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For calendar year 2014, or tax year beginning 07-01-2014 , and ending 06-30-2015

Name of foundation THE PUBLIC HEALTH FUND OF THE CHAMBER OF COMMERCE OF HAWAII		A Employer identification number 99-6010618	
Number and street (or P O box number if mail is not delivered to street address) 1132 BISHOP STREET NO 2105		B Telephone number (see instructions) (808) 545-4300	
City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96813		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 2,399,902		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	26,120	26,120		
	4 Dividends and interest from securities.	56,676	56,676		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	95,340			
	b Gross sales price for all assets on line 6a 867,409				
	7 Capital gain net income (from Part IV, line 2) . . .		95,340		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	13	0		
	12 Total. Add lines 1 through 11	178,149	178,136		
	13 Compensation of officers, directors, trustees, etc	25,000	6,250		18,750
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	8,743	2,186		6,557
	c Other professional fees (attach schedule)	18,357	18,357		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,444	0		3,444
	24 Total operating and administrative expenses. Add lines 13 through 23	55,544	26,793		28,751
	25 Contributions, gifts, grants paid	113,800			113,800
	26 Total expenses and disbursements. Add lines 24 and 25	169,344	26,793		142,551
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	8,805			
	b Net investment income (if negative, enter -0-)		151,343		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	20,034	11,498	11,498
	2	Savings and temporary cash investments	49,763	97,895	97,895
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)	238,184	242,420	242,420
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule).	414,500	420,875	420,875
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1,833,909	1,627,214	1,627,214
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,556,390	2,399,902	2,399,902	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable	59,313	71,765	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	59,313	71,765	
	Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
24		Unrestricted	2,497,077	2,328,137	
25		Temporarily restricted			
26		Permanently restricted			
Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
27		Capital stock, trust principal, or current funds			
28		Paid-in or capital surplus, or land, bldg , and equipment fund			
29		Retained earnings, accumulated income, endowment, or other funds			
30		Total net assets or fund balances (see instructions)	2,497,077	2,328,137	
31		Total liabilities and net assets/fund balances (see instructions)	2,556,390	2,399,902	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 2,497,077
2	Enter amount from Part I, line 27a	2 8,805
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 2,505,882
5	Decreases not included in line 2 (itemize) ▶ _____	5 177,745
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 2,328,137

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table		
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table		
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	95,340
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013			
2012			
2011			
2010			
2009			

2	Total of line 1, column (d).	2	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	
5	Multiply line 4 by line 3.	5	
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	
7	Add lines 5 and 6.	7	
8	Enter qualifying distributions from Part XII, line 4.	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	3,027
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3		Add lines 1 and 2.		3	3,027
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	3,027
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a		
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		7	0
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	3,027
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): <input type="checkbox"/> HI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV.</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶ COCHAWAII.ORG				
14	The books are in care of ▶ THE CHAMBER OF COMMERCE OF HAWAII Telephone no ▶ (808) 545-4300 Located at ▶ 1132 BISHOP STREET SUITE 2105 HONOLULU HI ZIP +4 ▶ 96813			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶				

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

Yes

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes

No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total

number of other employees paid over \$50,000.

0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	2,395,742
b	Average of monthly cash balances.	1b	84,426
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,480,168
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	2,480,168
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	37,203
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,442,965
6	Minimum investment return. Enter 5% of line 5.	6	122,148

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	122,148
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	3,027
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,027
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	119,121
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	119,121
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	119,121

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	142,551
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	142,551
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	142,551
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				119,121
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 142,551				
a Applied to 2013, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2014 distributable amount.				119,121
e Remaining amount distributed out of corpus	23,430			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	23,430			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	23,430			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .	23,430			

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon.					
a	"Assets" alternative test—enter					
	(1) Value of all assets.					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization.					
	(4) Gross investment income.					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

PUBLIC HEALTH FUND
1132 BISHOP STREET SUITE 2105
HONOLULU, HI 96813
(808) 545-4300
PHF@COCHAWAII.ORG

b

The form in which applications should be submitted and information and materials they should include

COMPLETED APPLICATION FORM AND A DETAILED DESCRIPTION OF THE PROPOSED PROJECT

c

Any submission deadlines

THE DEADLINES FOR SUBMITTING GRANT PROPOSALS EVERY YEAR ARE JUNE 15 AND DECEMBER 15

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

GRANT SHOULD BE USED FOR PROMOTION AND MAINTENANCE OF THE HEALTH OF THE CITY AND COUNTY OF HONOLULU

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	113,800
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
US TREASURY NOTES 0 25% 9/15/14 20000 SHARES	P		2014-09-15
US TREASURY NOTES 0 5% 10/15/14 10000 SHARES	P		2014-10-15
US TREASURY NOTES 4 0% 2/15/15 5000 SHARES	P		2015-02-17
AFFILIATED COMP SVRS 5 2% 6/1/15 5000 SHARES	P		2015-06-01
AFLAC INC 8 5% 5/15/19 5000 SHARES	P		2015-04-13
CAMERON INTL 4 5% 6/1/21 5000 SHARES	P		2015-06-30
CIGNA CORP 8 5% 5/1/19 5000 SHARES	P		2015-04-13
CONTL AIRLINES 9 0% 7/8/16 143 08 SHARES	P		2014-07-08
CONTL AIRLINES 9 0% 7/8/16 158 1 SHARES	P		2015-01-08
DOMINION RESOURCES 5 2% 1/15/16 5000 SHARES	P		2014-12-09

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
20,000		19,956	44
10,000		10,013	-13
5,000		4,901	99
5,000		5,392	-392
6,356		6,422	-66
5,209		5,338	-129
6,342		5,000	1,342
143		152	-9
158		168	-10
5,264		5,000	264

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			44
			-13
			99
			-392
			-66
			-129
			1,342
			-9
			-10
			264

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
INTEL CORP 1 35% 12/15/17 5000 SHARES	P		2014-07-23
MARSH & MCLENNAN 9 25% 4/15/19 5000 SHARES	P		2014-10-06
ROYAL CANADA MTN 85% 3/8/16 5000 SHARES	P		2015-03-05
UNITED HEALTH GROUP 2 875% 3/15/22 5000 SHARES	P		2015-02-11
VERIZON COMM INC 2 625% 2/21/20 365 95 SHARES	P		2014-08-28
VANGUARD 500 INDEX FUND-ADM 366 916 SHARES	P		2015-05-29
VANGUARD 500 INDEX FUND-SIGN 442 508 SHARES	P		2014-08-04
VANGUARD GROWTH ETF 770 SHARES	P	2008-09-25	2014-11-18
WISDOMTREE TRUST EMRG MKT EQT 500 SHARES	P	2011-11-15	2015-02-17
ISHARES S&P US PFD STK IDX FD 100 SHARES	P	2010-09-20	2015-03-25

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
4,993		4,995	-2
6,542		6,757	-215
5,011		4,997	14
5,116		5,110	6
366		341	25
72,000		47,276	24,724
65,000		46,761	18,239
80,483		41,840	38,643
22,145		26,428	-4,283
4,013		3,994	19

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-2
			-215
			14
			6
			25
			24,724
			18,239
			38,643
			-4,283
			19

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
ISHARES IBOXX \$ H/Y COR BD ETF 165 SHARES	P	2009-03-12	2015-05-18
ISHARES MSCI CANADA ETF 1245 SHARES	P	2011-05-25	2015-05-18
ISHARES MSCI CANADA ETF 1600 SHARES	P	2011-08-03	2015-05-18
ISHARES S&P US PFD STK IDX FD 125 SHARES	P	2010-09-20	2015-05-18
ISHARES S&P US PFD STK IDX FD 1260 SHARES	P	2010-09-20	2015-05-28
VANGUARD EUROPEAN MSCI ETF 1096 SHARES	P	2009-03-12	2015-05-18
VANGUARD GROWTH ETF 90 SHARES	P	2008-09-25	2015-05-18
WISDOMTREE TRUST EMRG MKT EQT 242 SHARES	P	2011-11-15	2015-05-18
WISDOMTREE TRUST EMRG MKT EQT 105 SHARES	P	2011-11-15	2015-05-18
FIRST TR ISE REVERS NAT GAS 5410 SHARES	P	2014-11-18	2015-05-18

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
14,981		10,997	3,984
35,709		40,445	-4,736
45,890		48,393	-2,503
4,969		4,992	-23
50,253		50,323	-70
63,603		32,264	31,339
9,918		4,890	5,028
14,984		10,048	4,936
4,974		5,550	-576
59,668		80,007	-20,339

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			3,984
			-4,736
			-2,503
			-23
			-70
			31,339
			5,028
			4,936
			-576
			-20,339

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
BLACKROCK LIQ FD 233319 SHARES	P		2015-06-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
233,319		233,319	0


Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CHAMBER OF COMMERCE OF HAWAII	TRUSTEE 1 00	25,000	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
DENNIS E FRANCIS	CHAIR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
GABE LEE	CHAIR ELECT 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
VIRGINIA PRESSLER	VICE CHAIR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
MARK POLIVKA	VICE CHAIR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
TAYNE SEKIMURA	TREASURER 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
BARRY K TANIGUCHI	PAST CHAIR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
ALICIA MOY	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
ANN BOTTICELLI	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
BEN GODSEY	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
BERNIE COLEMAN	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
BRYAN LUKE	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
CAMERON W NEKOTA	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
CHRISTINE VAN BERGEIJK	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
DAVID OKABE	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
DAVID TUMILOWICZ	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
DONN M TAKAKI	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
GEORGE M MORVIS	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
JAMES CHAN	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
JEFFREY S HARRIS	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
JENNIFER A HEE	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
JILL SHIMOKAWA HIGA	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
KIPPEN DE ALBA CHU	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
KURT MATSUMOTO	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
KURT OSAKI	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
KU'UHAKU PARK	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
LANCE MIZUMOTO	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
MARTIN J WELCH	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
MICHAEL G WRIGHT	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
MICHAEL MAY	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
MICHELL E NISHIMOTO	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
NEAL YOKOTA	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
NEIL DUTCH KUYPER	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
PETER SCHILLER	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
ROBERT REICH	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
SCOTT BARBER	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
SIGNE GODFREY	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
STANFFORD KIGUCHI	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
V VANCE ROLEY	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
VIC ANGOCO	DIRECTOR 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
CHUCK ERSKINE	EX-OFFICO 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
PAMELA TUMPAP	EX-OFFICO 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
RANDALL FRANCISCO	EX-OFFICO 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
VIVIAN LANDRUM	EX-OFFICO 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				
WAYNE T ISHIHARA	EX-OFFICO 1 00	0	0	0
1132 BISHOP STREET SUITE 2105 HONOLULU, HI 96813				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREGORY HOUSE 200 N VINEYARD BLVD A310 HONOLULU, HI 96813	NONE	501(C)(3)	SAVE THE FOODBASKET PROGRAM	10,000
WAIMANALO HEALTH CENTER 41-1347 KALANIANA'OLE HWY WAIMANALO, HI 96795	NONE	501(C)(3)	PARTNERSHIP TO INCREASE ACCESS AND EDUCATION OF HEALTHY PRODUCE	8,084
ALZHEIMER'S ASSOCIATION ALOHA CHAPTER 1050 ALA MOANA BLVD 2610 HONOLULU, HI 96814	NONE	501(C)(3)	PUBLIC AWARENESS CAMPAIGN	5,000
AMERICAN HEART ASSOCIATION 677 ALA MOANA BLVD 600 HONOLULU, HI 96813	NONE	501(C)(3)	AMERICAN HEART ASSOCIATION WORKSITE WELLNESS	10,000
WAIKIKI HEALTH CENTER 277 OHUA AVENUE W HONOLULU, HI 96815	NONE	501(C)(3)	START-UP PHARMACY SERVICES AT WAIKIKI HEALTH'S NEW MAKAHIKI CLINIC	25,164
HINA MAUKA 45-845 POOKELA STREET KANE'OLE, HI 96744	NONE	501(C)(3)	HIKI NI'O MENTORING PROGRAM	1,100
HO'OULU PACIFIC 1704 MIKAHALA WAY HONOLULU, HI 96816	NONE	501(C)(3)	HIHIMANU AQUAPONICS PROGRAM	11,652
MENTAL HEALTH AMERICA OF HAWAII 1124 FORT STREET MALL 205 HONOLULU, HI 96813	NONE	501(C)(3)	COORDINATION AND COLLABORATION TO PREVENT BULLYING	10,000
YMCA OF HONOLULU 1441 PALI HIGHWAY HONOLULU, HI 96813	NONE	501(C)(3)	NEW KEIKI (NUTRITION + EXERCISE + WEIGHT MANAGEMENT)	10,000
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU 1040 RICHARDS STREET HONOLULU, HI 96813	NONE	501(C)(3)	WATER SAFETY COURSE AT YWCA KOKOKAHI	5,000
LIFE FOUNDATION 677 ALA MOANA BLVD 226 HONOLULU, HI 96813	NONE	501(C)(3)	STAND UP TO HIV CAMPAIGN	10,000
WAIKIKI HEALTH CENTER 277 OHUA AVENUE HONOLULU, HI 96815	NONE	501(C)(3)	"NEXT STEP TO BETTER VISION" IMPACTING PATIENTS' HEALTH THROUGH START-UP VISION SCREENING PROGRAM	7,800
Total  3a				113,800

TY 2014 Accounting Fees Schedule**Name:** THE PUBLIC HEALTH FUND

OF THE CHAMBER OF COMMERCE OF HAWAII

EIN: 99-6010618

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEE ACCOUNTING	8,743	2,186		6,557

TY 2014 Investments Corporate Bonds Schedule

Name: THE PUBLIC HEALTH FUND

OF THE CHAMBER OF COMMERCE OF HAWAII

EIN: 99-6010618

Name of Bond	End of Year Book Value	End of Year Fair Market Value
DEBT SECURITIES	420,875	420,875

TY 2014 Investments Government Obligations Schedule

Name: THE PUBLIC HEALTH FUND
OF THE CHAMBER OF COMMERCE OF HAWAII

EIN: 99-6010618

US Government Securities - End of Year Book Value:	184,692
US Government Securities - End of Year Fair Market Value:	184,692
State & Local Government Securities - End of Year Book Value:	57,728
State & Local Government Securities - End of Year Fair Market Value:	57,728

TY 2014 Investments - Other Schedule

Name: THE PUBLIC HEALTH FUND

OF THE CHAMBER OF COMMERCE OF HAWAII

EIN: 99-6010618

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	1,627,214	1,627,214

TY 2014 Other Decreases Schedule

Name: THE PUBLIC HEALTH FUND
OF THE CHAMBER OF COMMERCE OF HAWAII
EIN: 99-6010618

Description	Amount
NET UNREALIZED LOSS ON INVESTMENTS	177,745

TY 2014 Other Expenses Schedule**Name:** THE PUBLIC HEALTH FUND

OF THE CHAMBER OF COMMERCE OF HAWAII

EIN: 99-6010618

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	103	0		103
CONFERENCES, CONVENTIONS, AND MEETINGS	3,341	0		3,341

TY 2014 Other Income Schedule

Name: THE PUBLIC HEALTH FUND
OF THE CHAMBER OF COMMERCE OF HAWAII
EIN: 99-6010618

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS	13		13

TY 2014 Other Professional Fees Schedule

Name: THE PUBLIC HEALTH FUND
OF THE CHAMBER OF COMMERCE OF HAWAII
EIN: 99-6010618

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEE INVESTMENT MANAGEMENT	18,357	18,357		0