

## Schedule 1.18

### CAPITAL LEASES

1. Leasing Schedule No. 67, effective December 18, 2004, as amended January 12, 2006, to Master State and Municipal Lease/Purchase Agreement, dated September 18, 1998 ("**Master Lease**"), by and between Academic Capital Government Finance, Inc. ("**Academic Finance**"), which Master Lease was assigned by Academic Finance to Merrill Lynch, Pierce, Fenner & Smith, who subsequently assigned and sold its interest in the Master Lease to U.S. Bank National Association, as trustee of the Municipal Tax-Exempt Asset Trust, a Delaware business trust ("**US Bank**"), effective November 17, 2010, and Lessor for Noresco Energy Equipment located at MMC Facility with Lessee's acknowledgment and acceptance of the condition that any transfer of rights or interests in said Master Lease under this Master Lease is contingent upon and subject to the terms of US Bank's prior written consent in accordance with Paragraph 22 of said Master Lease. [See Dataroom Documents, Clean Team 9.2.4 and 9.2.8]
2. Leasing Schedule # 358-0002469-001 to that certain Master Lease Purchase Agreement dated December 30, 2010, between Siemens Public, Inc. ("**Siemens**") and Lessor, for a) Outlook 100 ES general infusion pumps, b) Sterrad 100 NX Plasma Sterilizer SPD, c) Instrument Dryer for SPD, d) Washer/Disinfector, SPD, e) stream sterilizer for Prevac and Flash SPD, f) eight (8) OR Tables, g) 51 Phillips MMS multi-measurement modules upgraded, h) new Security Cameras, and i) VM Ware System, all as more specifically described in said Leasing Schedule, with Lessee's acknowledgment and acceptance of the condition that any transfer of rights or interests in said Leasing Schedule under this Lease is contingent upon and subject to the terms of Siemens prior written consent in accordance with Paragraph 18 of said Master Lease Purchase Agreement. [See Dataroom Documents, Clean Team 9.2.1 and 9.2.9]
3. Financing Lease between Academic Finance (as lessor), which Financing Lease was assigned by Academic Finance to AIG Commercial Equipment Finance, Inc. ("**AIG**") on or about June 25, 2008, who subsequently assigned and sold its interest in the Financing Lease to Millennium Trust Company LLC Custodian FBO Lapis Municipal Opportunities Fund II LP, a Delaware limited partnership, and Millennium Trust Company LLC Custodian FBO Lapis Aquilo Fund II LP, a Delaware limited partnership (collectively, "**Millennium**"), as custodians for beneficial owners Lapis Municipal Opportunities Fund II LP and Lapis Aquilo Fund II LP (collectively, "**Lapis**"), in June, 2017, and Lessor (as lessee) dated as of May 25, 2007, for leased premises consisting of the first floor emergency department at the MMC Facility, with Lessee's acknowledgment and acceptance of (a) the underlying Facilities Space Lease, dated May 25, 2007, by Lessor to Academic Finance, and (b) the condition that any transfer of rights or interests in said Financing Lease under this Lease is contingent upon and subject to the terms of AIG's and/or Millenium/Lapis' prior written consent in accordance with Article VII of said Financing Lease (which consent is subject to certain other conditions (including opinion from a nationally-recognized bond counsel that a sublease will not adversely affect the exemption from federal gross income of the interest portion of the Lease Payment (as defined therein))). [See Dataroom Document, Clean Team 9.2.2]
4. Financing Lease between Academic Finance (as lessor), which Financing Lease was assigned by Academic Finance to AIG Commercial Equipment Finance, Inc. ("**AIG**") on or about June 25, 2008, who subsequently assigned and sold its interest in the Financing Lease to

Millennium Trust Company LLC Custodian FBO Lapis Municipal Opportunities Fund II LP, a Delaware limited partnership, and Millennium Trust Company LLC Custodian FBO Lapis Aquilo Fund II LP, a Delaware limited partnership (collectively, "**Millennium**"), as custodians for beneficial owners Lapis Municipal Opportunities Fund II LP and Lapis Aquilo Fund II LP (collectively, "**Lapis**"), in June, 2017, and Lessor (as lessee) dated as of April 18, 2006, for leased premises consisting of third floor of the MMMC Facility, with Lessee's acknowledgment and acceptance of (a) the underlying Facilities Space Lease, dated April 18, 2006, by Lessor to Academic Finance, and (b) the condition that any transfer of rights or interests in said Financing Lease under this Lease is contingent upon and subject to the terms of AIG's and/or Millenium/Lapis' prior written consent in accordance with Article VII of said Financing Lease (which consent is subject to certain other conditions (including opinion from a nationally-recognized bond counsel that a sublease will not adversely affect the exemption from federal gross income of the interest portion of the Lease Payment (as defined therein)). [See Dataroom Document, Clean Team 9.2.3]

## Schedule 1.74

### INVENTORY

Seven Million Eight Hundred Thousand Dollars (\$7,800,000)

Under Section 8.10 of the Agreement, within five (5) days prior to the Closing Date, MHSKFH and HHSC or MRHS shall conduct a physical inventory of the Inventory on hand at the Hospitals ("**Physical Inventory**") to confirm that the Inventory has not been depleted below Seven Million Eight Hundred Thousand Dollars (\$7,800,000) (the "**Agreed Inventory Value**").

The agreed upon procedures and definitions for the Physical Inventory (anticipated to occur between June 22 – 27, 2017), which also shall be used for determining Post-Closing Inventory, are as follows:

- (1) All useable inventory of goods and supplies shall be counted without regard to materiality standards typically employed by KFH and its Affiliates;
- (2) All areas within the Hospitals shall be included in the unit counts, including, without limitation, General Store and Office Supplies (GL # 1081.0040), Pharmacy (GL # 1082.0040), Central Supply (GL # 1083.0040), Dietary (GL # 1084.0040), Surgical Services (GL # 1086.0040), and Imaging (GL # 1088.0040);
- (3) The unit counts will not be adjusted during the period between the Physical Inventory count dates and the Transfer Completion Date (to account for any items received or issued out during the interim period); and
- (4) The value for the Inventory shall be based on the current purchase price for the owner of the Inventory prior to transfer (*i.e.*, MRHS), which shall not be discounted based on group purchasing or other preferential purchasing arrangements of the transferee.

Due to the time required to finalize the Physical Inventory valuation (the "**Valuation**"), the Parties will utilize MRHS' May 31, 2017 unaudited inventory balance as an estimate of the Inventory value as of the Closing Date (the "**Estimated Value**"). To the extent the Agreed Inventory Value exceeds the Estimated Value, at Closing, HHSC or MRHS shall wire the shortfall ("**Inventory Shortfall**") to MHSKFH ("**Shortfall Payment**"), which Shortfall Payment will be deposited to a bank account designated by MHSKFH.

The Valuation shall be provided to MHSKFH with a copy to HHSC. Within fourteen (14) business days of MHSKFH's receipt of the Valuation, MHSKFH and HHSC shall jointly perform an Inventory reconciliation. To the extent the Valuation exceeds the Estimated Value, MHSKFH shall refund the difference to a MRHS account designated by HHSC. If the Valuation is less than the Estimated Value, HHSC shall wire the shortfall to MHSKFH ("**Supplemental Shortfall Payment**"), which Supplemental Shortfall Payment will be deposited to a bank account designated by MHSKFH. Either MHSKFH or HHSC shall pay to the other any amount due as a result of the Valuation reconciliation within fourteen (14) days after the Valuation is finalized.

## **Schedule 1.89**

### **MAUI REGION HOSPITALS**

- Acute Inpatient Dialysis
- Adult Behavioral Health Services
- Cardiac Care – full array of adult cardiac procedures, including but not limited to:
  - Cardiac Catheterization, including Radial Access Cardiac Catheterization
  - Elective Coronary Therapeutic Services (balloon angioplasty and stenting)
  - Cardioversion
  - Intra-aortic Balloon Pump (IABP)
  - Intravascular ultrasound (IVUS)
  - 24 hour emergency care for acute MI treatment (heart attack)
  - Coronary Revascularization
  - Cardiac Tumors
  - Left Internal Mammary Artery Surgery
  - Radial Artery Surgery
  - Valve Replacement/Repair Surgery
  - Mitral Valve Repairs and Replacements
  - Aortic Valve Replacements
  - Aortic dissection and aneurysm repair
  - Video-assisted thoracoscopic surgery (VATS)
  - Aortic Surgery, including aneurysms
  - MAZE Procedures
  - Extracorporeal Membrane Oxygenation (ECMO)
  - Endovascular Procedures
  - Thoracic Procedures, including lung and esophageal
  - Aneurysm Trauma
  - Heart Rhythm Services
    - Pacemaker
    - Implantable Defibrillators
  - Transthoracic echocardiogram (TTE)
  - Transesophageal echocardiogram (TEE)
  - Advanced Cardiac Imaging (CTA/Nuc Medicine)
  - Noninvasive Diagnostic Cardiology
  - Holter and Event Monitoring
  - Cardiac Ultrasound services (Echo/doppler)
  - Exercise Stress Testing
  - ECG Services
- Critical Care Unit
- 24-Hr. Emergency Care
- Endoscopy
- Heart, Brain & Vascular Center
  - Angiography, EP Studies, Cardiac Catheterization, Ablations, Pacemakers, Cardiac Stress Testing, Echocardiography, Cardioversion



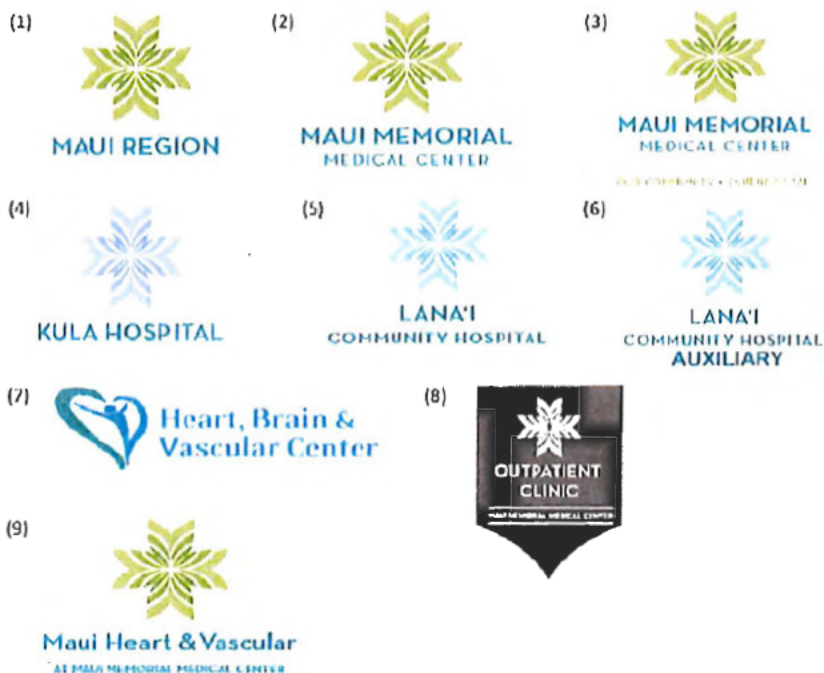
- Interventional Radiology Services
  - EEG
  - Telemetry
- Laboratory – 24-hour services
- Neurosurgery
- Maternity Services
- Medical Oncology
  - Chemotherapy and Biotherapy
  - Blood transfusions
  - Anemia Treatments
  - Hydration
  - Phlebotomy
  - Immunoglobulins
  - Injections
  - Central Venous Catheter management including blood draws
  - Infusions for the treatments of:
    - Arthritis
    - Osteoporosis
    - Multiple Sclerosis
- Hospital Based Outpatient Services
  - Bone marrow biopsies
  - Wound Care Dressing Changes
- Nutrition Services
- Oncology -- Cancer treatments
- Surgical Services
  - Anesthesiology
  - Operating Room
  - Cardiac
  - Thoracic Vascular
  - Orthopedic
  - Neurosurgery
  - Spine
  - General
  - OB/ GYN
  - Head & Neck
  - Dental/ Oral & Maxillofacial
  - Plastic
  - Urology
  - Podiatry
  - ASC Ambulatory Services Center (outpatient-same day)
  - POHA (Pre-Operative Holding Area)
  - PACU (recovery room)
  - Endoscopy (GI services)
  - Sterile Processing
- Same Day Surgery (Outpatient)
- Pediatric Medicine

- Pharmacy
- Inpatient and Outpatient Physical, Occupational and Speech Therapy
- Recreational Therapy
- Radiology
  - Diagnostic x-ray, CT Scan, MRI, Ultrasound, Nuclear Medicine, Mammography
- Respiratory Therapy
- Wound/Ostomy Care
- Trauma Services
  
- Maui Memorial Medical Center Outpatient Clinic
  - X-Ray
  - Casting
  - Rectal Exams
  - Standard H&P physician physical exams (i.e., breast, vaginal and other external body parts)
  - Cardiac Event Monitoring (i.e., halters and other similar devices)
  - Echo's
  - Stress Echo's (treadmill)
  - ECG/EKG
  - Suture Removal
  - Stable removal
  - Wound Vacuums
  - Dressing Changes
  - ICD – Battery Check
  - ICD – Interrogation
  - ICD – Reprogramming
  
- Kula Clinic
  - Family Practice
- Lanai Community Hospital
  - Radiology
  - Laboratory Services (emergency department and outpatient)
  - 24-Hr. Emergency Care
- Kula Hospital
  - 24-Hr. Emergency Care
  - Radiology
  - Laboratory Services – Clinical Laboratories of Hawaii, outpatient clinic hours and on-call for 24 hour emergency services.

## Schedule 1.103

### NAMES

- d/b/a: Maui Memorial Medical Center, Maui Memorial Hospital, Maui Memorial Medical Center Outpatient Clinic, Heart Brain & Vascular, Maui Heart & Vascular, Kula Hospital, Kula Hospital & Clinic, Lanai Community Hospital, Kula Clinic.
- Domain names:
  - Kulahospital.org (expiration date: 3/1/2017)
  - Mauimemorialmedical.org (expiration date: 10/20/2017)
  - Kula.hhsc.org
  - Mauimemorialclinic.org
- Symbols:
  1. Maui Region
  2. Maui Memorial Medical Center
  3. Maui Memorial Medical Center, with tag
  4. Kula Hospital
  5. Lanai Community Hospital
  6. Lanai Community Hospital Auxiliary
  7. Heart, Brain & Vascular Center
  8. Outpatient Clinic (MMMC)
  9. Maui Heart & Vascular at MMMC
  10. Maui Memorial Hospital Auxiliary



**Schedule 1.104**

**NONASSIGNABLE CONTRACTS**

NONE.

**Schedule 1.119**

**PENDING PROJECTS**

See attached.

				Item	Original	M		Amount	Amount	Amount		
	6/22/2017					O	Amount	Amount	Encumbered &/or	Percent of Total	Estimated	
Program ID	Project Title	Act	Year	Number	Appropriation	F	Lapsed	Expended	Unexpended	Project Completion	Completion Date	
	Bucket 1 - Projects Not Completed Funds Encumbered											
HTH 212	MMMC, Phase II <sup>1</sup>	162	2009	E-7	15,001,000	C		11,778,264	3,222,736	80%	03/31/18	
HTH 212	Maui Memorial Medical Center, AC Upgrade	164	2011	E-6	800,000	C		760,154	39,846	99%	06/30/17	
HTH 212	Maui Memorial Medical Center, Plumbing Imp	164	2011	E-6	1,100,000	C		1,072,696	27,304	99%	06/30/17	
HTH 212	Maui Memorial Medical Center, Dietary Equip Upgra	164	2011	E-6	1,000,000	C		975,554	24,446	100%	06/30/17	
HTH 212	Kula Hospital, Elevator Upgrades	106	2012	E-5	571,159	C		540,730	30,429	99%	06/30/17	
HTH 212	Lanai, ER Expansion, Fire Suppression	164	2011	E-5	1,340,000	C		1,191,640	148,360	90%	06/30/17	
HTH 212	Maui Memorial Medical Center, Plumbing Imp	106	2012	E-6	900,000	C		895,477	4,524	95%	07/31/17	
HTH 212	Maui, Elevator Upgrades	106	2012	E-8.01	3,500,000	C		3,010,816	489,184	84%	08/31/17	
HTH 212	Maui, Utility Efficient Lights	106	2012	E-8.01	733,328	C		733,328	-	99%	06/30/17	
HTH 212	Maui, Energy Efficient Audit	106	2012	E-8.01	200,000	C		199,999	1	99%	06/30/17	
	TOTAL								3,986,830			
	Bucket 2 - Projects Not Completed Funds Encumbered June 30, 2016											
	Kula Hospital Cesspool Closures & Install New Systems	134	2013	E-7	504,950	C		268,132	236,818	53%	08/31/17	
HTH 212	Kula Hospital, Asbestos and Lead Removal	134	2013	E-7	300,000	C		293,724	6,276	98%	06/30/17	
HTH 212	Maui Memorial Medical Center, Laboratory, Pharmacy, Oncology and Imaging Expansion	134	2013	E-7	6,495,050	C		6,319,129	175,921	97%	10/31/17	
HTH 212	Lanai Community Hospital, Install 125 kw generator (from MMMC)	134	2013	E-7	50,000	C		46,653	3,347	90%	07/31/17	
HTH 212	Kula Hospital, Repairs to Facility	134	2013	E-7	500,000	C		491,527	8,473	98%	12/31/17	
HTH 212	MMMC - Mechanical and Electrical Improvements, including plumbing, piping, pumps, steam lines and traps	122	2014	E-7	850,000	C		96,980	753,020	11%	03/31/18	
HTH 212	Maui Memorial Medical Center, Repairs to facility	122	2014	E-7	1,905,125	C		1,843,869.17	61,255	97%	07/31/17	
HTH 212	Kula Hospital, Repairs to Facility	122	2014	E-7	2,550,000	C		2,240,000	410,000	80%	09/30/17	
HTH 212	Lanai Community Hospital, Repairs to Facility	122	2014	E-7	1,534,879	C		1,075,396	459,483	65%	12/31/17	
HTH 212	Maui Memorial Medical Center, AC Upgrades	122	2014	E-7	1,970,000	C		1,590,652.00	379,348	80%	12/31/17	
HTH 212	Maui Memorial Medical Center Replace Nurse Call	122	2014	E-7	1,500,000	C		349,835	1,150,165	20%	06/30/18	
HTH 212	Lanai Community Hospital Elevator	122	2014	E-7	265,121	C		22,056	243,065	9%	12/31/17	
	TOTAL								3,887,171			
	Bucket 3 - Projects Not Completed Funds To Be Encumbered by June 30, 2018											
HTH 212	Maui Memorial Medical Center Replace Chillers (2)	119	2015	E-1	2,000,000	C		-	2,000,000	0%	06/30/18	
HTH 212	Maui Memorial Medical Center Repairs to Facility	119	2015	E-1	1,500,000	C		1,046,827	453,174	65%	12/31/17	
HTH 212	Maui Memorial Medical Center Clinical Equipment	119	2015	E-1	400,000	C		400,000	-	100%	04/30/17	
HTH 212	Maui Memorial Medical Center Plumbing and Fire S	119	2015	E-1	2,092,000	C		965,646	1,126,354	50%	12/31/17	
HTH 212	Kula Hospital Energy Efficient Audit and Improveme	124	2016	E-1	500,000	C		-	500,000	0%	03/31/18	
HTH 212	Kula Hospital AC Replacement	124	2016	E-1	400,000	C		13,037	386,963	3%	03/31/18	
HTH 212	Kula Hospital Exterior & Ward Room Repairs	124	2016	E-1	2,000,000	C		490,988	1,509,012	30%	12/31/17	
HTH 212	Lanai Community Hospital, Plumbing & Repairs to	124	2016	E-1	1,000,000	C		10,009	989,991	1%	03/31/18	
	TOTAL								6,965,493			
					Grand Total				14,839,493			
Footnote(s):												
1	Also includes subdivision of the County of Maui property.											

**Schedule 1.120**

**PERMITTED ENCUMBRANCES**

NONE.

**Schedule 1.163**

**WORKING CAPITAL**

Ten Million Dollars (\$10,000,000)



## **Schedule 2.2(c)**

### **ASSUMED CONTRACTS**

1. Indenture of Lease, dated June 16, 2008, between HRT Realty, LLC and HHSC d/b/a MMMC, as amended by that First Amendment to Lease, dated April 27, 2012 relating to 85 Maui Lani Parkway, Wailuku, HI 96793.
2. All vendor agreements set forth in the spreadsheet entitled "MHS Contract Status Dashboard," on tab "HHSC-MRHS Legacy Contracts" where MHS has stated that it will assume the agreement by noting "Yes" in Column D, as more specifically set forth on attached Assumed Contracts Addendum 2.2(c)(1).
3. All agreements with physicians, physician groups or other medical professionals for clinical professional services provided at the Hospitals, set forth in the attached Assumed Contracts Addendum 2.2(c)(2).

**Assumed Contracts Addendum 2.2(c)(1)**

See attached.

Note also, that this schedule shall be amended upon mutual agreement of the Parties to reflect additional Assumed Contracts.

HHSC No. (Revised)	M HS to assume	Agreement Title	Transferor Party (HHSC, HHSC Maui, MMMC, etc.)	Maui Facilities Covered by Contract	Supplier Name
08-0797	yes	Acute Care	HHSC	MMMC, KH, LCH	MedAssets
09-0292	Yes	HHSC Short	MMMC	MMMC	Physio-Control, Inc.
10-0260	Yes	Supplement	MMMC	MMMC	Stryker, acting through
10-0327	Yes	Supplement to	MMMC	Not specified	Society of Thoracic
10-0666	Yes	Stoneriver P2P	HHSC	Only defined as HHSC. Covered	Stoneriver P2P Link
11-0001	Yes	HHSC Short	MMMC	MMMC	Siemens Medical
11-0027	Yes	HHSC	HHSC	CLEAN ROOM FOLDER	Pharmacy Corporation
11-0047	Yes	Supplement	HHSC Maui Region	MMMC	Volcano Corporation
11-0254	Yes	HHSC	HHSC	Maui Memorial Medical Center	American Medical
11-0328	Yes	HHSC	HHSC	Maui Region facilities	Maui Petroleum, Inc.
11-0273	YES	Supplement	KH	KH	Team Praxis
11-0339	Yes	Short Form	MMMC	MMMC	Siemens Medical
11-0348	Yes	Image	LCH	LCH	Ikon Financial Services
11-0595	Yes	MMMC	MMMC	MMMC	Philips Medical
11-0626	Yes	HHSC Short	LCH	LCH	Pitney Bowes
11-0654	Yes	HHSC Short	MMMC	MMMC	Medtronic, Inc.
11-0679	Yes	MMMC	MMMC	MMMC	Siemens Medical
11-0738	Yes	MMMC	HHSC	MMMC	Siemens Medical
12-0060	Yes	Cardionet	MMMC various	MMMC	CardioNet
12-0194	Yes	Supplement	MMMC	MMMC	PWC Hawaii
12-0078	YES	Supplement	MMMC	MMMC	Schindler Elevator
12-0212	Yes	MMMC	MMMC	MMMC, KH	Ecolab, Inc.
12-0219	Yes	KH Agreement	KH	KH	Sonosite
12-0245	Yes	Data Release	MMMC	MMMC	Mountain-Pacific
12-0323	Yes	Supplement	HHSC	Maui Region facilities	Airgas USA, LLC
12-0353	Yes	MMMC Short	MMMC	MMMC	Hardware Lumber
12-0395	Yes	Organ, Tissue,	HHSC	MMMC, KH, LCH	Hawaii Organ
12-0409	Yes	Supplement	HHSC Maui Region	MMMC	Kahului Carpet &
12-0496	Yes	Supplement	HHSC Maui Region	MMMC	The Joint Commission
12-0505,	Yes	HHSC	HHSC	Maui Region facilities	McMurry/TMG, LLC
12-0509	Yes	Supplement	MMMC	MMMC	Maui Oil Company
12-0537	Yes	HHSC Short	HHSC Maui Region	MMMC	Land Prep, LLC
12-0539	Yes	HHSC	HHSC Maui Region	MMMC	Hawaii Bio-Waste
12-0616	Yes	Supplement	HHSC	Maui Region facilities	MidasPlus, Inc.
12-0630	Yes	FOUR RIVERS			Accruent (fka Four River
12-0643	Yes	MMMC Short	MMMC	MMMC, KH, LCH	Oasis Environmental
13-0100	Yes	HHSC Short	MMMC	MMMC	SPOK (fka USA
13-0168	Yes	MMMC	HHSC Maui Region	Defined as MMC, KH, and LCH	Hologic
13-0111	YES	HHSC Short	HHSC	MMMC, LCH, KH	Zebu Compliance
13-0172	YES	MMMC	HHSC Maui Region	MMMC only facility named	Air Methods
13-0190	Yes	Addendum to	HHSC	Maui Memorial Medical Center,	General Electric
13-0259	Yes	MMMC	HHSC Maui Region	MMMC, KH	Maui Disposal
13-0373	Yes	HHSC Short	MMMC	MMMC	Standard Motors &
13-0374	Yes	Supplement	MMMC	MMMC	United Auto Parts, Inc.
13-0380	Yes	MMMC	KH	KH	Jan Osterneck
13-0384	Yes	KH Agreement	HHSC Maui Region	Defined as MMC, KH, and LCH	Easter Seals Hawaii
13-0394,	Yes	Consulting	HHSC	Maui Memorial	Pharmacy Healthcare
13-0414	Yes	Supplement	HHSC Maui Region	MMMC, KH, LCH	Mountain Medical
13-0458	Yes	Supplement	HHSC Maui Region	MMMC	Maui Soda & Ice
13-0463	Yes	Supplement	HHSC	MMMC only Maui Facility named	Masimo Americas, Inc.
13-0465	Yes	MMMC	HHSC Maui Region	MMMC, LCH, KH	Hill-Rom Company,
13-0474	Yes	Short Form	MMMC	MMMC	Toshiba
13-0479	Yes	HHSC Short	MMMC	MMMC	Sorin Group USA, Inc.



HHSC No. (Revised)	M HS to assume	Agreement Title	Transferor Party (HHSC, HHSC Maui, MMMC, etc.)	Maui Facilities Covered by Contract	Supplier Name
13-0496	Yes	MMMC	HHSC Maui Region	MMMC, LCH, KH	Mobile Knowledge,
13-0499	Yes	Supplement to	HHSC Maui Region	MMMC	Valley Isle Pumping,
13-0508	Yes	Supplement	HHSC Maui Region	MMMC	Cedaron Medical, Inc.
13-0510	Yes	Supplement	MMMC	MMMC	Puget Blood Center;
13-0518	Yes	Supplement	HHSC Maui Region	MMMC	P.W.C. Hawaii
13-0520	Yes	Supplement	MMMC	MMMC	Bloodworks Northwest
13-0521	Yes	HHSC Short	KH	KH	Maui Office Machines
13-0539	Yes	MMMC Short	MMMC	MMMC	Island Signal & Sound,
13-0567,	Yes	HHSC Short	HHSC	Maui Memorial	MacKenzie Medical
13-0602	Yes	HHSC Short Form	HHSC	MMMC	Bayer HealthCare LLC
13-0604	Yes	Supplement	MMMC	MMMC	EXP Pharmaceutical
13-0605	Yes	Supplement	MMMC	MMMC	Ballards Family
13-0644	Yes	Patient Transfer	MMMC	MMMC	Rainbow Dialysis, LLC
14-0011	Yes	HHSC	HHSC	HHSC Corporate	viaLanguage, Inc.
14-0014	Yes	Hawaii	MMMC	MMMC	State of Hawaii
14-0040	Yes	Nous	MMMC	MMMC	Nous Foundation, Inc.
14-0056	Yes	MMMC	HHSC Maui Region	MMMC, LCH, KH	Unique
14-0084	Yes	MMMC Short	MMMC	MMMC	ICAD, Inc.
14-0092	Yes	HHSC	MMMC	MMMC	Happy Valley Service
14-0098	Yes	MMMC Short	MMMC	MMMC	Siemens Medical
14-0115	Yes	Supplement	HHSC Maui Region	Services apply only to MMC	Elite Parking
14-0136	Yes???	HHSC	HHSC	Maui Region facilities	First Databank, Inc.
14-0138	Yes	MMMC Short	MMMC	MMMC	Stryker Sale
14-0143	Yes	HHSC Short-	HHSC	Maui Region facilities	Language Access
14-0147	Yes	HHSC	HHSC	Maui Memorial and Lanai	Hawaii Pacific X-Ray
14-0158	Yes	Supplement	MMMC	MMMC	Carefusion
14-0189	Yes	MMMC Short	MMMC	MMMC, KH	Denise Green
14-0337	Yes	Addendum to	MMMC	MMMC	Olympus America, Inc.
14-0359	Yes	MMMC Short	MMMC	MMMC	ec2 Software Solutions
14-0363	Yes	Supplement	MMMC	MMMC	Innovative Product
14-0384	Yes	MMMC Short	MMMC	MMMC	Lumenis, Inc.
14-0403	Yes	HHSC	HHSC	MMMC	Troy Group, Inc.
14-0468	Yes	MMMC Short	MMMC	MMMC	Advanced Sterilization
14-0482	Yes	MMMC Short Form	MMMC	MMMC	BDI Pharma
14-0473	YES	Short Form	MMMC	MMMC	Oceanic Time Warner
14-0495	Yes	MMMC Short	MMMC	MMMC	Terumo
14-0497	Yes	MMMC	HHSC Maui Region	MMMC	Maquet
14-0511	Yes	MMMC Short	MMMC	MMMC	Ameda Inc.
14-0513	Yes	HHSC MMC	HHSC Maui Region	MMMC	Baxter Healthcare
14-0528	Yes	HHSC Short	MMMC	MMMC	RBS/CRP Inc.
14-0536	Yes	MMMC Short Form	MMMC	MMMC	Karl Storz
14-0560	Yes	Memorandum of Agreement	MMMC	MMMC	Advanced Prosthetics and
14-0564	Yes	HHSC Short-	HHSC	Maui Memorial Medical Center	AutoMed
14-0568	Yes	MMMC Short	MMMC	MMMC	Drager Medical
14-0600	Yes	MMMC	HHSC Maui Region	MMMC	Ivya Corporation dba
14-0603	Yes	HHSC Short	KH	KH	Kula Ace Hardware
14-0609	Yes	MMMC Short	MMMC	MMMC	Hill-Rom Company,



HHSC No. (Revised)	M HS to assume	Agreement Title	Transferor Party (HHSC, HHSC Maui, MMMC, etc.)	Maui Facilities Covered by Contract	Supplier Name
14-0610	Yes	MMMC Short	MMMC	MMMC	Grey Tech, LLC
14-0611	Yes	Supplement	HHSC Maui Region	MMMC	Amerigas Propane, L.P.
14-0613	Yes	MMC	HHSC Maui Region	MMMC, KH, LCH	Gamma Corporation
14-0633	Yes	Supplement	MMMC	MMMC	Simplex Grinnel
14-0634	Yes	MMMC	HHSC Maui Region	MMMC, LCH, KH	Biosense Webster, Inc.
14-0638	Yes	MMMC	HHSC Maui Region	Not specified, but bills are paid	Musculoskeletal
14-0664	Yes	HHSC	HHSC	Not precise, but includes Oahu	Pharmacy Corporation
14-0665	Yes	HHSC	HHSC	Maui Memorial Medical Center	Olympus America, Inc.
14-0694	Yes	MOU Between	HHSC	All facilities	Hawaii Health
14-0702	Yes	MMMC	MMMC	MMMC	Toshiba America
15-0011	Yes	MMMC	HHSC Maui Region		Medical Innovative
15-0028	Yes	MMMC Short	HHSC Maui Region	Facilities not listed, MMC	Stryker Sale
15-0034	Yes	Surplus	HHSC	Contract for Supplies with HHSC	West Coast Medical
15-0036	Yes	MMMC	HHSC Maui Region	Not specified	Trivascular, Inc.
15-0049	Yes	Maquet Service	MMMC	MMMC	Maquet
15-0060	YES	HHSC Transfer and Bed	HHSC Maui Region	Recitals list MMC, KH, but scope of services does not	Aloha House, Inc.
15-0068	Yes	MMMC	HHSC Maui Region	Not specified	Maquet Medical
15-0077	Yes	HHSC	HHSC Maui Region	MMMC, LCH, KH	Oceanic Time Warner
15-0088	Yes	MMMC Short	MMMC	Not specified	C-SCAN Technologies
15-0100	Yes	MMMC	MMMC	MMMC	Starr and Company,
15-0134	Yes	MMMC	HHSC Maui Region	MMMC	Oticon Medical LLC
15-0137	Yes	HHSC Agreement for	LCH	Lanai Community Hospital	Hospice Hawaii, Inc.
15-0138	Yes	MMMC	HHSC Maui Region	MMMC	Angiodynamics, Inc.
15-0145	Yes	MMMC Short	MMMC	MMMC	ZIPIT Wireless Inc.
15-0151	Yes	HHSC Short	HHSC	Services only mention HHSC	International Control
15-0152	Yes	Short Form	MMMC	MMMC	Specialty Care, Inc.
15-0156	Yes	MMMC	HHSC Maui Region	Not specified	DePuy Synthes Sales,
15-0167	Yes	MOU Between	MMMC	MMMC	Bard Access System
15-0203	Yes				Simplex Grinnel
15-0204	Yes	Newborn	MMMC	MMMC	Bella Katie LLC
15-0233	Yes	MMMC Short	MMMC	MMMC	Philips Healthcare
15-0235	Yes	Supplement	HHSC Maui Region	MMMC	Boston Scientific
15-0236	Yes	Short Form	MMMC	MMMC	Philips Healthcare
15-0244	Yes	HHSC	HHSC Maui Region	MMMC, KH, LCH	A-S Medication
15-0257	Yes	Participation	MMMC	MMMC	Press Ganey
15-0268	Yes	MMMC	HHSC Maui Region	"Maui Region Facilities" per	Access Hardware, Inc.
15-0270	Yes	MMMC	HHSC Maui Region	MMMC, LCH, KH	Holden Hospital
15-0277	Yes	Short Form	MMMC	MMMC	SonoSite
15-0342	Yes	MMMC	HHSC Maui Region	MMMC (no indication as to what	LifeCell Corporation
15-0350	Yes	MMMC	MMMC	MMMC	Net Health Systems,
15-0351	Yes	Short Form	MMMC	MMMC	Mortara Instruments
15-0357	Yes	MMMC	HHSC Maui Region	MMMC	Translogic Corporation
15-0365	Yes	HHSC	KH	KH	Dorvin Leis Company,
15-0379	Yes	MMMC	HHSC Maui Region	MMMC	Merdjianian &
15-0382	Yes	MMMC	HHSC Maui Region	MMMC	Surgical Solutions
15-0393	Yes	MMMC	HHSC Maui Region	MMMC	Maui Handi Transport
15-0406	Yes	MMMC	HHSC Maui Region	MMMC	Hawaii Bio-Waste
15-0425	Yes	Nursing Facility	MMMC, KH	Maui Memorial Community	Islands Hospice, Inc.
15-0442	Yes	Patient Transfer	HHSC Maui Region	MMMC	Ai Pono Maui
15-0446	Yes	MMMC Short	MMMC	MMMC	Edward Enterprises,



HHSC No. (Revised)	M HS to assume	Agreement Title	Transferor Party (HHSC, HHSC Maui, MMMC, etc.)	Maui Facilities Covered by Contract	Supplier Name
15-0435	Yes	MMMC Agreement for	HHSC Maui Region	MMMC	Swank Healthcare
15-0448	Yes	MMMC Short	MMMC	KH	Philips Healthcare
15-0450	Yes	MMMC	Maui Region	MMMC, LCH, KH & Maui Lani	Nuvasive Inc.
15-0454	Yes	Support	KH	KH	Status Solutions LLC
15-0458	Yes	Short Form	MMMC	MMMC	Outcome Sciences, Inc.
15-0469	Yes	MMMC Short	MMMC	MMMC	Acutron, LLC
15-0476	Yes	HHSC	HHSC	CLEAN ROOM FOLDER	Cardinal Health
15-0479	Yes	Short Form	MMMC	MMMC	Pural Water Specialty
15-0481	Yes	Short Form	MMMC	MMMC	HeliExperts
15-0482	Yes	HHSC	HHSC	MMMC	OneMedNet
15-0492	Yes	MMMC	HHSC Maui Region	MMMC	Roberto's Healthcare
16-0012	YES	Revocable	KH, HHSC	KH	Victoria Cunningham
16-0014	Yes	MMMC	HHSC Maui Region	MMMC	Mediation Services of
16-0015	Yes	MMMC	HHSC Maui Region	Recitals define HHSC as Maui	Abbott Point of Care
16-0015	Yes	MMMC Agreement for	HHSC Maui Region	MMMC	Abbott Point of Care
16-0017	Yes	Short Form	MMMC	MMMC	Fuji SonoSite, Inc.
16-0026	Yes	Patient Transfer	HHSC	Not specified	Aloha Eye Clinic
16-0032	Yes	MMMC Short	MMMC	MMMC	Hawaiian Telcom, Inc.
16-0045	Yes	MMMC	HHSC Maui Region	MMMC	ERBE USA, Inc.
16-0053	Yes	MMMC	HHSC Maui Region	MMMC, KH, LCH	Pu'ulu Lapa'au
16-0054	Yes	HHSC	MMMC	MMMC	Hospice Maui, Inc.,
16-0070	Yes	Short Form	MMMC	MMMC	ASCO Services
16-0072	Yes	MMMC Agreement for	HHSC Maui Region	MMMC	Radiation Detection Company
16-0088	Yes	MMMC	HHSC Maui Region	MMMC, LCH, KH	Caroline L. Tumpap
16-0157	Yes	MMMC	HHSC Maui Region	MMMC	Acclarent, Inc.
16-0169	Yes	HHSC	HHSC	MMMC, LCH, KH	Krieg DeVault LLP
16-0170	Yes	HHSC	HHSC	MMMC, LCH, KH	DNH Medical
16-0180	Yes	HHSC	HHSC	MMMC, LCH, KH	Veralon Partners, Inc.
16-0202	Yes	MMMC Short	MMMC	MMMC	Carestream Health,
16-0213	Yes	HHSC	LCH	LCH	Hospice Hawaii, Inc.
16-0221	Yes	MMMC	HHSC Maui Region	MMMC	Maui Economic
16-0269	Yes	MMMC Short	MMMC	MMMC	Boss Commtech
16-0284	Yes	MMMC Short	MMMC	MMMC	Medivators
16-0302	Yes	HHSC	MMMC	MMMC	Heme Perfusion, Inc.
16-0318	Yes	MMMC Short	MMMC	MMMC	McRoberts Security
16-0319	Yes	MMMC Short	MMMC	MMMC, KH	Kate Eifler
16-0477	Yes				Storz
17-0013	Yes				Bayer HealthCare
17-0040	YES	HHSC Transfer	HHSC	MMMC	Aloha House, Inc.
17-0075	Yes	MMMC Short	MMMC	KHC	FujiFilm Sonosite, Inc.
17-0077	YES	Short Form	MMMC	MMMC	Advanced Prosthetics
17-0078	YES	Short Form	MMMC	MMMC	C.R. Newton Co., Ltd.
17-0080	YES	HHSC	MRHCS (HHSC)	MMMC, LCH, KH	Mobile Knowledge,
17-0092	YES	HHSC	HHSC	MMMC	Radiation Detection
17-0098	YES	HHSC	MRHCS (HHSC)	MMMC, LCH, KH	Penumbra Inc.
17-0099	YES	HHSC	MRHCS (HHSC)	MMMC, LCH, KH	Steris Corporation
17-0173	YES	HHSC	Maui Regional	MMMC	Hawaii Interpreting
17-0186	YES	HHSC	MMMC	MMMC	Spectralink

HHSC No. (Revised)	M HS to assume	Agreement Title	Transferor Party (HHSC, HHSC Maui, MMMC, etc.)	Maui Facilities Covered by Contract	Supplier Name
17-0100	YES	Short Form Agreement	MMMC	MMMC, LCH, KH	UpToDate, Inc., dba Wolters Kluwer
17-0187	YES	HHSC	KH HHSC	KHC	Hospice Maui, Inc.
17-0218	Yes	HHSC	Maui Regional	MMMC, LCH, KHC, Maui Lani	Siemens Medical
17-0219	Yes				Philips
17-0249	YES	HHSC	MMMC	MMMC	PWC Hawaii
17-0251	YES	HHSC	MMMC	MMMC	Innovative Therapies,
17-0279	YES	Clinical	MMMC	MMMC	Pacific Health Ministry
17-0313	YES	HHSC	HHHC	Maui Regional Health Care	Manifest LLC
17-0316	YES	HHSC	MMMC	MMMC	Orthomed Inc.
17-0338	Yes	HHSC	MMMC	MMMC	EnBio Corp.
17-0345	Yes	Short Form	MMMC	MMMC	Sorin Group USA, Inc.
17-0414	YES	HHSC Maui	MMMC	MMMC	BDI Pharma, Inc.
17-0434	Yes	HHSC Contract	MMMC	MMMC	Stryker Sales
AA 16-01	Yes	Affiliation	HHSC Maui Region	Facilities not listed	Board of Regents of
N/A-02	Yes	Agreement	MMMC	MMMC	State of Hawaii
None	Yes	RICOH Master	HHSC	LCH	RICOH
16-0420	YES			MMMC	CAS Medical Systems,
15-0291	YES			MMMC, LCH, KH	Commercial Biotech LLC

**Assumed Contracts Addendum 2.2(c)(2)**

See attached.



**Maui Region Hospitals Transaction: Physician Agreements**

<b>HHSC #</b>	<b>Physician Contractor</b>	<b>Facilities</b>	<b>Services/Specialty</b>	<b>Category</b>
16-0192	Ronald Boyd, MD	MMMC	Chief of Staff	Chief of Staff
17-0467	David S. Crow, MD, PH.D., LLC	MMMC	Audiology Testing	Clinical Services
17-0039	Micheline Dugue, MD, Corp.	Kula	Geriatric Psychology	Clinical Services
17-0433	Beth Jarrett, MD	MMMC	Trauma	CME
17-0353	Mitchell Tasaki, MD	MMMC	Trauma	CME
None Listed	The Anesthesia Medical Group, Inc.	MMMC	Anesthesia & Medical Director	Hospital-Based
17-0213	The Anesthesia Medical Group, Inc.	MMMC	OBGYN and Cardiovascular Anesthesia	Hospital-Based
17-0059	Hawaii Permanente Medical Group, Inc.	MMMC	Pediatric Hospitalist	Hospital-Based

**Maui Region Hospitals Transaction: Physician Agreements**

<b>HHSC #</b>	<b>Physician Contractor</b>	<b>Facilities</b>	<b>Services/Specialty</b>	<b>Category</b>
15-0434	The Maui Medical Group, Inc.	MMMC	Hospitalist	Hospital-Based
12-0657	EmCare, Inc.	MMMC	Emergency Department Coverage	Hospital-Based
12-0246	EmCare, Inc. (dba RadCare)	MMMC	Radiology	Hospital-Based
15-0246	Straub Clinic & Hospital	LCH	Emergency Department Coverage and Hospitalist	Hospital-Based
17-0230	Barbara A. Coda-Chambers	MMMC	Anesthesia	Medical Director
16-0028	Elaine Marie, Williams, DO (of Maui Kidney Specialists)	MMMC	Nephrology	Medical Director
HHSC 16-0455	Hawaii Permanente Medical Group, Inc.	MMMC	Trauma	Medical Director
17-0079	Hawaii Permanente Medical Group, Inc.	LCH	Laboratory	Medical Director
17-0230	Hawaii Permanente Medical Group, Inc.	MMMC	Infectious Disease	Medical Director

**Maui Region Hospitals Transaction: Physician Agreements**

<b>HHSC #</b>	<b>Physician Contractor</b>	<b>Facilities</b>	<b>Services/Specialty</b>	<b>Category</b>
15-0243	The Maui Medical Group, Inc.	MMMC	Stroke	Medical Director
17-0254	Pacific Permanente Group, LLC	MMMC	Respiratory Therapy	Medical Director

**Schedule 2.2(f)**

**TELEPHONE NUMBERS**

See attached.

**Maui Memorial Medical Center  
Phone Numbers**

DID:

Main Number: 808-244-9056  
808-242-2000 to 808-242-2899  
808-243-2900 to 808-243-3099  
808-442-5000 to 808-442-5999  
808-986-4000 to 808-986-4299  
808-986-4400 to 808-986-4999

B1:

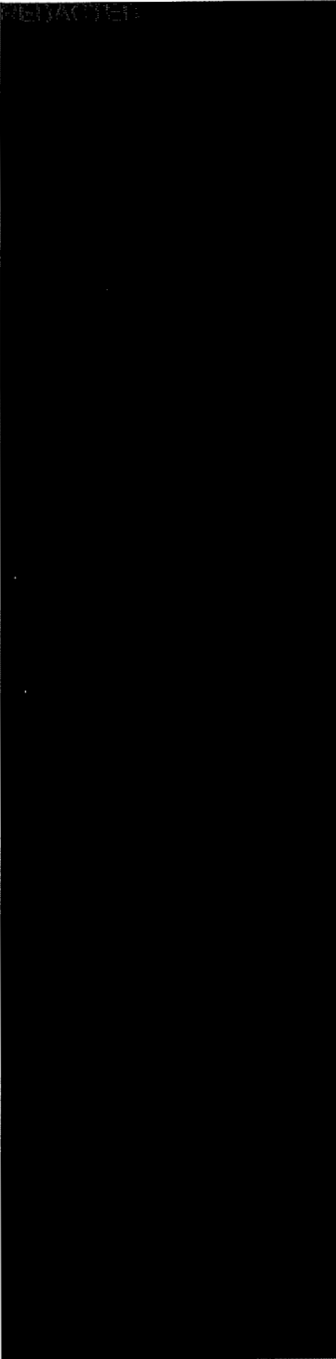
808-242-0784  
808-242-0866  
808-242-1085  
808-242-1940  
808-242-2846  
808-242-5539  
808-242-5669  
808-242-5775  
808-242-6902  
808-242-7472  
808-242-7827  
808-242-9085  
808-243-1217  
808-243-1218  
808-243-1219  
808-243-1230  
808-243-8685  
808-244-0357  
808-244-1437  
808-244-2236  
8058-244-3846  
808-244-5267  
808-244-5452  
808-244-5907  
808-244-7110  
808-244-7691  
808-244-9250  
808-244-9770  
808-986-0173

**Maui Memorial Medical Center  
Pager Numbers**

REDACTED

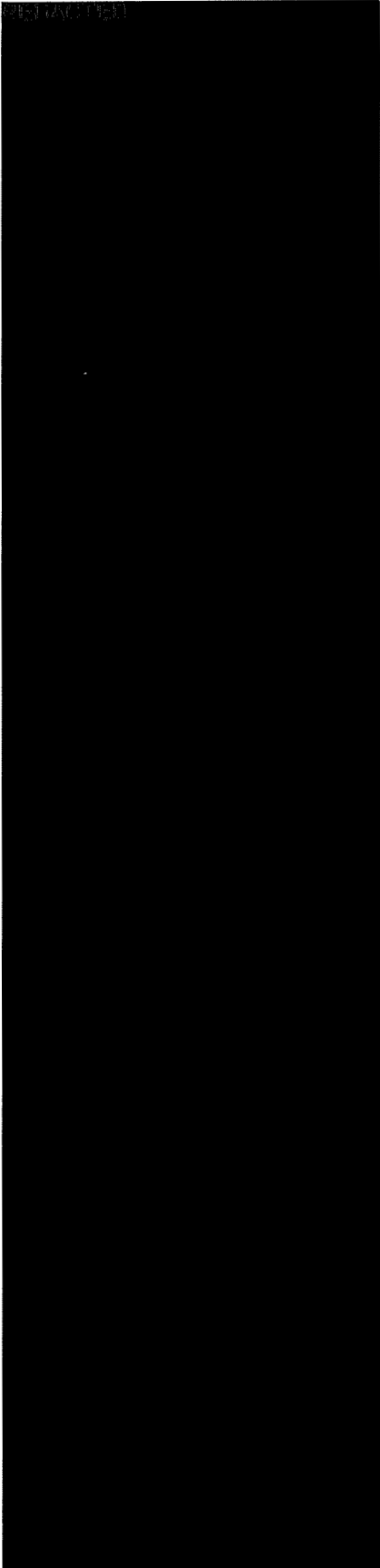


**Maui Memorial Medical Center  
Pager Numbers**



**Maui Memorial Medical Center  
Mobile Numbers**

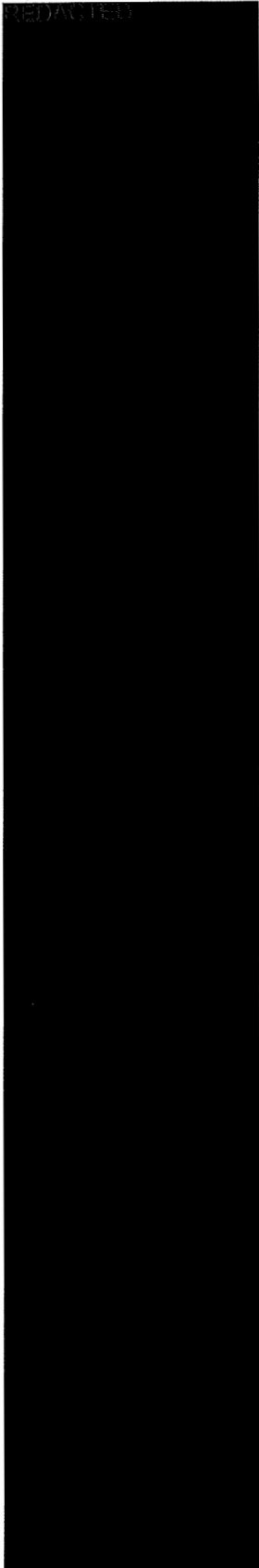
(Verizon)





Maui Memorial Medical Center

Mobile Numbers



**Maui Memorial Medical Center  
Mobile Numbers**

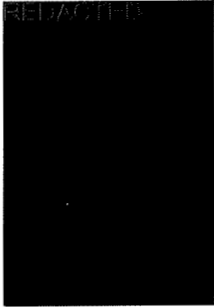


**Kula Hospital  
Phone Numbers**

Main Number: 808-878-1221  
808-876-4300 to 808-876-4399

**Kula Hospital  
Mobile Numbers**

(Verizon)



**Kula Hospital  
Pager Numbers**

NONE

**Lanai Community Hospital  
Phone Numbers**

808-565-7202 to 808-565-7203  
808-565-8450 to 808-565-8456  
808-565-8458 to 808-565-8464  
808-565-8466 to 808-565-8472  
808-565-8474 to 808-565-8475

POTS Lines  
Centrix Lines  
Centrix Lines  
Centrix Lines  
Centrix Lines

**Lanai Community Hospital  
Mobile Numbers**

(Verizon)

REDACTED

(AT&T)

REDACTED

**Lanai Community Hospital  
Pager Numbers**

NONE

**Schedule 2.2(j)**

**PREPAID EXPENSES**

The final Prepaid Expenses will be agreed upon by the Parties within thirty (30) days post-Closing. The Prepaid Expenses will subsequently be settled by the Parties within ninety (90) days post-Closing in accordance with the provisions of Section 2.8 of the Transfer Agreement.

**Schedule 2.3(o)**

**OTHER EXCLUDED ASSETS**

NONE

**Schedule 4.2**

**LICENSES**

See attached.

**Schedule 4.2 - Licenses (updated 6/16/17)**

**Maui Memorial Medical Center**

Year	Make/Model	License
1998	Toyota Camry	C627
1999	Chevy 1500 Van	C536
2000	Ford F-150	D572
2001	Chevy S-10	D573
2002	Chevy Blazer	E281
2002	Oldsmobile Alero	C537
2002	Oldsmobile Alero	D574
2000	Toyota Sienna	7742
2003	Oldsmobile Alero	D575
2007	Ford E-450	E682
2015	Ford E-350	F852

**Kula Hospital**

Year	Make/Model	License
1989	GMC 2500 Truck	6494
1991	Chevy Astro	5680
1992	Ford F-350	6495
1995	Chevy 3500 Truck	8274
1998	Chevy 1500 Van	8909
2000	Ford Taurus Wagon	9845
2003	Oldsmobile Alero	C538
2005	Ford E-350	E177
2007	Chevy Entervan	C682
2010	Ford E-350	E282
2014	Nissan NV2500 Van	F851

**Lanai Community Hospital**

Year	Make/Model	License
1988	Chevy Astro	6993
1991	Ford F-250	6496
2003	Oldsmobile Alero	D576
2006	Ford E-350	B926



**Schedule 4.2 Licenses (updated 6/16/17)**

**Maui Memorial Medical Center**

Agency	Equipment Type (as listed on Permit)		HI NBR	NB
State of Hawaii, Department of Labor & Industrial Relations	Scotchmarine Dryback	Boiler #1	HAW4133-90	10992
State of Hawaii, Department of Labor & Industrial Relations	Scotchmarine Dryback	Boiler #2	HAW4134-90*	10947
State of Hawaii, Department of Labor & Industrial Relations	Mini Elec Boiler	Boiler	HAW4611-07	18950
State of Hawaii, Department of Labor & Industrial Relations	Autoclave (Retort)	Autoclave	HPV0076-97	49
State of Hawaii, Department of Labor & Industrial Relations	Autoclave (Retort)	Autoclave	HPV0117-90	58654
State of Hawaii, Department of Labor & Industrial Relations	Vertical Air Tank	Air Tank	HPV0126-01	921503
State of Hawaii, Department of Labor & Industrial Relations	Horizontal Air Tank	Air Tank	HPV0272-13	1384748
State of Hawaii, Department of Labor & Industrial Relations	Horizontal Air Tank	Air Tank	HPV0346-08	942751
State of Hawaii, Department of Labor & Industrial Relations	Autoclave (Retort)	Autoclave	HPV0420-03	25797
State of Hawaii, Department of Labor & Industrial Relations	Autoclave (Retort)	Autoclave	HPV0421-03	77146
State of Hawaii, Department of Labor & Industrial Relations	Vertical Air Tank	Air Tank	HPV0421-09	931103
State of Hawaii, Department of Labor & Industrial Relations	Autoclave (Retort)	Autoclave	HPV0422-03	81868
State of Hawaii, Department of Labor & Industrial Relations	Horizontal Air Tank	Air Tank	HPV0423-03	118989
State of Hawaii, Department of Labor & Industrial Relations	Heat Exchanger	Heat Exchanger	HPV0437-15	100414
State of Hawaii, Department of Labor & Industrial Relations	Heat Exchanger	Heat Exchanger	HPV0438-15	100412
State of Hawaii, Department of Labor & Industrial Relations	Heat Exchanger	Heat Exchanger	HPV0439-15	100413
State of Hawaii, Department of Labor & Industrial Relations	Vertical Receiver		HPV0440-15	286334
State of Hawaii, Department of Labor & Industrial Relations	Horizontal Air Tank	Air Tank	HPV0511-06	325186
State of Hawaii, Department of Labor & Industrial Relations	Vertical Air Tank	Air Tank	HPV0536-11	593923
State of Hawaii, Department of Labor & Industrial Relations	Autoclave (Retort)	Autoclave	HPV0537-11	42274
State of Hawaii, Department of Labor & Industrial Relations	Autoclave (Retort)	Autoclave	HPV0424-03	45046
State of Hawaii, Department of Labor & Industrial Relations	Autoclave (Retort)	Autoclave	HPV0092-16	16098
State of Hawaii, Department of Labor & Industrial Relations	Autoclave (Retort)	Autoclave	HPV0245-14*	12156

Notes:

(\*) Inspection has been completed; pending receipt of updated permit.

Agency	Equipment Type (as listed on Permit)	OWNER'S NO.	HAW NO.
State of Hawaii, Department of Labor & Industrial Relations	Elevator-Passenger	1** [was 1 OLD]	59-162
State of Hawaii, Department of Labor & Industrial Relations	Elevator-Passenger	2** [was 2 OLD]	59-160
State of Hawaii, Department of Labor & Industrial Relations	Elevator-Passenger	3** [was 3 PASS]	80-005
State of Hawaii, Department of Labor & Industrial Relations	Elevator-Passenger	4** [was 1]	80-008
State of Hawaii, Department of Labor & Industrial Relations	Elevator-Passenger	5** [was 2A PASS]	79-011
State of Hawaii, Department of Labor & Industrial Relations	Elevator-Passenger	6** [was 2B PASS]	80-001
State of Hawaii, Department of Labor & Industrial Relations	Elevator-Passenger	7	06-090
State of Hawaii, Department of Labor & Industrial Relations	Elevator-Passenger	8	06-045
State of Hawaii, Department of Labor & Industrial Relations	Elevator-Passenger	10	06-088
State of Hawaii, Department of Labor & Industrial Relations	Elevator-Passenger	11	06-089
State of Hawaii, Department of Labor & Industrial Relations	Dumbwaiter	3 KITCHEN [was 3 XRAY]	80-009

State of Hawaii, Department of Labor & Industrial Relations	Dumbwaiter	4 KITCHEN	80-010
State of Hawaii, Department of Labor & Industrial Relations	Dumbwaiter	1 LAB	80-007

Notes:

(\*\*) Elevators 1-6: these elevators have undergone modernization work; each elevator has been inspected upon work completion, and have been approved for use. Final inspection will be conducted upon completion of the modernization project (will be post July 2017). Please note that these elevators, once modernization work was complete, have also been renumbered: new Owner's No. is noted in the table above, old Owner's No. is in [brackets].

There is currently no Elevator 9 (this number is being reserved for the Phase II project).

#### Kula Hospital

Agency	Equipment Type (as listed on Permit)		HI NBR	NB
State of Hawaii, Department of Labor & Industrial Relations	Scotchmarine Dryback	Boiler	HAW4308-95	12878
State of Hawaii, Department of Labor & Industrial Relations	Scotchmarine Dryback	Boiler	HAW4756-12	17095
State of Hawaii, Department of Labor & Industrial Relations	Hot Water Generator	Water Tank	HPV0237-13	6893
State of Hawaii, Department of Labor & Industrial Relations	Hot Water Generator	Water Tank	HPV0051-99	2649
State of Hawaii, Department of Labor & Industrial Relations	Hot Water Generator	Heat Exchanger	HPV0230-11	31086
State of Hawaii, Department of Labor & Industrial Relations	Hot Water Generator	Heat Exchanger	HPV0231-11	31087
State of Hawaii, Department of Labor & Industrial Relations	Horizontal Air Tank	Air Compressor	HPV0281-88	155655
State of Hawaii, Department of Labor & Industrial Relations	Jacketed Kettle	Steam Pot	HPV0484-03	710111
State of Hawaii, Department of Labor & Industrial Relations	Jacketed Kettle	Steam Pot	HPV0230-07	37496
State of Hawaii, Department of Labor & Industrial Relations	Jacketed Kettle	Steam Pot	HPV0485-03	710112

Agency	Equipment Type (as listed on Permit)	OWNER'S NO.	HAW NO.	Exp. Date
State of Hawaii, Department of Labor & Industrial Relations	Elevator - Passenger	2 Right	59-159	7/30/2017
State of Hawaii, Department of Labor & Industrial Relations	Elevator - Passenger (Temp Permit)	1 Left	59-158	7/30/2017
State of Hawaii, Department of Labor & Industrial Relations	Elevator - Passenger	1	16-053	3/13/2018

#### Lanai Community Hospital

Agency	Equipment Type (as listed on Permit)	OWNER'S NO.	HAW NO.
State of Hawaii, Department of Labor & Industrial Relations	Elevator - Passenger	PASS***	67-137

Notes:

(\*\*\*) Inspection has been completed; pending receipt of updated permit.

**Schedule 4.2 - Licenses (updated 6/16/17)**

<b>Agency/Organization</b>	<b>Facility</b>	<b>License or Permit No.</b>
NRC	MMMC	53-13519-01
State of Hawaii, Department of Health (Radiation Facility License)	MMMC	H0029
FDA (Mammography)	MMMC	177907 (Facility ID)
State of Hawaii, Department of Health (Hospital Facility License)	MMMC	3-H
DOH Controlled Substance Certificate of Registration	MMMC	E04262
DEA Controlled Substance Registration Certificate	MMMC	AM1081986
State of Hawaii, DCCA (Pharmacy License)	MMMC	PHY-7
DOH Clinical Laboratory License (CLIA ID #12D0619972) - <b>Clinical Labs Of Hawaii-Maui Mem Hosp</b>	MMMC	17 CL-116
CMS Clinical Laboratory License (CLIA ID #12D0619972) - <b>Clinical Labs Of Hawaii-Maui Mem Hosp</b>	MMMC	12D0619972
CMS CLIA POCT License (CLIA ID #12D1062757) - <b>Mmmc Decentralized Poct</b>	MMMC	12D1062757
DOH CLIA POCT License (CLIA ID #12D1062757) - <b>Mmmc Decentralized Poct</b>	MMMC	15 CL-261
State of Hawaii, Department of Health (Food Establishment Permit)	MMMC	M202183
MMMC CAP Certification - <b>CLH</b>	MMMC	CAP # 2434801, CLIA #: 12D0619972
FCC Licensing Security Radios	MMMC	WNLA340
Wastewater Discharge Permit	MMMC	WWD20020370
CMS CLIA POCT License (CLIA ID #12D0998176) - <b>Kula Hospital Nursing</b>	Kula	12D0998176
CMS CLIA License (CLIA ID #12D0619844) - <b>CLH</b>	Kula	12D0619844
DOH CLIA POCT License (CLIA ID # 12D0998176) - <b>Kula Hospital Nursing</b>	Kula	16-CP2-136
DOH CLIA License (CLIA ID # 12D0619844) - <b>CLH</b>	Kula	17 CL-115
DOH Controlled Substance Certificate of Registration	Kula	E03814
DEA Controlled Substance Registration Certificate	Kula	AS4654465
State of Hawaii, Department of Health (Radiation Facility License, Dental Clinic)	Kula	H0015
State of Hawaii, Department of Health (Radiation Facility License)	Kula	H0015
State of Hawaii, Department of Health (Food Establishment Permit)	Kula	M404287
Certificate of Occupancy	Kula	N/A
UIC Permit	Kula	UM-2198
FCC	Kula	0014194625
State of Hawaii, Department of Health (ICF Facility - IID License)	Kula	IMR-7
State of Hawaii, Department of Health (CAH License)	Kula	25-H
State of Hawaii, Department of Health (SNF Facility License)	Kula	35-N
State of Hawaii, DCCA (Pharmacy License)	Kula	PHY-58
State of Hawaii, DCCA (Pharmacy License)	Lanai	PHY-574 (Pharmerica)
DOH Controlled Substance Certificate of Registration	Lanai	E03386 (Pharmerica)

**Schedule 4.2 - Licenses (updated 6/16/17)**

DEA Controlled Substance Registration Certificate	Lanai	BP7511492 (Pharmerica)
DEA Controlled Substance Registration Certificate	Lanai	AL1076389
County of Maui Wastewater Discharge Permit (Food Establishment)	Lanai	WWD 20020326
State of Hawaii, Department of Labor and Industrial Relations, Elevator Permit	Lanai	HAW67-137
State of Hawaii, Department of Health (Hospital Facility License)	Lanai	28-H
State of Hawaii, Department of Health (SNF/ICF Facility License)	Lanai	43-N
DOH Clinical Laboratory License (CLIA ID #12D0619602) - Lanai <b>Community Hospital Lab</b>	Lanai	17-CL-16
CMS CLIA POCT License (CLIA ID #12D0619602 ) - Lanai <b>Community Hospital Lab</b>	Lanai	12D0619602
DOH Controlled Substance Certificate of Registration	Lanai	E00587
County of Maui, Certificate of Occupancy	Lanai	N/A
State of Hawaii, Department of Health (Food Establishment Permit)	Lanai	M606004
State of Hawaii, Department of Health (Radiation Facility License)	Lanai	H0006
Maui Memorial Medical Center Pharmacy NCPDP	MMMC	1200930
Kula Hospital Pharmacy NCPDP	Kula	1204293
Lanai Community Hospital Pharmacy NCPDP	Lanai	1239614

### Schedule 4.3

#### GOVERNMENT PROGRAM PARTICIPATION

##### Schedule 4.3 – Government Program Participation (updated 06/08/2017)

<b>Maui Memorial Medical Center (“MMMC”)</b>	<b>Medicare Provider Number</b>	<b>Medicaid Provider Number</b>	<b>NPI</b>
Acute Hospital	120002	005796	1629167754
Outpatient Clinic	BT583A	005796	1629167754

<b>Kula Hospital (“Kula”)</b>			
CAH	121308	578271	1003905092
Swing-Bed	12Z308	592297	1639257793
LTC	125003	592289	1295813350
ICF-IID	125003	592289	1295813350
Outpatient Clinic	HKULAHOSP		1437227287

<b>Lanai Community Hospital</b>			
CAH	121305	25187701	1962583328
LTC	125023	25187701	1356423974

<b>Miscellaneous</b>		
<b>NPI</b>	<b>Description</b>	<b>Comments</b>
1619200532	MMMC Outpatient Clinic – Cardiovascular	Used for cardiology Medicaid professional fee claims.
1528391448	MMMC Outpatient Clinic – Behavioral Health	Used for behavioral health Medicaid professional fee claims.
1982972493	MMMC	Not Used
1609275262	MMMC	Not Used
1215143672	Kula	Not Used
1528132354	Kula	Not Used
1861823031	Kula	Not Used
1659501096	Lanai	Not Used

REDACTED

**Schedule 4.4**

**Accreditations**

<b>Facility</b>	<b>Joint Commission - Hospital</b>	<b>Joint Commission - Stroke</b>	<b>Joint Commission - Lab</b>
<b>Maui Memorial Medical Center</b>	10230	10230	10230
<b>Kula Hospital</b>	N/A	N/A	N/A
<b>Lanai Community Hospital</b>	N/A	N/A	N/A

REDACTED



#### Schedule 4.5

#### COST REPORTS

- List all Hospitals' Cost Reports which have not been audited and finally settled and include a brief description of any and all notices of program reimbursement, proposed or pending audit adjustments, disallowances, appeals of disallowances, and any and all other unresolved claims or disputes with respect to the Hospitals' Cost Reports.

The following cost reports have not been finally settled (are still open):

<b>Medicare</b>	<b>Medicaid</b>
Kula – FY2015 and FY2016	Kula –FY2016
Lanai – FY2016	Lanai –FY2016
Maui – FY2015 and FY2016	Maui –FY2016

We expect Kula's Medicare FY2015 to settle shortly.

The review process has begun for Kula's FY2016 Medicaid Cost Report. Maui's FY2016 Medicare Cost Report will be amended for allowable Medicare Bad Debts.

FY2017 cost reports are anticipated to be filed in November 2017.

- Indicate any exceptions to the following statement – *“HHSC and MRHS have not received notice of any material dispute between the Hospital and a Government Program or a Private Program regarding such Hospitals' Cost Reports and, to the best of HHSC and MRHS' Knowledge, there are no pending or threatened material claims by any such programs against the Hospital”*.

MRHS/HHSC has not received any notice of any material dispute between the Hospitals and a Government Program or a Private Program regarding Hospitals' Cost reports.

**Schedule 4.10**

**TITLE TO TRANSFERRED INTERESTS**

NONE.



**Schedule 4.12**

**LIFE SAFETY CODE**

REDACTED



### **Schedule 4.13**

### **INSURANCE**

(Effective 7/1/17)

1. Storage tank liability insurance coverage as described on Attachment 4.13-1, "Declarations" for "Storage Tank Liability Insurance Policy" issued by Westchester, A Chubb Company, ACE American Insurance Company, hereby incorporated by reference.
2. Property insurance and liability insurance coverage as described on Attachment 4.13-2, "State of Hawaii Statewide Insurance Program December 1, 2016 to December 1, 2017", hereby incorporated by reference.

Attachment 413-1

**Westchester**

A Chubb Company  
ACE American Insurance Company  
Philadelphia, Pennsylvania

**TANKSAFE®**

**Storage Tank Liability Insurance  
Policy**

**DECLARATIONS**

This Policy is issued by the stock insurance company listed above (hereinafter *the Insurer*).

THIS POLICY PROVIDES COVERAGE FOR THIRD-PARTY LIABILITY ON A CLAIMS-MADE AND REPORTED BASIS, WHICH COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THIS POLICY ALSO PROVIDES COVERAGE FOR FIRST-PARTY REMEDIATION COSTS ON A DISCOVERED AND REPORTED BASIS, WHICH COVERS ONLY STORAGE TANK INCIDENTS FIRST DISCOVERED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD. PLEASE READ THIS POLICY CAREFULLY. SOME OF THE PROVISIONS CONTAINED IN THIS POLICY RESTRICT COVERAGE, SPECIFY WHAT IS AND IS NOT COVERED AND DESIGNATE YOUR RIGHTS AND DUTIES. LEGAL DEFENSE EXPENSES ARE SUBJECT TO AND WILL ERODE A SEPARATE AGGREGATE LIMIT OF LIABILITY. LEGAL DEFENSE EXPENSES ARE ALSO SUBJECT TO THE DEDUCTIBLE. THE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION, THIS POLICY FORM, AND ANY ENDORSEMENTS OR SCHEDULES ATTACHED TO THIS POLICY FORM, CONSTITUTE THE INSURANCE POLICY.

<b>Policy No.:</b> G24797934 003	<b>Renewal of:</b> G24797934 002
<b>Item 1.</b> First Named Insured: Maui Memorial Medical Center; & Samuel Mahelona Memorial Hospital;a division of Hawaii Health System Principal Address: 3675 Kauaihau Ave. Honolulu, HI 96816	
<b>Item 2.</b> Policy Period: From 12:01 A.M.on 10/30/2016 to 12:01 A.M. on 10/30/2017 (Local time at the address shown in Item 1.)	
<b>Item 3.</b> Retroactive Date: Per Schedule of Covered Storage Tanks	
<b>Item 4.</b> Limits of Liability: <ul style="list-style-type: none"> <li>a. \$1,000,000 Per Storage Tank Incident Limit of Liability (Claims and Remediation Costs)</li> <li>b. \$2,000,000 Aggregate Limit of Limit of Liability (Claims and Remediation Costs) for all Storage Tank Incidents</li> <li>c. \$1,000,000 Aggregate Limit of Liability for all Legal Defense Expenses for all Storage Tank Incidents</li> <li>d. \$3,000,000 <u>Total Policy Aggregate Limit of Liability for all Storage Tank Incidents</u></li> </ul>	
<b>Item 5.</b> Deductible: \$5,000 Per Storage Tank Incident	
<b>Item 6.</b> Premium:	
<small>*This premium shall be 0% minimum-earned as of the inception date of the policy identified in Item 2., above.</small>	
<b>Item 7.</b> Notice to Insurer: <ul style="list-style-type: none"> <li>a. Notice of Claim or Storage Tank Incident: Environmental Risk Claims Manager  Chubb North American Claims  P.O. Box 5103  Scranton, PA 18505-0510  Fax: (866) 635-5687 </li> </ul>	

First Notice Fax: (800) 951-4119  
First Notice Email:  
[CasualtyRiskEnvironmentalFirstNotice@chubb.com](mailto:CasualtyRiskEnvironmentalFirstNotice@chubb.com)

**b. All Other Notices:**

Westchester Chief Underwriting Officer  
Westchester - Environmental  
11575 Great Oaks Way, Ste 200  
Alpharetta, GA 30022

**Item 8. Schedule of Covered Underground Storage Tanks:**  
Per Schedule of Covered Storage Tank Endorsement

**Item 9. Schedule of Covered Aboveground Storage Tanks:**  
Per Schedule of Covered Storage Tank Endorsement

**Item 10. Producer Name and Address:** United Commercial Program Managers  
335 E. Germann Rd., #340  
Gilbert, AZ 85297-2924

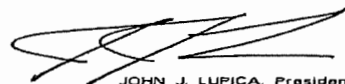
**Policy Form No. PF-31181(10/10) TankSafe® Storage Tank Liability Insurance Policy**

**Endorsements and Notices Attached at Policy Issuance:**

Endorsement Number:	Form Number:	Form Name:
001	PF-31164	Schedule Of Covered Storage Tanks Endorsement
002	PF-31172	Financial Responsibility Condition Endorsement
003	PF-34075	Closure, Removal or Replacement Amendatory Endorsement
004	CC-1K11h	Signatures
005	PF-23728a	Terrorism Risk Insurance Act Endorsement
006	TRIA11c	Disclosure Pursuant To Terrorism Risk Insurance Act
	ALL-20887	Producer Compensation Practices-Policies Policyholder Notice
007	ALL-21101	Trade or Economic Sanctions Endorsement
	ILP0010104	OFAC Advisory Notice to Policyholders
008	PF-31156	Aboveground Storage Tanks Aggregate Sublimit Of Liability Endorsement
009	PF-31182	Underground Storage Tanks Aggregate Sublimit Of Liability Endorsement

IN WITNESS WHEREOF, the Insurer has caused this Policy to be countersigned by a duly authorized representative of the Insurer.

DATE: 11/01/2016  
MO/DAY/YR.



JOHN J. LUPICA, President

AUTHORIZED REPRESENTATIVE



STATE OF HAWAII  
STATEWIDE INSURANCE PROGRAM

DECEMBER 1, 2016 TO DECEMBER 1, 2017

Attachment 4.13-2



Property Insurance

Coverage & Limits:

Real and Personal Property - "All Risk" of Direct Physical Loss, including

Windstorm	\$ 200 million Occurrence
Flood	\$ 200 million per Occ. / Aggregate
Earthquake	\$ 200 million per Occ. / Aggregate
Terrorism	\$ 50 million Occurrence (stand-alone)
Boiler & Machinery	\$ 200 million Occurrence

The following are included with sublimits:

Business Interruption; Extra Expense; Valuable Papers; EDP Equipment & Media; Demolition & Increased Cost of Construction; Newly Acquired Property; Fine Arts; Debris Removal; Off Premises Utility Interruption; Transit; Professional Fees; Builders Risk Soft Costs, Pollution Cleanup & Removal, Terrorism Biological, Chemical or Nuclear

Deductibles:

Windstorm:

3% of values per unit of insurance, subject to a "per occurrence" minimum of \$1,000,000

EQ, Flood Damage, Tsunami & Volcanic Action:

3% of values per unit of insurance, subject to a "per occurrence" minimum of \$1,000,000  
(Note: max applicable to Honolulu Int'l Airport is \$25M for all CAT perils)

Other Losses:

\$1,000,000 per Occurrence

Terrorism:

\$10,000 per Occurrence

Insurers:

Primary: Various London & Domestic Markets.

Excess Property: Various London & Domestic Markets

Terrorism: Hiscox London

Premium & Taxes:

Liability Insurance

Coverage & Limits:

\$7.5 million	Any one occurrence or Wrongful Act or series of continuous repeated or related occurrences
\$7.5 million	Products/Completed Operations Hazard Aggregate
\$7.5 million	Errors & Omissions Liability Aggregate (other than Personal Injury or Advertising Injury)
\$7.5 million	Employee Benefits Liability Aggregate

Bodily Injury and Property Damage

Personal and Advertising Injury

Errors and Omissions Liability

Employment Practices Liability

Automobile Liability

Watercraft Liability

Dam Coverage

Terrorism Coverage

Major Exclusions:

Pollution, Asbestos, Airport & Aircraft, Medical Malpractice, Nuclear Energy, Inverse Condemnation, Workers' Compensation/Employer's Liability, ERISA, Failure to Procure Insurance, Failure to Supply Utilities, Intentional Injury, Fungus, Uninsured/Underinsured Motorist

Self-Insured Retention:

\$ 4 million/Occurrence or Wrongful Act

Insurer:

Lexington Insurance Company

Premium & Taxes:

(\*increased limit effective 4/20/17)

NOTE: Deductible paid by the State Risk Management Fund or through Legislative Appropriation

6/16/17 (Revised)

## Schedule 4.15

### EMPLOYEE RELATIONS

1. Indicate any exceptions to the following– “, (a) there is no pending or threatened employee strike, work stoppage, or labor dispute concerning employees of HHSC; (b) no union representation question exists respecting any employees of HHSC; (c) no demand has been made for recognition by a labor organization by or with respect to any employees of HHSC; and (d) no union organizing activities by or with respect to any employees of HHSC are taking place.”

- NONE

2. Indicate any exceptions to the following statement – “there is no unfair practice claim against HHSC before the Hawaii Labor Relations Board, or any strike, dispute, slowdown, or stoppage pending or threatened against or involving the Hospitals and none has occurred.”

- NONE

3. Indicate any exceptions to the following statement – “there are no pending or threatened EEOC claims, wage and hour claims, unemployment compensation claims, workers’ compensation claims, or the like.”

- See Attachment 4.15-1.

○ Redacted





**MAUI REGION / KULA HOSPITAL**  
 as of 06/16/17

Claim No.	Stat.	Type	Loss Date	Nature	Employment Status
BJN4874	Reopened	Indemnity	07/26/11	Multiple physical injuries only	Active
HHSC431	Open	Indemnity	08/04/14	Strain	Active
HHSC672	Open	Indemnity	01/28/16	Contusion	Active
HHSC688	Open	Indemnity	02/18/13	Strain	Active
HHSC692	Open	Indemnity	03/05/16	Strain	Active
HHSC694	Open	Indemnity	03/10/16	Sprain	Active
HHSC712	Open	Indemnity	04/24/16	Strain	Active
HHSC773	Denied-Pend Inv.	Denial - Investigating	07/28/16	Mental Stress	Active
HHSC779	Denied-Pend Inv.	Denial - Investigating	05/11/16	Fracture	Active
HHSC820	Open	Medical Only	11/09/16	Strain	Active
HHSC857	Denied-Pend Inv.	Denial - Investigating	01/17/17	Strain	Active
HHSC881	Denied-Pend Inv.	Denial - Investigating	04/07/17	Mental Stress	Active
HHSC896	Open	Denial - Investigating	05/25/17	Concussion	Active

**Totals for MAUI REGION / KULA HOSPITAL**  
 13 Claims

**MAUI REGION / LANAI COMMUNITY HOSPITAL**

Claim No.	Stat.	Type	Loss Date	Nature	Employment Status
HHSC783	Open	Indemnity	08/30/16	Strain	Active

**Totals for MAUI REGION / LANAI COMMUNITY HOSPITAL**  
 1 Claims

**MAUI REGION / MAUI MEMORIAL MEDICAL CENTER**

Claim No.	Stat.	Type	Loss Date	Nature	Employment Status
D6Z3423	Reopened	Indemnity	09/05/91	Contagious disease	Active
HHSC154	Open	Indemnity	07/23/13	Contusion	Active
HHSC32	Open	Indemnity	12/21/12	Strain/sprain/dislocation	Active
HHSC397	Open	Indemnity	08/17/14	Strain	Active
HHSC423	Open	Indemnity	09/15/14	Strain	Active
HHSC472	Open	Indemnity	01/09/15	Strain	Active
HHSC549	Open	Indemnity	05/19/15	Strain	Active
HHSC569	Open	Indemnity	07/08/15	Multiple physical injuries only	Active
HHSC583	Open	Indemnity	07/27/15	Strain	Active
HHSC592	Open	Indemnity	08/12/15	Strain	Active
HHSC638	Open	Indemnity	11/30/15	Strain	Active
HHSC674	Open	Indemnity	01/31/16	Strain	Active
HHSC691	Open	Indemnity	01/20/16	Strain	Active
HHSC695	Open	Indemnity	03/16/16	Strain	Active
HHSC696	Open	Indemnity	01/31/16	Strain	Active
HHSC744	Denied-Pend Inv.	Indemnity	06/02/16	Strain	Active
HHSC765	Open	Medical Only	07/26/16	Strain	Active
HHSC767	Open	Medical Only	06/05/16	Exposure to hepatitis	Active
HHSC778	Open	Indemnity	08/17/16	Strain/sprain/dislocation	Active
HHSC827	Open	Medical Only	12/14/16	Strain	Active
HHSC830	Open	Indemnity	12/14/16	Strain	Active
HHSC831	Open	Indemnity	12/15/16	Strain/sprain/dislocation	Active
HHSC845	Open	Medical Only	02/02/16	Strain	Active
HHSC853	Open	Medical Only	01/24/17	Inflammation, irritation	Active
HHSC856	Open	Indemnity	02/08/17	Strain	Active
HHSC858	Denied-Pend Inv.	Denial - Investigating	02/02/17	Mental Stress	Active
HHSC859	Open	Medical Only	02/08/17	Strain	Active
HHSC863	Open	Medical Only	03/01/17	Fracture	Active
HHSC865	Open	Indemnity	03/04/17	Sprain	Active
HHSC869	Open	Indemnity	03/16/17	Puncture wound	Active
HHSC870	Open	Medical Only	03/28/17	Strain	Active
HHSC872	Open	Medical Only	03/24/17	Strain	Active
HHSC873	Open	Medical Only	03/28/17	Strain	Active
HHSC877	Open	Indemnity	04/07/17	Strain	Active
HHSC883	Open	Medical Only	03/20/17	Strain	Active
HHSC885	Denied-Pend Inv.	Denial - Investigating	06/21/16	Dermatitis	Active
HHSC893	Open	Indemnity	05/25/17	Strain/sprain/dislocation	Active
HHSC894	Open	Medical Only	05/25/17	Human bite	Active
HHSC895	Open	Medical Only	05/25/17	Contusion	Active
HHSC897	Open	Indemnity	05/26/17	Strain/sprain/dislocation	Active
HHSC901	Open	Medical Only	06/01/17	Laceration	Active



HHSC903	Open	Indemnity	06/06/17	Contusion	Active
---------	------	-----------	----------	-----------	--------

Totals for MAUI REGION / MAUI MEMORIAL MEDICAL CENTER  
42 Claims

Totals for MAUI REGION  
56 Claims

GRAND TOTALS  
56 Claims

GRAND TOTALS			
Hospital	Indemnity Claims	Medical Only Claims	Total
Kula	12	1	13
Lanai	1	0	1
MMMC	28	14	42
Total	41	15	56

**Schedule 4.16**

**LITIGATION OR PROCEEDINGS**

REDACTED

**Attachment A to Schedule 4.16 (Litigation or Proceedings)**

REDACTED



REDACTED



REDACTED

REDACTED

REDACTED

REDACTED



REDACTED









**Schedule 4.17**

**MEDICAL STAFF MATTERS**

REDACTED





**Schedule 4.18(c)**

**PROPERTY TAXES**

See Attached.

**Schedule 4.18(c) - Property Taxes**

Facility/TMK	Building Description	S.F. Land	Exempt From Property Tax	Comments
Maui Memorial Medical Center (221 Mahalani Street)				
TMK 3-8-46:13,42	(Main Campus)	16.457 ac.	Yes	Parcel 42 consolidated into parcel 13 <sup>1</sup> .
TMK 3-8-46:24	(Education Building)	0.494 ac.	Yes	
TMK 3-8-46:29	(Cottages)	1.151 ac.	Yes	6001 denotes State lease
TMK 3-8-46:013-6001	(Dr. Baker Floating Parcel)	7,908 s.f. building <sup>2</sup>	No <sup>3</sup>	
Kula Hospital (100 Keokea Place)				
TMK 2-2-4:34,57,58,75,76,77	(Main Campus)	59.807 ac.	Yes	
TMK 2-2-4:35	(Cottage)	0.665 ac.	Yes	
TMK 2-2-4:67	(water tank)	2,500 s.f.	Yes	
TMK 2-2-4:68	(water tank)	0.491 ac.	Yes	
Lanai Community Hospital (628 7th Street)				
TMK 4-9-11:4	(Main Campus)	2.141 ac.	Yes	
TMK 4-9-11:13	(643 Nani Street)(Nurse Cottage)	10,039 s.f.	Yes	
TMK 4-9-15:13	(660 Akahi Place)(House)	6,539 s.f.	Yes	
Other Properties				
TMK 3-8-7:140	Maui Lani III	2.79 ac. <sup>4</sup>	Yes	Lease from HRT
TMK 3-4-20:42	1849 Willi Pa Loop	16,079 s.f.	Yes	Lease from MMMC Foundation

**Comments to KP:**

1 See attached (approved subdivision map; description of parcel 13 and 29 after subdivision and consolidation).

MMMC is working with the County of Maui Property Mapping Division section and submitted these documents for their review to have their records updated. MMMC has paid the property tax; these back payments were included in the settlement agreement with Dr. Baker (who is now being billed directly).

2 TMK (new number) and s.f. information were obtained from the County of Maui Real Property Tax Division.

3 In our discussion with them, the County of Maui Real Property Tax Division in our discussion has acknowledged that they will have to do an appraisal of the Dr. Baker's improvements for tax assessment purposes.

4 MMMC filed for Property Tax Exemption for this parcel (TMK 3-8-007-140-0000) on 12/15/2015.

**\*FINAL SUBDIVISION APPROVAL**  
**\*APPROVAL CASE UPON SECTION**

3.1787  
 Subdivision Number LUGA File No.  
 Approved for Recordation with the Bureau of  
 Conveyances and Department of Taxation,  
 State of Hawaii.

Director of Public Works  
 and Waste Management

10/10/97  
 Date

**MAUI MEMORIAL MEDICAL CENTER SUBDIVISION**

LAND SITUATED ON THE NORTHWESTERLY SIDE OF MAHALANI STREET.

KALUA, WAILUKU, MAUI, HAWAII

BEING A PORTION OF ROYAL PATENT 4475, LAND  
 COMMISSION AWARD 7713, APANA 23 TO V. KAMAMALU

OWNERS: LOT B-1-A-1-A: STATE OF HAWAII  
 LOT B-1-A-1-G: COUNTY OF MAUI

CONSOLIDATION OF LOT B-1-A-1-A  
 AND LOT B-1-A-1-G OF THE MAUI MEMORIAL  
 HOSPITAL LOT AND RESUBDIVISION INTO LOTS 1 AND 2,  
 AND DESIGNATION OF EASEMENTS 3 TO 5, INCLUSIVE

THIS WORK WAS PREPARED BY ME  
 OR UNDER MY SUPERVISION.



RONALD M. FUKUMOTO ENGINEERING, INC.

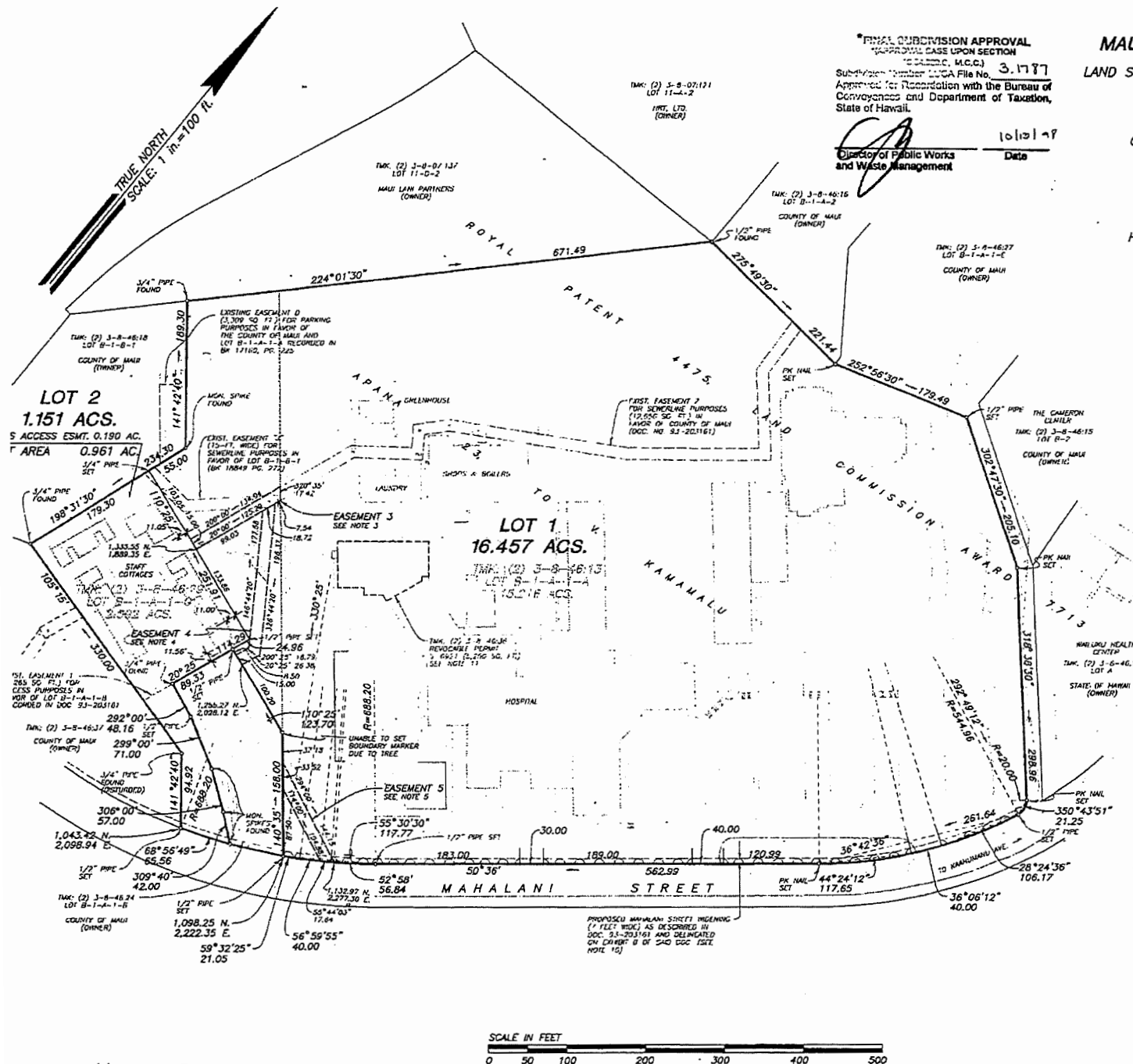
*Ronald M. Fukumoto*  
 RONALD M. FUKUMOTO  
 LICENSED PROFESSIONAL LAND SURVEYOR  
 CERTIFICATE NO. 5451

1721 WIL PA LOOP, SUITE 203  
 WAILUKU, MAUI, HAWAII 96793  
 JULY 29, 1998  
 REVISED: SEPTEMBER 30, 1998

**NOTES:**

- ALL AZIMUTHS AND RECORD COORDINATES REFER TO GOVERNMENT SURVEY TRIANGULATION STATION "LUKE".
- OWNERS OF ADJOINING PARCELS ARE FROM RECORDS IN THE TAX MAPS BRANCH.
- EASEMENT 3 (1,945 SQ. FT.) IS A 15-FOOT WIDE EASEMENT AFFECTING LOT 1 FOR SEWERLINE PURPOSES IN FAVOR OF THE COUNTY OF MAUI.
- EASEMENT 4 (3,144 SQ. FT.) IS A 15-FOOT WIDE EASEMENT AFFECTING LOT 1 FOR SEWERLINE PURPOSES IN FAVOR OF LOT B-1-A-1-B.
- EASEMENT 5 (1,868 SQ. FT.) IS A 15-FOOT WIDE EASEMENT AFFECTING LOT 1 FOR UNDERGROUND ELECTRICAL LINE PURPOSES IN FAVOR OF LOT B-1-A-1-B.
- ALL BOUNDARY CORNERS ARE MARKED AS NOTED ON MAP.
- PURSUANT TO MAUI COUNTY CODE SECTION 3.44.015(C), THE COUNTY OF MAUI IS NOT RESPONSIBLE FOR ANY PARK, ROADWAY, EASEMENT (INCLUDING BUT NOT LIMITED TO DRAINAGE, SEWER, ACCESS, RECLAIMED WATER, OR AVIGATION EASEMENT), OR ANY OTHER INTEREST IN REAL PROPERTY SHOWN ON THIS MAP OR SHOWN ON THESE PLANS, UNLESS THE MAUI COUNTY COUNCIL HAS ACCEPTED ITS DEDICATION BY A RESOLUTION APPROVED BY A MAJORITY OF COUNCIL'S MEMBERS AT A REGULAR OR SPECIAL MEETING OF THE MAUI COUNTY COUNCIL.
- DENOTES NO ACCESS PERMITTED
- DENOTES ACCESS PERMITTED
- DURING THE ACQUISITION OF LOT B-1-A-1-A BY THE STATE OF HAWAII, THE COUNTY OF MAUI DESIGNATED A PROPOSED 7 FT. WIDE ROAD WIDENING STRIP ALONG MAHALANI STREET RECORDED IN DOC. 93-203161 DATED OCTOBER 28, 1993. THE PROPOSED ROAD WIDENING STRIP, HOWEVER, IS NOT NEEDED NOW.
- REVOCABLE PERMIT NO. S-5921 WAS GRANTED BY THE STATE OF HAWAII TO DR. BOBBY BAKER ON APRIL 1, 1994 FOR CANCER TREATMENT CENTER LOCATION AND SIZE SHOWN ON THIS MAP ARE APPROXIMATE ONLY.

L.U.C.A. FILE NO. 3.1787



MAP KEY: (2) 3-B-46:13 AND 29

## DESCRIPTION

### MAUI MEMORIAL MEDICAL CENTER SUBDIVISION LOT 1

Being portions of Lot B-1-A-1-A and Lot B-1-A-1-G of the Maui Memorial Hospital Lot, being also a portion of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu situated at Kalua, Wailuku, Island and County of Maui, State of Hawaii.

Beginning at a ½-inch pipe at the South corner of this lot, the coordinates of said point of beginning referred to Government Survey Triangulation Station "LUKE" being:

1,098.25 feet North

2,222.35 feet East

and running by azimuths measured clockwise from True South:

1. 140° 35' 158.00 feet along Lot B-1-A-1-B of the Maui Memorial Hospital Lot, being also the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu;
2. 110° 25' 123.70 feet along same to a ½-inch pipe;
3. 200° 25' 24.96 feet along the remainder Lot B-1-A-1-G of the Maui Memorial Hospital Lot, being also the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu to a ½-inch pipe;
4. 110° 25' 251.91 feet along same to ¾-inch pipe;
5. 198° 31' 30" 55.00 feet along Lot B-1-B-1 of the Maui Memorial Hospital Lot, being also the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu to a monument spike;
6. 141° 42' 40" 189.30 feet along same to a ¾-inch pipe;
7. 224° 01' 30" 671.49 feet along Lot 11-D-2 of the Maui Lani Parkway-Road Lot Subdivision II, being also the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu to a ½-inch pipe;



8. 275° 49' 30" 221.44 feet along Lot B-1-A-2 of the Maui Memorial Hospital Lot, being also the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu to a PK nail;
9. 252° 56' 30" 179.49 feet along Lot B-1-A-1-B of the Maui Memorial Hospital Lot, being also the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu to a ½-inch pipe;
10. 302° 47' 30" 205.10 feet along same to a PK nail;
11. 318° 38' 30" 298.96 feet along same to a PK nail;
12. Thence along same on a curve to the right with a radius of 20.00 feet, the chord azimuth and distance being:  
350° 43' 51" 21.25 feet to a ½-inch pipe.
13. Thence along the northwesterly side of Mahalani Street on a curve to the right with a radius of 544.96 feet, the chord azimuth and distance being:  
28° 24' 36" 106.17 feet;
14. Thence along same on a curve to the right with a radius of 544.96 feet, the chord azimuth and distance being:  
36° 06' 12" 40.00 feet;
15. Thence along same on a curve to the right with a radius of 544.96 feet, the chord azimuth and distance being:  
44° 24' 12" 117.65 feet to a PK nail;
16. 50° 36' 120.99 feet along same;
17. 50° 36' 40.00 feet along same;
18. 50° 36' 189.00 feet along same;
19. 50° 36' 30.00 feet along same;
20. 50° 36' 183.00 feet along same to a ½-inch pipe;
21. Thence along same on a curve to the right with a radius of 688.20 feet, the chord azimuth and distance being:  
52° 58' 56.84 feet;

22. Thence along same on a curve to the right with a radius of 688.20 feet, the chord azimuth and distance being:  
56° 59' 55" 40.00 feet;
23. Thence along same on a curve to the right with a radius of 688.20 feet, the chord azimuth and distance being:  
59° 32' 25" 21.05 feet to the point of beginning  
and containing an area of 16.457 Acres.

Subject, however, to the restriction of the rights of vehicular access of ingress or egress, into and from Mahalani Street, over and across courses 13, 15, 16, 18, 20, 21, and 23 of the above decribed parcel of land.

This work was prepared by me  
or under my supervision.



RONALD M. FUKUMOTO ENGINEERING, INC.

*Ronald M. Fukumoto*

1721 Wili Pa Loop, Suite 203  
Wailuku, Hawaii 96793  
September 30, 1998

Ronald M. Fukumoto  
Licensed Professional Land Surveyor  
Certificate Number 5451

MMMC01

## DESCRIPTION

### MAUI MEMORIAL MEDICAL CENTER SUBDIVISION LOT 2

Being a portion of Lot B-1-A-1-G of the Maui Memorial Hospital Lot, being also a portion of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu situated at Kalua, Wailuku, Island and County of Maui, State of Hawaii.

Beginning at a ½-inch pipe at the South corner of this lot, the coordinates of said point of beginning referred to Government Survey Triangulation Station "LUKE" being:

1,043.42 feet North

2,098.94 feet East

and running by azimuths measured clockwise from True South:

1.     141°   42'   40"           94.92 feet along Lot B-1-B-1 of the Maui Memorial Hospital Lot, being also the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu to a ¾-inch pipe;
2.     105°   15'           330.00 feet along same to a ¾-inch pipe;
3.     198°   31'   30"           179.30 feet along same to a ¾-inch pipe;
4.     290°   25'           251.91 feet along along the remainder of Lot B-1-A-1-G of the Maui Memorial Hospital Lot, being also the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu to a ½-inch pipe;
5.     20°    25'           114.29 feet along the remainder of Lot B-1-A-1-G of the Maui Memorial Hospital Lot and along Lot B-1-A-1-B of the Maui Memorial Hospital Lot, being also the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu to a ¾-inch pipe;
6.     292°   00'           48.16 feet along Lot B-1-A-1-B of the Maui Memorial Hospital Lot, being also the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu to a ½-inch pipe;
7.     299°   00'           71.00 feet along same to a monument spike;

8. 306° 00' 57.00 feet along same to a monument spike;
9. 309° 40' 42.00 feet along same to a monument spike;
- 10 Thence along the North side of Mahalani Street on a curve to the right with a radius of 688.20 feet, the chord azimuth and distance being: 68° 56' 49" 65.56 feet to the point of beginning and containing an area of 1.151 Acres.

This work was prepared by me  
or under my supervision.



RONALD M. FUKUMOTO ENGINEERING, INC.

A handwritten signature in cursive script that reads "Ronald M. Fukumoto".

1721 Wili Pa Loop, Suite 203  
Wailuku, Hawaii 96793  
October 28, 1998

Ronald M. Fukumoto  
Licensed Professional Land Surveyor  
Certificate Number 5451

MMMC01

**MAUI MEMORIAL MEDICAL CENTER  
DESCRIPTION OF SEWERLINE  
EASEMENT 2B**

A 15-foot wide sewerline easement over, under and across a portion of Lot 1 of the Maui Memorial Medical Center Subdivision (COM File No. 3.1787) being also over, under and across a portion of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu situated at Kalua, Wailuku, Island and County of Maui, State of Hawaii.

Beginning at a point at the Northwest corner of this easement, along the North side of Lot 1 of the Maui Memorial Medical Center Subdivision (COM File No. 3.1787), the coordinates of said point of beginning referred to Government Survey Triangulation Station "LUKE" being:

2,035.82 feet North

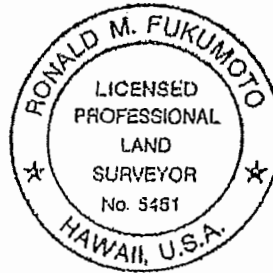
2,365.86 feet East

and running by azimuths measured clockwise from True South:

- |     |              |        |  |
|-----|--------------|--------|--|
| 1.  | 252° 56' 30" | 15.19  | feet along the South side of Lot B-1-A-1-E of the Maui Memorial Hospital Lot, being also along the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu;  |
| 2.  | 352° 00'     | 13.87  | feet over, under and across a portion of Lot 1 of the Maui Memorial Medical Center Subdivision (COM File No. 3.1787), being also over, under and across a portion of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu; |
| 3.  | 51° 00'      | 91.85  | feet over, under and across same;  |
| 4.  | 319° 20'     | 107.20 | feet over, under and across same;  |
| 5.  | 50° 55'      | 181.60 | feet over, under and across same;  |
| 6.  | 59° 50'      | 229.69 | feet over, under and across same;  |
| 7.  | 42° 50'      | 31.27  | feet over, under and across same;  |
| 8.  | 32° 00'      | 95.88  | feet over, under and across same;  |
| 9.  | 19° 55'      | 108.49 | feet over, under and across same;  |
| 10. | 140° 35'     | 17.45  | feet over, under and across same, being also along the northeast end of Existing Sewerline Easement 3;   |
| 11. | 199° 55'     | 101.16 | feet over, under and across a portion of Lot 1 of the Maui Memorial Medical Center Subdivision (COM File No. 3.1787), being also over, under and across a portion of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu; |

12. 212° 00'	98.96	feet over, under and across same;
13. 222° 50'	34.88	feet over, under and across same;
14. 239° 50'	230.77	feet over, under and across same;
15. 230° 55'	165.02	feet over, under and across same;
16. 139° 20'	107.21	feet over, under and across same;
17. 231° 00'	98.80	feet over, under and across same;
18. 172° 00'	2.99	feet over, under and across same to the point of beginning and containing an area of 12,754 Square Feet, more or less.

This work was prepared by me  
or under my supervision.



RONALD M. FUKUMOTO ENGINEERING, INC.

*Ronald M. Fukumoto*

Ronald M. Fukumoto  
Licensed Professional Land Surveyor  
Certificate Number 5451

1721 Wili Pa Loop, Suite 203  
Wailuku, Hawaii 96793  
October 2, 2006

MMMC01E



## DESCRIPTION

### MAUI MEMORIAL MEDICAL CENTER SUBDIVISION EASEMENT 3

(15-foot wide sewerline easement)

Being a portion of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu situated at Kalua, Wailuku, Island and County of Maui, State of Hawaii.

Beginning at the South corner of this easement, the coordinates of said point of beginning referred to Government Survey Triangulation Station "LUKE" being:

1,333.55 feet North

1,889.35 feet East

and running by azimuths measured clockwise from True South:

1. 110° 25' 15.00 feet along the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu;
2. 200° 00' 134.04 feet along same;
3. 320° 35' 17.42 feet along same;
4. 20° 00' 125.29 feet along same to the point of beginning and containing an area of 1,945 Square Feet.



This work was prepared by me  
or under my supervision.



RONALD M. FUKUMOTO ENGINEERING, INC.

*Ronald M. Fukumoto*

Ronald M. Fukumoto  
Licensed Professional Land Surveyor  
Certificate Number 5451

1721 Wili Pa Loop, Suite 203  
Wailuku, Hawaii 96793  
September 30, 1998

MMMC01

## DESCRIPTION

### MAUI MEMORIAL MEDICAL CENTER SUBDIVISION EASEMENT 4

(15-foot wide sewerline easement)

Being a portion of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu situated at Kalua, Wailuku, Island and County of Maui, State of Hawaii.

Beginning at the South corner of this easement, the coordinates of said point of beginning referred to Government Survey Triangulation Station "LUKE" being:

1,255.27 feet North

2,028.12 feet East

and running by azimuths measured clockwise from True South:

1. 110° 25' 15.00 feet along the remainder of Royal Patent 4475,  
Land Commission Award 7713, Apana 23 to V.  
Kamamalu;
2. 200° 25' 18.79 feet along same;
3. 146° 44' 20" 177.58 feet along same;
4. 200° 00' 18.72 feet along same;
5. 326° 44' 20" 196.37 feet along same;
4. 20° 25' 26.38 feet along same to the point of beginning and  
containing an area of 3,144 Square Feet.

This work was prepared by me  
or under my supervision.



RONALD M. FUKUMOTO ENGINEERING, INC.

A handwritten signature in cursive script that reads "Ronald M. Fukumoto".

Ronald M. Fukumoto  
Licensed Professional Land Surveyor  
Certificate Number 5451

1721 Wili Pa Loop, Suite 203  
Wailuku, Hawaii 96793  
September 30, 1998

MMMC01

## DESCRIPTION

### MAUI MEMORIAL MEDICAL CENTER SUBDIVISION EASEMENT 5

(15-foot wide underground electrical line easement)

Being a portion of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu situated at Kalua, Wailuku, Island and County of Maui, State of Hawaii.

Beginning at the East corner of this easement on the northwesterly side of Mahalani Street, the coordinates of said point of beginning referred to Government Survey Triangulation Station "LUKE" being:

1,132.97 feet North

2,277.30 feet East

and running by azimuths measured clockwise from True South:

1. Thence along the northwesterly side of Mahalani Street on a curve to the right with a radius of 688.20 feet, the chord azimuth and distance being:  
55° 44' 03" 17.64 feet;
2. 114° 00' 104.88 feet along the remainder of Royal Patent 4475, Land Commission Award 7713, Apana 23 to V. Kamamalu;
3. 140° 35' 33.52 feet along same;
4. 294° 00' 144.13 feet along same to the point of beginning and containing an area of 1,868 Square Feet.

This work was prepared by me  
or under my supervision.



RONALD M. FUKUMOTO ENGINEERING, INC.

A handwritten signature of Ronald M. Fukumoto in cursive script.

1721 Wili Pa Loop, Suite 203  
Wailuku, Hawaii 96793  
September 30, 1998

Ronald M. Fukumoto  
Licensed Professional Land Surveyor  
Certificate Number 5451

MMMC01

**Schedule 4.21**

**INTELLECTUAL PROPERTY**

*See* Schedule 1.103.

**Schedule 4.24**

**CERTIFICATES OF NEED**

NONE.

**Schedule 4.25**

**NO OUTSTANDING RIGHTS**

NONE.



#### **Schedule 4.26**

#### **EXPERIMENTAL PROCEDURES**

There are currently two (2) Humanitarian Use Devices (HUD) managed with the Western Institutional Review Board (WIRB).

Device: Neuroform Stent (aneurysm coiling procedures)

Sponsor Name: Stryker Corporation

Sponsor Protocol Number: None

IRB Protocol or Tracking Number: 20031717

Physician: Turgut Berkmen, MD

Device: Wingspan Stent (intracranial atherosclerotic disease)

Sponsor Name: Stryker Corporation

Sponsor Protocol Number: H050001

IRB Protocol or Tracking Number: 20052228

Physician: Turgut Berkmen, MD

**Schedule 8.3**

**ACTIONS OR PROCEEDINGS**

NONE.

**Schedule 8.4**

**GOVERNMENTAL ENTITY APPROVALS**

NONE.

## **Schedule 8.5**

### **MATERIAL APPROVALS AND CONSENTS**

1. All consents and approvals from the Lenders (as such term is defined in the Lease) required pursuant to the Loans (as defined in the Lease), including such consents and approvals set forth in Sections 4.55, Section 4.62(a) and "Exhibit H" of the Lease.
2. All consents, approvals, or authorizations required pursuant to the Capital Leases, including such consents and approvals set forth in Section 4.52 and Exhibit "E" to the Lease.
3. Consent to Assignment of Lease by HRT Realty, LLC, in connection with that certain Indenture of Lease, dated June 16, 2008, between HRT Realty, LLC and HHSC d/b/a MMMC, as amended by that First Amendment to Lease, dated April 27, 2012.

**Schedule 9.3**

**ACTIONS OR PROCEEDINGS**

NONE.

**Schedule 9.5**

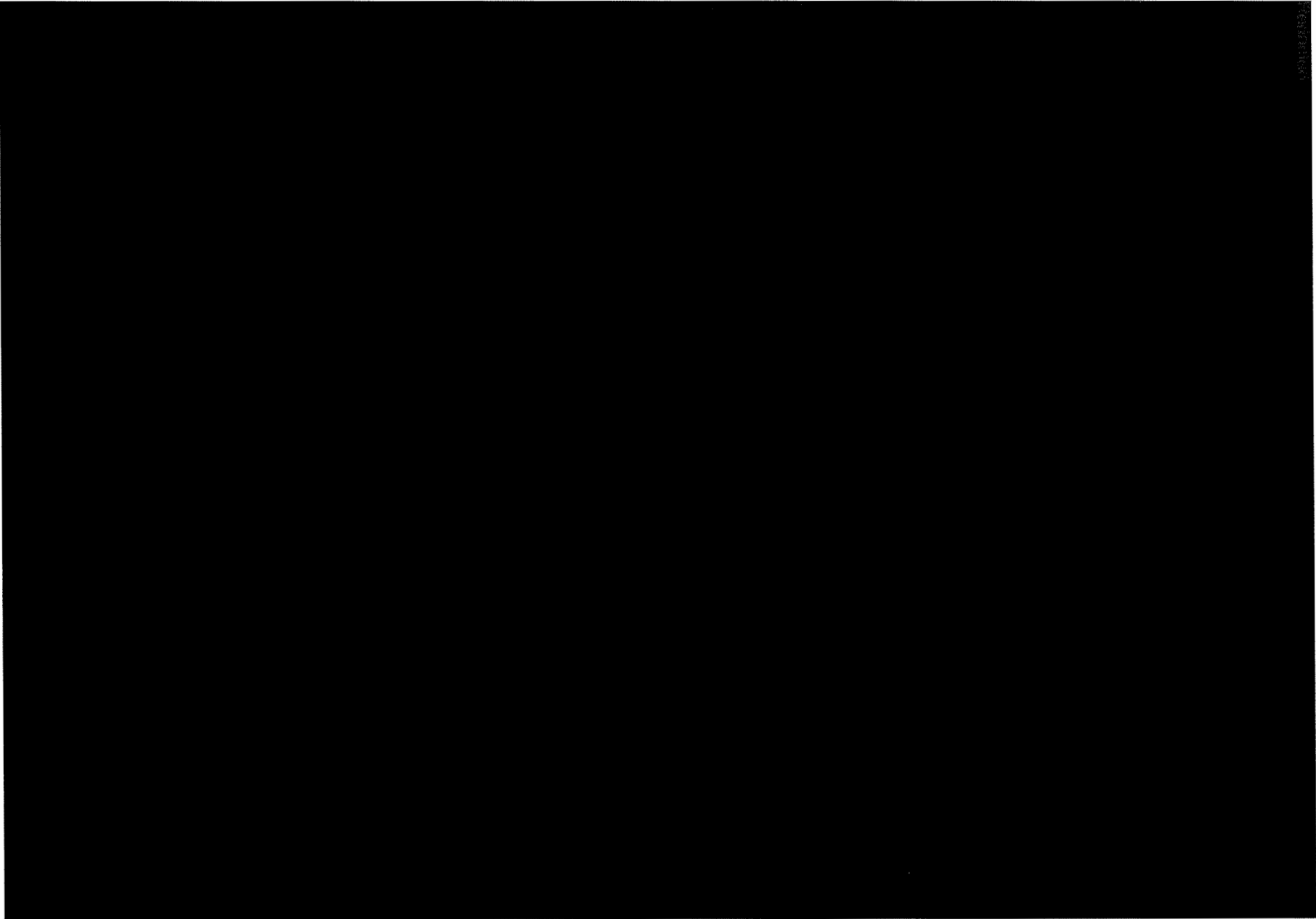
**GOVERNMENTAL ENTITY APPROVALS**

NONE.

**Schedule 12.4**

**HITECH PAYMENTS**

See Attached.





Released

Maui Medicaid EHR incentive payment calculation per Medicaid SLR file

Submitted Data (Initial Data Entry)

FY

	2012				
	Year 1	Year 2	Year 3	Year 4	Total
Average Growth Rate	-2.93%				
Annual Discharge with Growth Factor	9,445	9,168	8,899	8,638	
Disallowed Discharges	1,149	1,149	1,149	1,149	
Allowable Discharges	8,296	8,019	7,750	7,489	
Per Discharge Amount	\$200	\$200	\$200	\$200	
Discharge Related Amount	\$1,659,200	\$1,603,800	\$1,550,000	\$1,497,800	
Base Amount	2,000,000	2,000,000	2,000,000	2,000,000	
Gross Amount	\$3,659,200	\$3,603,800	\$3,550,000	\$3,497,800	
Transition Factor	1	0.75	0.5	0.25	
Annual EHR Amount	\$3,659,200	\$2,702,850	\$1,775,000	\$874,450	\$9,011,500

FFY Program Year 2013

Source date FY 2012

Medicaid Inpatient Bed Days	2,872
Medicaid Managed Care Bed Days	8,241
Total Numerator	11,113

Total Inpatient Bed Days	51,370
Total Charges	456,926,988
Total Charity Care Charges	3,929,913
Denominator	50,928

Medicaid Share Factor 21.82%

Calc Aggregate EHR Amount \$1,966,392.68

Per SLR Aggregate EHR Amount \$1,966,309.30

Payment	Amount	Date	Pymt #
Year 1: FFY 2013	983,155.00	4/25/2014	
Year 2: FFY 2014	786,524.00	4/24/2015	
Year 3: FFY 2015	196,631.00	12/30/2016	551584
Total EHR Amount	1,966,310.00		



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

PDF printed on June 15, 2017

### Attestation Information

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

- Your DUALY\_ELIGIBLE EHR Incentive Program registration was successfully submitted on 12/06/2016
- EHR Incentive Program attestation was successfully submitted on 07/01/2014 for Federal Fiscal year 2014.
- EHR Incentive Program attestation was successfully submitted on 03/10/2016 for Program year 2015.
- EHR Incentive Program attestation was successfully submitted on 03/12/2017 for Program year 2016.

Name: MAUI MEMORIAL MEDICAL CENTER

NPI: 1629167754

CCN: 120002

TIN: REDACTED

Total Cumulative Amount: \$3,827,904.00

Attestation Status	Attestation Status Reason	Submission Date	Cancellation Date	Program Year	Payment Year	Stage	Reporting Period	EHR Certification Number	eReporting CQMs
Payment Issued	Meaningful user	07/01/2014		2014	1	Stage1	04/01/2014 - 06/29/2014	A014E01NBV KGEAL	No
Payment Issued	Meaningful user	03/10/2016		2015	2	Stage1	10/03/2015 - 12/31/2015	1314E01R9L WFEAR	No
Payment Issued	Meaningful user	03/12/2017		2016	3	Stage2	10/01/2016 - 12/29/2016	0014EP7FG2 38J81	Yes



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

PDF printed on June 15, 2017

### Audit/Appeals Information

Name: MAUI MEMORIAL MEDICAL CENTER  
NPI: 1629167754  
CCN: 120002  
TIN: REDACTED

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

Program Year	Payment Year	Incentive Program Type	Tax Identifier	CMS Certification Number (CCN)	Audit Intent Date	Audit Type	Audit Category	Audit Status	Demand Letter Date	Audit Start Date	Audit End Date	Audit Findings
2014	1	MEDICARE	REDACTED	120002	11/19/2015	Meaningful Use Audit	End of Year Audit	Audit Completed	N/A	11/20/2015	02/29/2016	No adverse findings



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

PDF printed on June 15, 2017

---

Registration Information

---

Name:	MAUI MEMORIAL MEDICAL CENTER
NPI:	1629167754
CCN:	120002 REDACTED
TIN:	REDACTED
Incentive Type:	DUALY_ELIGIBLE
Registration Status:	Medicare/Medicaid:ACTIVE/ACTIVE
Status Reason:	Medicare-Successfully registered in the EHR Incentive Program/ Medicaid-The payment has been issued
Registration last Update Date:	05/27/2017
Explanation:	N/A
Registration ID:	1000470572
Payee Name:	MAUI MEMORIAL MEDICAL CENTER
EHR Certification Indicator:	Yes
EHR Certification Number:	0014EP7FG238J81
Hospital Type:	Medicare - Subsection(d) Hospitals / Medicaid - Acute Care Hospitals
Business Address:	221 Mahalani Street Wailuku HI 96793
Phone #:	REDACTED
E-mail:	REDACTED
Contractor ID:	01211 - HI
FI/Carrier/MAC:	FISCAL INTERMEDIARY - 01211 - HI
Medicaid State/Territory:	HI



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

PDF printed on June 15, 2017

### Payment Information

Name: MAUI MEMORIAL MEDICAL CENTER  
NPI: 1629167754  
CCN: 120002  
TIN: REDACTED

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

- Your DUALY\_ELIGIBLE EHR Incentive Program registration was successfully submitted on 12/06/2016
- Your DUALY\_ELIGIBLE EHR Incentive Program attestation was successfully submitted on 07/01/2014 for Federal Fiscal year 2014.
- Your DUALY\_ELIGIBLE EHR Incentive Program attestation was successfully submitted on 03/10/2016 for Federal Fiscal year 2015.
- Your DUALY\_ELIGIBLE EHR Incentive Program attestation was successfully submitted on 03/12/2017 for Federal Fiscal year 2016.
- Your last MEDICARE EHR Incentive Payment of \$319,260.91 was sent on 05/25/2017

Total EHR Incentive Payment Amount: . Please visit the Educational Materials website for tip sheets and other information about EHR incentive payments.

	MEDICARE	MEDICAID	MEDICARE	MEDICAID	MEDICARE	MEDICAID
Program Year	2016	2015	2015	2014	2014	2013
Payment Year	3	3	2	2	1	1
Payment Status Date	05/25/2017	12/30/2016	05/11/2016	04/24/2015	09/06/2014	04/25/2014
Payment Category	Initial	Initial	Initial	Initial	Initial	Initial
Payment Status	Paid	Paid	Paid	Paid	Paid	Paid
Payment Status Reason	EFT Successful	Payment Successful	EFT Successful	Payment Successful	EFT Successful	Payment Successful
Calculated Payment Amount	REDACTED					
Disbursed Payment Amount	\$319,260.91	\$196,631.00	\$555,274.54	\$786,524.00	\$987,058.55	\$983,155.00
Total Recoupment Amount						
Accounts Receivable Balance						
Write-off Amount						
Withheld Amount	\$0.00\$0.00\$0.00		\$0.00\$0.00\$0.00		\$0.00\$0.00\$0.00	
Withheld Amount Reason	FPLP TAX DEBT OFFSET, 1099 3% OFFSET, FPLP		FPLP TAX DEBT OFFSET, 1099 3% OFFSET, FPLP		FPLP TAX DEBT OFFSET, 1099 3% OFFSET, FPLP	



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

	NONTAX DEBT OFFSET,		NONTAX DEBT OFFSET,		NONTAX DEBT OFFSET,	
Offset Amount						
Offset Reason						
Payee Name	MAUI MEMORIAL MEDICAL CENTER	MAUI MEMORIAL MEDICAL CTR	MAUI MEMORIAL HOSPITAL	MAUI MEMORIAL MEDICAL CTR	MAUI MEMORIAL MEDICAL CTR	MAUI MEMORIAL MEDICAL CTR
Payee TIN	REDACTED					
NPI/CCN	1629167754/ 120002	1629167754/ 120002	1629167754/ 120002	1629167754/ 120002	1629167754/ 120002	1629167754/ 120002
MAC/Carrier	/01211		/01211		/01211	
MAO Contract Number	N/A	N/A	N/A	N/A	N/A	N/A
Cost Report End Date	06/30/2016	N/A	06/30/2015	N/A	06/30/2013	N/A
Total Discharges	9288	N/A	9468	N/A	10037	N/A
Inpatient Part A Days	10658	N/A	11934	N/A	11773	N/A
Inpatient Part C Days	8792	N/A	5313	N/A	6989	N/A
Total Inpatient Days	54624	N/A	56261	N/A	53303	N/A
Charity Care Charges	\$4,819,234.00	N/A	\$4,462,688.00	N/A	\$4,624,988.00	N/A
Subsection (d) Medicare Share	0.3592	N/A	0.3093	N/A	0.3555	N/A
Hospital Base Amount	\$2,000,000.00	N/A	\$2,000,000.00	N/A	\$2,000,000.00	N/A
Hospital Charges	\$554,350,426.00	N/A	\$507,294,860.00	N/A	\$472,963,511.00	N/A
Discharge Based Amount	\$1,627,800.00	N/A	\$1,663,800.00	N/A	\$1,777,600.00	N/A
Transition Factor	0.25	N/A	0.50	N/A	0.75	N/A
CAH Reasonable Cost	N/A	N/A	N/A	N/A	N/A	N/A
CAH Medicare Share	N/A	N/A	N/A	N/A	N/A	N/A



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

PDF printed on June 15, 2017

### Attestation Information

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

- Your DUALY\_ELIGIBLE EHR Incentive Program registration was successfully submitted on 07/23/2014
- EHR Incentive Program attestation was successfully submitted on 03/03/2016 for Program year 2015.
- EHR Incentive Program attestation was successfully submitted on 03/13/2017 for Program year 2016.

Name: LANAI COMMUNITY HOSPITAL

NPI: 1962583328

CCN: 121305

TIN:

REDACTED

Total Cumulative Amount: \$374,850.00

Attestation Status	Attestation Status Reason	Submission Date	Cancellation Date	Program Year	Payment Year	Stage	Reporting Period	EHR Certification Number	eReporting CQMs
Payment Issued	Meaningful user	03/03/2016		2015	1	Stage1	10/03/2015 - 12/31/2015	1314E01R9L WFEAR	No
Passed	Meaningful user	03/13/2017		2016	N/A	Stage1	09/01/2016 - 11/29/2016	0014EP7FG2 38J81	No





Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

PDF printed on June 15, 2017

---

Registration Information

---

Name:	LANAI COMMUNITY HOSPITAL
NPI:	1962583328
CCN:	121305
TIN:	REDACTED
Incentive Type:	DUALLY_ELIGIBLE
Registration Status:	Medicare/Medicaid:ACTIVE/LOCKED FOR PAYMENT
Status Reason:	Medicare-Successfully registered in the EHR Incentive Program/ Medicaid-The payment process has been initiated
Registration last Update Date:	05/22/2017
Explanation:	N/A
Registration ID:	1000516763
Payee Name:	LANAI COMMUNITY HOSPITAL
EHR Certification Indicator:	Yes
EHR Certification Number:	0014EP7FG238J81
Hospital Type:	Medicare - Critical Access Hospitals / Medicaid - Acute Care Hospitals
Business Address:	628 Seventh Street Lanai HI 96763
Phone #:	REDACTED
E-mail:	REDACTED
Contractor ID:	01211 - HI
FI/Carrier/MAC:	FISCAL INTERMEDIARY - 01211 - HI
Medicaid State/Territory:	HI



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

PDF printed on June 15, 2017

---

Payment Information

---

Name:	LANAI COMMUNITY HOSPITAL
NPI:	1962583328
CCN:	121305
TIN:	REDACTED

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

- Your DUALY\_ELIGIBLE EHR Incentive Program registration was successfully submitted on 07/23/2014
- Your DUALY\_ELIGIBLE EHR Incentive Program attestation was successfully submitted on 03/03/2016 for Federal Fiscal year 2015.
- Your DUALY\_ELIGIBLE EHR Incentive Program attestation was successfully submitted on 03/13/2017 for Federal Fiscal year 2016.
- Your last MEDICAID EHR Incentive Payment of \$166,600.00 was sent on 01/20/2017



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

PDF printed on June 15, 2017

Total EHR Incentive Payment Amount: . Please visit the Educational Materials website for tip sheets and other information about EHR incentive payments.

	MEDICAID	MEDICARE	MEDICAID	
Program Year	2015	2015	2014	
Payment Year	2	1	1	
Payment Status Date	01/20/2017	N/A	05/22/2015	
Payment Category	Initial	Initial	Initial	
Payment Status	Paid	Paid	Paid	
Payment Status Reason	Payment Successful	Zero dollar payment	Payment Successful	
Calculated Payment Amount	REDACTED			
Disbursed Payment Amount	\$166,600.00		\$208,250.00	
Total Recoupment Amount				
Accounts Receivable Balance				
Write-off Amount				
Withheld Amount				
Withheld Amount Reason				
Offset Amount				
Offset Reason				
Payee Name	LANAI COMMUNITY HOSPITAL	N/A	LANAI COMMUNITY HOSPITAL	
Payee TIN	REDACTED			
NPI/CCN	1962583328/ 121305	1962583328/ 121305	1962583328/ 121305	
MAC/Carrier				
MAO Contract Number	N/A	N/A	N/A	
Cost Report End Date	N/A	06/30/2015	N/A	
Total Discharges	N/A	N/A	N/A	
Inpatient Part A Days	N/A	1	N/A	
Inpatient Part C Days	N/A	0	N/A	
Total Inpatient Days	N/A	51	N/A	
Charity Care Charges	N/A	\$429.00	N/A	
Subsection (d) Medicare Share	N/A	N/A	N/A	
Hospital Base Amount	N/A	N/A	N/A	
Hospital Charges	N/A	\$5,557,169.00	N/A	
Discharge Based Amount	N/A	N/A	N/A	
Transition Factor	N/A	0.50	N/A	
CAH Reasonable Cost	N/A	\$0.00	N/A	
CAH Medicare Share	N/A	0.2196	N/A	



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

PDF printed on June 15, 2017

---

Registration Information

---

Name:	KULA HOSPITAL
NPI:	1003905092
CCN:	121308
TIN:	REDACTED
Incentive Type:	DUALLY_ELIGIBLE
Registration Status:	Medicare/Medicaid:ACTIVE/ACTIVE
Status Reason:	Medicare-Successfully registered in the EHR Incentive Program/ Medicaid-Registration Approved By State
Registration last Update Date:	02/11/2017
Explanation:	N/A
Registration ID:	1000470573
Payee Name:	KULA HOSPITAL
EHR Certification Indicator:	Yes
EHR Certification Number:	0014EP7FG238J81
Hospital Type:	Medicare - Critical Access Hospitals / Medicaid - Acute Care Hospitals
Business Address:	100 Keokea PI Kula HI 96790-7450
Phone #:	REDACTED
E-mail:	
Contractor ID:	01211 - HI
FI/Carrier/MAC:	FISCAL INTERMEDIARY - 01211 - HI
Medicaid State/Territory:	HI



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

### Attestation Information

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

- Your DUALY\_ELIGIBLE EHR Incentive Program registration was successfully submitted on 12/19/2013
- EHR Incentive Program attestation was successfully submitted on 03/10/2016 for Program year 2015.
- EHR Incentive Program attestation was successfully submitted on 03/13/2017 for Program year 2016.

Name: KULA HOSPITAL

NPI: 1003905092

CCN: 121308

TIN:

REDACTED

Total Cumulative Amount: \$0.00

Attestation Status	Attestation Status Reason	Submission Date	Cancellation Date	Program Year	Payment Year	Stage	Reporting Period	EHR Certification Number	eReporting CQMs
Payment Issued	Meaningful user	03/10/2016		2015	1	Stage1	10/03/2015 - 12/31/2015	1314E01R9L WFEAR	No
Passed	Meaningful user	03/13/2017		2016	N/A	Stage1	10/01/2016 - 12/29/2016	0014EP7FG2 38J81	No



---

Payment Information

---

Name:	KULA HOSPITAL
NPI:	1003905092
CCN:	121308
TIN:	REDACTED

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

- Your DUALY\_ELIGIBLE EHR Incentive Program registration was successfully submitted on 12/19/2013
- Your DUALY\_ELIGIBLE EHR Incentive Program attestation was successfully submitted on 03/10/2016 for Federal Fiscal year 2015.
- Your DUALY\_ELIGIBLE EHR Incentive Program attestation was successfully submitted on 03/13/2017 for Federal Fiscal year 2016.



Medicare & Medicaid  
EHR Incentive Program  
Registration and Attestation System

PDF printed on June 15, 2017

Total EHR Incentive Payment Amount: . Please visit the Educational Materials website for tip sheets and other information about EHR incentive payments.

	MEDICARE	
Program Year	2015	
Payment Year	1	
Payment Status Date	N/A	
Payment Category	Initial	
Payment Status	Paid	
Payment Status Reason	Zero dollar payment	
Calculated Payment Amount	\$0.00	
Disbursed Payment Amount		
Total Recoupment Amount		
Accounts Receivable Balance		
Write-off Amount		
Withheld Amount		
Withheld Amount Reason		
Offset Amount		
Offset Reason		
Payee Name	N/A	
Payee TIN	REDACTED	
NPI/CCN	1003905092/ 121308	
MAC/Carrier		
MAO Contract Number	N/A	
Cost Report End Date	06/30/2015	
Total Discharges	N/A	
Inpatient Part A Days	283	
Inpatient Part C Days	0	
Total Inpatient Days	566	
Charity Care Charges	\$652,505.00	
Subsection (d) Medicare Share	N/A	
Hospital Base Amount	N/A	
Hospital Charges	\$22,854,937.00	
Discharge Based Amount	N/A	
Transition Factor	0.50	
CAH Reasonable Cost	\$0.00	
CAH Medicare Share	0.7147	

## **Schedule 13.6**

### **OFFSET ARRANGEMENT**

Pursuant to Section 13.6 of the Agreement, during the second (2<sup>nd</sup>) through fifth (5<sup>th</sup>) years of the Initial Term, provided there is no uncorrected Funding Differential for any prior year(s) and MHSKFH attains the Minimum Margin, operating income in excess of Retained Operating Income shall be eligible for repayment to the State in accordance with the following methodology:

<b>Operating Subsidies Received by MHSKFH During the Applicable Year</b>	<b>Percentage of Operating Income In Excess of Retained Operating Income Eligible for Repayment to State</b>
Over \$20 million	50%
\$15 - \$20 million	40%
\$10 - \$15 million	25%
Up to \$10 million	10%

In no case shall the repayment to the State exceed the funded Operating Subsidies.

The Offset Arrangement shall terminate after the conclusion of the fifth (5<sup>th</sup>) year of the Initial Term.