		organization did n	not check the box	on line 14, and line	13 13 IIIOI G GIAIT G	)O 1/0/0, and into 1	7 13 1101
19a	33 1/3% support tests - 2017. If the more than 33 1/3%, check this box an	d stop here. The	organization qua	lifies as a publicly s	supported organiz	ation	ightharpoons
19a	33 1/3% support tests - 2017. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2016. If the	d stop here. The organization did n	organization qua not check a box or	lifies as a publicly s n line 14 or line 19a	supported organiz , and line 16 is mo	ation ore than 33 1/3%, a	▶□
19a	33 1/3% support tests - 2017. If the more than 33 1/3%, check this box an	d stop here. The organization did not this box and st	organization qua not check a box or top here. The orga	lifies as a publicly s n line 14 or line 19a anization qualifies a	supported organiz , and line 16 is mo is a publicly suppo	ation ore than 33 1/3%, a orted organization	▶□

### Schedule A (Form 990 or 990-EZ) 2017 (HALE HO'OLA HOU)

Part IV Supporting Organizations

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

Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No_
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	,		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	<u></u>		
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			ł
	supported organization? 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	4b		
С	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)? 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)	4-		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5a		
h	was accomplished (such as by amendment to the organizing document)  Type I or Type II only. Was any added or substituted supported organization part of a class already	Sa		•
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- 50		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		l	, .
	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? If "Yes," provide detail in			1
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	·		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	88	]	
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))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		ļ	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с	ļ	
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section		j	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b	I	

99-0161221 Page 5 Schedule A (Form 990 or 990-EZ) 2017 (HALE HO'OLA HOU) Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A porson who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes Nο 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 No Yes 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 1 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). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test Complete line 2 below. The organization is the parent of each of its supported organizations Complete line 3 below ь The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) С Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За 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

99-0161221 Page 6 Schedule A (Form 990 or 990-EZ) 2017 (HALE HO'OLA HOU) Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1¢ d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7

Schedule A (Form 990 or 990-EZ) 2017

instructions)

99-0161221 Page 7 Schedule A (Form 990 or 990-EZ) 2017 (HALE HO'OLA HOU) Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. 9 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ı) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2017 а **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions. 7 Excess distributions carryover to 2018. Add lines 3 and 4c 8 Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

<u>Schedule A</u>	(Form 990 or 990-E2	<u>Z) 2017 (HALE HC</u>	OLA HOU)		99-0161221 P
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Section D, lines 5,	Information. Provid lines 1, 2, 3b, 3c, 4b, 4c tion D, lines 2 and 3, Par	e the explanations re , 5a, 6, 9a, 9b, 9c, 11 t IV, Section E, lines	1c, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2, Part IV, Section C, art V, line 1; Part V, Section B, line 1e, Part \ art for any additional information
_	(See instructions )			· · · · · · · · · · · · · · · · · · ·	
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KALIHI-PALAMA HEALTH CENTER

(HALE HO'OLA HOU)

Employer identification number 99-0161221

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		-
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifi	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	•
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relative	eased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservatio	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
	conservation easements		O' 'I 'A A
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	<del></del>	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treating	-	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2017

Sche		O'OLA HOU)		_				9-01			<sub>age</sub> 2
Pai	t III   Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Othe	r Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a si	gnificant us	e of its c	ollection	ıtems	i
	(check all that apply)										
а	Public exhibition	c		Loan or exc	hange progra	ams					
b	Scholarly research	e		Other			_				
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how th	ey further th	ne organizatio	n's exer	npt purpos	e in Part	XIII		
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical trea	sures, or othe	r simılar	assets				
	to be sold to raise funds rather than to be ma	untained as part of the	he orgar	nization's co	llection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	'Yes" on	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21									
1a	is the organization an agent, trustee, custodia	an or other intermed	ary for o	contribution	s or other ass	ets not	ıncluded		_	_	_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able							
									Amount	<u>t</u>	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	e Distributions during the year										
f	f Ending balance										
2a	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10										
Pa	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo		1					
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three ye	ars back	(e) Four	years	<u>back</u>
1a	Beginning of year balance	<u> </u>									
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses								***		
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1ç	g, column (a	)) held as						
а											
b	b Permanent endowment ▶%										
С	· · · · · · · · · · · · · · · · · · ·										
	The percentages on lines 2a, 2b, and 2c should equal 100%.										
3а	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								3a(i)		_
	(ii) related organizations								3a(iı)		<del></del>
b	If "Yes" on line 3a(ii), are the related organiza	•							3b	J	
4	Describe in Part XIII the intended uses of the		wment f	unds	-						
Pa	t VI Land, Buildings, and Equipm					5					
	Complete if the organization answered	1						. 1			
	Description of property	(a) Cost or o			or other		ccumulated	'	(d) Bool	k valu	е
		basis (investr	nent)		(other)	de	preciation		261		<del></del>
1a	Land .				0,000.	E	167 21	╤┼╴			00.
b	Buildings			13,48	1,605.	<b>D</b> , 4	467,31	<del>3• </del>	7,814	± , <u>८</u>	<del>50 •</del>
С	Leasehold improvements			2 10	1 200		10F F0	<del>_  -</del>	0.01	= -	<u> </u>
d	Equipment				1,390.	۷,.	195,58	<u> </u>		5,80 3,90	
_	Other	<u></u>			3,966.			<del>_  </del>	9,554		
Tota	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colun	nn (B). line 1	0c.)		······			_	
							9	chedule	1) (Form	1 990)	2017

Schedule D	(Form 990) 2017	(HALE	HO'
Part VII	Investments - (	Other Secu	rities.

(HALE	HO!	OLA	HOU

(a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value		ation. Cost or end-of-year market value
Financial derivatives	(0) 20011 12.20	(0)	
Closely-held equity interests		-	-
Other			
(A)			·
(B)			
(C)			
(D)			·····
(E)			
(F)		<del></del>	· ·
(G)		-u ··	
(H)			4471
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art 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 value	ation: Cost or end-of-year market value
(1)	V-7.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
(2)			****
(3)		·- ·· ·	- W- W
(4)			
(5)			
(6)			
(7)		**	
(8)			
(9)			· · · · · · · · · · · · · · · · · · ·
tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(1)	Description		(b) Book value
(2)			
(3)	**		
(4)	<del></del>		
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9) stal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.		line 11e or 11f See Form 99	O Part X line 25
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"			0, Part X, line 25
(7) (8) (9) Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability		line 11e or 11f. See Form 99	0, Part X, line 25
(7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			0, Part X, line 25
(7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2)			0, Part X, line 25
(7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			0, Part X, line 25
(7) (8) (9) Ital. (Column (b) must equal Form 990. Part X. col. (B) lines Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4)			0, Part X, line 25
(7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)			0, Part X, line 25
(7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)			0, Part X, line 25
(7) (8) (9) Ital. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)			0, Part X, line 25
(7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)			0, Part X, line 25
(7) (8) (9)  Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)			0, Part X, line 25
(7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV,	(b) Book value	,

Sche	dule D (Form 990) 2017 (HALE HO'OLA HOU)			0161221 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	and the same of th		
1	Total revenue, gains, and other support per audited financial statements		1_	29,757,726.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a 22,418.		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	}	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	22,418.
3	Subtract line 2e from line 1		3	29,735,308.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	29,735,308.
Par	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per P	<b>letur</b>	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	27,551,188.
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities	2a		
	Prior year adjustments	2b	]	
	Other losses	2c	1	
	Other (Describe in Part XIII )	2d		
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	27,551,188.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
•		1 1		
а	investment expenses not included on Form 990. Part viii, line 70	i 4a i		
	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	4a 4b		
b	Other (Describe in Part XIII )		4c	0.
b c	Other (Describe in Part XIII ) Add lines 4a and 4b		4c 5	0. 27,551,188.
b c 5	Other (Describe in Part XIII )			
b c 5 Par	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.	4b	5_	27,551,188.
b 5 Par	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.  de 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	5_	27,551,188.
b 5 Par	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.	/, lines 1b and 2b, Part V, line 4	5_	27,551,188.
b 5 Par	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.  de 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	5_	27,551,188.
b c 5 Par Provid	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional equations.	/, lines 1b and 2b, Part V, line 4	5_	27,551,188.
b c 5 Par Providences 2	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII   Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional to the complete this part to	/, lines 1b and 2b, Part V, line 4 onal information	, Part	27 , 551 , 188 . X, line 2; Part XI,
b c 5 Par Providences 2	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional equations.	/, lines 1b and 2b, Part V, line 4 onal information	, Part	27 , 551 , 188 . X, line 2; Part XI,
Par Providines 2	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition.  T X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENET	/, lines 1b and 2b, Part V, line 4 onal information	5, Part )	27,551,188.  X, line 2; Part XI,
Par Providines 2	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII   Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional to the complete this part to	/, lines 1b and 2b, Part V, line 4 onal information	5, Part )	27,551,188.  X, line 2; Part XI,
Par Providines 2	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition.  T X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENET	/, lines 1b and 2b, Part V, line 4 onal information	5, Part )	27,551,188.  X, line 2; Part XI,
Providences:	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition.  T X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENET	/, lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO	5, Part 2	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR
Providences:	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  It XIII   Supplemental Information.  Be the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.  And Add and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition.  T. X., LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFAMIZATION'S FEDERAL AND STATE INFORMATION I	/, lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO	5, Part 2	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR
b c 5 Par Provide S 2 PAR THE	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.  2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition.  T X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENETANIZATION'S FEDERAL AND STATE INFORMATION INFORM	4b  /, lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO ALUATES EXPIRING	5 Part	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF
b c 5 Par Provide S 2 PAR THE	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  It XIII   Supplemental Information.  Be the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.  And Add and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition.  T. X., LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFAMIZATION'S FEDERAL AND STATE INFORMATION I	4b  /, lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO ALUATES EXPIRING	5 Part	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF
b c 5 Par Providences 2 PAR THE CORG	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. and and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition.  T X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFAMIZATION'S FEDERAL AND STATE INFORMATION IN STATE IN ST	4b  /, lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO ALUATES EXPIRING	5 Part	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF
b c 5 Par Providences 2 PAR THE CORG	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.  2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition.  T X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENETANIZATION'S FEDERAL AND STATE INFORMATION INFORM	4b  /, lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO ALUATES EXPIRING	5 Part	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF
b c 5 Par Providences 2 PAR THE CORG	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. and and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition.  T X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFAMIZATION'S FEDERAL AND STATE INFORMATION IN STATE IN ST	4b  /, lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO ALUATES EXPIRING	5 Part	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF
b c 5 Par Providences 2 PAR THE CORG	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. and and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition.  T X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFAMIZATION'S FEDERAL AND STATE INFORMATION IN STATE IN ST	4b  /, lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO ALUATES EXPIRING	5 Part	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF
b c 5 Par Providences: PAR THE ORG	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) t XIII   Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.  The dand 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4b.  The triangle of the descriptions of the data of the descriptions of the description of the descriptions of the description of the description of the description of the descriptions of the description of t	/, lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO ALUATES EXPIRING  ANGES IN TAX LAW	20 FI ST.	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF  D NEW
b c 5 Par Providences: PAR THE ORG	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. and and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition.  T X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFAMIZATION'S FEDERAL AND STATE INFORMATION IN STATE IN ST	/, lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO ALUATES EXPIRING  ANGES IN TAX LAW	20 FI ST.	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF  D NEW
b c 5 Par Providence 2 PAR THE ORG	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII   Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition.  The X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFAMIZATION'S FEDERAL AND STATE INFORMATION IN STATE IN STA	4b  // lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO  ALUATES EXPIRING  ANGES IN TAX LAW  PENALTIES ASSOCI	5 , Part	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF  D NEW  D WITH
b c 5 Par Providence 2 PAR THE ORG	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) t XIII   Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.  The dand 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4b.  The triangle of the descriptions of the data of the descriptions of the description of the descriptions of the description of the description of the description of the descriptions of the description of t	4b  // lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30,  RETURNS PRIOR TO  ALUATES EXPIRING  ANGES IN TAX LAW  PENALTIES ASSOCI	5 , Part	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF  D NEW
b c 5 Par Providences: PAR THE CORG 201 LIM AUT THE	Other (Describe in Part XIII) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990. Part Line 18.)  t XIII   Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.  The daily and Part XII, lines 2d and 4b. Also complete this part to provide any addition.  The X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENEST  ANIZATION'S FEDERAL AND STATE INFORMATION IN STATE IN	4b  // lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30, RETURNS PRIOR TO ALUATES EXPIRING ANGES IN TAX LAW  PENALTIES ASSOCI TAX PROVISION A	20 FI ST. AN	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF  D NEW  D WITH  INCLUDES
b c 5 Par Providences: PAR THE CORG 201 LIM AUT THE	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII   Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition.  The X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFAMIZATION'S FEDERAL AND STATE INFORMATION IN STATE IN STA	4b  // lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30, RETURNS PRIOR TO ALUATES EXPIRING ANGES IN TAX LAW  PENALTIES ASSOCI TAX PROVISION A	20 FI ST. AN	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF  D NEW  D WITH  INCLUDES
b c 5 Par Providences 2 PAR THE ORG 201 LIM AUT THE UNC	Other (Describe in Part XIII) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990. Part Line 18.)  t XIII   Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.  The daily and Part XII, lines 2d and 4b. Also complete this part to provide any addition.  The X, LINE 2:  ORGANIZATION HAS NO UNRECOGNIZED TAX BENEST  ANIZATION'S FEDERAL AND STATE INFORMATION IN STATE IN	4b  // lines 1b and 2b, Part V, line 4 onal information  FITS AT JUNE 30, RETURNS PRIOR TO ALUATES EXPIRING ANGES IN TAX LAW  PENALTIES ASSOCI TAX PROVISION A	20 FI ST. AN	27,551,188.  X, line 2; Part XI,  18. THE  SCAL YEAR  ATUTES OF  D NEW  D WITH  INCLUDES

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Part XIII Supplemental Infor	(HALE HO'OLA HOU) mation (continued)	<u> </u>	rages
Supplemental infor	mation (continued)		
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public	Inspection
	•

OMB No 1545-0047

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

Name of the organization KALIHI-PALAMA HEALIH CENT (HALE HO'OLA HOU)	LAMA HEAL OLA HOU)	TH CENTER					Employer identification number 99-0161221
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of th criteria used to award the grants or assistance?	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	on X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for mont	onng the use of grant i	of grant funds in the United States	) 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	Domestic Organiz	zations and Domestic	Governments. C	Complete if the orga	anization answered "Y	es" 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	\$5,000 Part II can	be duplicated if addition	onal space is need	led	7 7 7 7 7 67		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government ore	ganizations listed in the	e line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table				,	•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2017)

Page 2

99-0161221

Schedule | (Form 990) (2017) (HALE HO'OLA HOU)

· Part III

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

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information ACCORDANCE WITH THE AGREEMENT FOR THE PROGRAM FROM THE CITY AND COUNTY AGREEMENT IS MAINTAINED THROUGH PROPER RECORDKEEPING AND REPORTING OF HONOLULU DEPARTMENT OF COMMUNITY SERVICES. COMPLIANCE WITH THE OUR THE HOMELESS PROJECTS. THE ASSISTANCE GIVEN IS IN (d) Amount of non-cash assistance Ö IS A PASS THROUGH FOR WHICH IS ALSO REQUIRED BY AGREEMENT WITH THE CITY & COUNTY 2,414,522 (c) Amount of cash grant 302 (b) Number of recipients GRANT MONITORING PROCEDURES: THE MONEY CLIENT OUTREACH ASSISTANCE AND EMERGENCY (a) Type of grant or assistance LINE PART I HEALTHCARE FOR H SCHEDULE Part IV

Schedule I (Form 990) (2017)

### **SCHEDULE J** (Form 990)

**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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. KALIHI-PALAMA HEALTH CENTER

(HALE HO'OLA HOU)

**Employer identification number** 99-0161221

Schedule J (Form 990) 2017

Pa	nrt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			ı
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			ĺ .
	First-class or charter travel Housing allowance or residence for personal use	ļ *		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		<u> </u>
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?	2		L
				١. ا
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	[		
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to		١ '	
	establish compensation of the CEO/Executive Director, but explain in Part III.	'		-
	Compensation committee Written employment contract			•
	Independent compensation consultant  X Compensation survey or study	ļ	٠,	
	Form 990 of other organizations  X 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.		<u> </u>	ļ
а	Receive a severance payment or change-of-control payment?	4a	L	X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c_		Х
	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.		<u>.</u>	
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		<u> </u>	
а	The organization?	5a	<b> </b> -	X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III	<b>[</b> ,	ļ; <b>.</b>	
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	<u> </u>		
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III	ļ		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		L	ļ
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ļ		<u> </u>
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<b> </b>	,	ļ
	Regulations section 53 4958-6(c)?	9		<u> </u>

732111 10-17-17

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

(HALE HO'OLA HOU)

Schedule J (Form 990) 2017

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	peneins	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) EMMANUEL KINTU	8	219,048.	20,000.	0	0	24,812.	263,860.	0
EXECUTIVE DIRECTOR	<u> </u>	0	0	0	0	0	0	0
(2) LIANE SUGIMOTO	ε	163,011.	6,000.	0	0	17,796.	186,807.	0
CFO	( <u>ii</u> )	0	• 0	.0	• 0	0	0	0
(3) DARRIN SATO	ε	149,004.	3,000.	0	0	12,730.	164,734.	0
000	: E	0	0	0	0	0	0	0
(4) KEITH LARSON	Θ	150,715.	18,000.	0	• 0	24,876.	193,591.	0
DENTAL DIRECTOR	≘		• 0	0	* 0	0	0	0
(5) GLENN REDIGER	ε	154,616.	0.	0.	0	26,088.	180,704.	0
PHYSICAN	(ii)	0	0	• 0	• 0	• 0	• 0	0
(6) MICHAEL WALTER	ε	143,295.	0.	0	• 0	41,988.	185,283.	0
PHYSICAN	(ii)		0	0	• 0	0	• 0	0
(7) RICHARD RICARDO	Ξ	143,656.	0	0	• 0	19,054.	162,710.	0
PHYSICAN	(E)		• 0	0	• 0	0	0	0
(8) SHIRLEY TAMORIA	Ξ	168,59	0	0	• 0	7,140.	175,736.	0
MEDICAL DIRECTOR	(II)	0.	0	0	• 0	0	0	0
	Ξ							
	▣							
	(1)							
	▣							
	Ξ							
	(ii)							
	Ξ							
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Schedule J (Form 990) 2017

(HALE HO'OLA HOU)

Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 99-0161221 Schedule J (Form 990) 2017

Part III Supplemental Information

CHEDULE J, PART I, LINE 7
ION-FIXED PAYMENTS:
HE ORGANIZATION PAID NON-FIXED BONUS PAYMENTS DURING THE YEAR BASED ON

Schedule J (Form 990) 2017

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. **Open To Public** Inspection

Name of the organization

KALIHI-PALAMA HEALTH CENTER (HALE HO'OLA HOU)

Employer identification number 99-0161221

Types of Property Part I (b) (d) (a) (c) Number of Noncash contribution Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property R 5,325.FMV X Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 19 Food inventory 946,076,FMV X 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other > 26 Other Other > 27 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II Schedule M (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017 (HALE HO'OLA HOU)	99-0161221 Page 2
Part II Supplemental Information. Provide the information required by Par	t 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	,
SCHEDULE M, PART I, COLUMN (B):	
MILE ANOTHER THE COLUMN D DEDDECEMES MILE MINUTED	OF COMMETRIMORE
THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER	OF CONTRIBUTORS.
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## **SCHEDULE O**

(Form 990 or 990-EZ)

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 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

KALIHI-PALAMA HEALTH CENTER (HALE HO'OLA HOU)

Employer identification number 99-0161221

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUAL PATIENTS & GROUPS IN THE COMMUNITY TO AGENCIES & COMMUNITY
LEADERS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PROFESSIONAL CARE PROVIDERS, POLICY MAKERS, AND THE GENERAL PUBLIC. OUR
APPROACH TO HEALTH CARE IS TEAM-ORIENTED, CLIENT DRIVEN, RESPECTFUL,
CREATIVE, KIND, AND NON-JUDGEMENTAL.
CLINICS:
OHANA PROJECT (OAHU HEALTH ACCESS AND NETWORK ASSOCIATION): THE OHANA
PROJECT PROVIDES INREACH TO QUEEN'S MEDICAL CENTER IN DOWNTOWN
HONOLULU. OHANA WORKS WITH INDIVIDUALS WHO ARE IN THE HOSPITAL AND WILL
BE RELEASED WITH NO HOUSING. OHANA PROVIDES FOLLOW-UP CARE AFTER A
PERSON IS DISCHARGED FROM THE HOSPITAL. CASE MANAGEMENT AND REFERRALS
ARE ALL PROVIDED AT THE OHANA PROJECT LOCATED IN KALIHI VALLEY.
KA'A'AHI STREET CLINIC:
LOCATED AT THE INSTITUTE FOR HUMAN SERVICES, WOMENS AND FAMILIES
HOMELESS SHELTER: THE KA'A'AHI STREET CLINIC PROVIDES AN ARRAY OF
SERVIES INCLUDING PSYCHIATRIC CARE, FIRST AID, ACUTE MEDICAL CARE, TB
SCREENING, INFECTION CONTROL, CASE MANAGEMENT, FOLLOW-UP AND REFERRAL
SERVICES.

KOHOU STREET CLINIC:

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization KALIHI-PALAMA HEALTH CENTER **Employer identification number** 99-0161221 (HALE HO'OLA HOU) THE KOHOU STREET CLINIC IS THE HOMECASE FOR THE PATH OUTREACH WORKERS, ALONG WITH HPHA FUNDED OUTREACH WORKERS, THE COMMUNITY BASED CASE MANAGEMENT TEAM (CBCM) AND THE ADMINISTRATIVE STAFF OF HEALTH CARE FOR THE HOMELESS PROJECT. MONDAY THROUGH FRIDAY, CLIENTS CAN GO TO THE KOHOU CLINIC FOR CASE MANAGEMENT SERVICES, PSYCHIATRIC SERVICES AND REPRESENTATIVE PAYEE SERVICES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICE ACTIVITIES: BEHAVORIAL HEALTH, WOMEN, INFANTS, AND CHILDREN'S NUTRITION PROGRAM, HEALTH EDUCATION, OPTOMETRY SERVICES. BEHAVIORAL HEALTH: THE GOAL OF THE BEHAVIORAL HEALTH PROGRAM IS TO PROVIDE QUALITY HOLISTIC BEHAVORIAL HEALTH SERVICES TO THE PATIENTS OF KALIHI-PALAMA HEALTH CENTER. KALIHI-PALAMA HEALTH CENTER IS CURRENTLY WORKING ON INTEGRATING ITS BEHAVIORAL HEALTH AND PRIMARY CARE SERVICES, AND ALLOWING INSTANT ACCESS TO BEHAVIORAL HEALTH SERVICES. FROM SIMPLE CHANGES SUCH AS DIATING FOR DIABETES TO DEPRESSION THE STAFF WILL ASSIST YOU. WOMEN'S HEALTH - PRENATAL CARE AND DELIVERY SERVICES - MIDWIFERY CARE-GYNECOLOGICAL SERVICES - FAMILY PLANNING COUNSELING AND EXAMS - FAMILY PLANNING METHODS - PREGNANCY COUNSELING AND TESTING - EMERGENCY CONTRACEPTION - ANNUAL EXAMS, INCLUDING PAP AND BREAST SCREENING - STD TESTING AND TREATMENT - REFERRALS FOR MAMMOGRAPHY AND ULTRASONOGRAPHY -OTHER PERINATAL AND GYNECOLOGICAL SERVICES - HEALTH EDUCATION - FAMILY

Employer identification number 99-0161221

THAT IS AVAILABLE - SPORT GOGGLES - SWIMMING GOGGLES - NO-LINE BIFOCAL
- COMPUTER GLASSES. SPECIALTY CONTACT LENS LIKE BIFOCAL AND COLORED
LENSES ARE ALSO AVAILABLE.

EXPENSES \$ 2,060,658. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS: THE FORM 990 IS PREPARED BY AN INDEPENDENT

ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION

PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION. THE BOARD OF

DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. THE

ORGANIZATION HAS A CONFLICT OF INTEREST POLICY COVERING BOARD MEMBERS AND

COVERING EMPLOYEES. THE BOARD REVIEWS THE CORPORATE COMPLIANCE POLICY

ANNUALLY. THE BOARD COMPLETES AND SIGNS THE CONFLICT OF INTEREST FORM

ANNUALLY. IN ADDITION TO SELF-POLICING, THE CORPORATE COMPLIANCE OFFICER

MONITORS AND REVIEWS CORPORATE TRANSACTIONS FOR COMPLIANCE WITH THE

CONFLICT OF INTEREST GUIDELINES. AN INTERESTED PERSON MUST LEAVE ANY

MEETING DURING THE DISCUSSION OF, AND VOTE ON, THE TRANSACTION OR

ARRANGEMENT INVOLVING POSSIBLE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION REVIEW: THE BOARD CONDUCTED A COMPREHENSIVE COMPENSATION

SURVERY BEFORE HIRING THE CEO IN 2006. SECONDARY DATA INCLUDED NATIONAL

COMPENSATION SURVERY CONDUCTED BY THE NATIONAL ASSOCIATION OF COMMUNITY

HEALTH CENTERS AND COMPENSATION SURVEY CONDUCTED BY THE HAWAII PRIMARY CARE

ASSOCIATION. THE BOARD DISCUSSED AND VOTED TO APPROVE COMENSATION FOR THE

Schedule O (Form 990 or 990-EZ) (2017)