DLN: 93493301010349 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable HAWAII PUBLIC HEALTH INSTITUTE □ Address change 68-0637054 ☐ Name change Doing business as HEALTHY COMMUNITIES HAWAII AND THE COALITION FOR A TOBACCO-FREE HAWAII ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 850 RICHARDS STREET NO 201 ☐ Amended return ☐ Application pending (808) 591-6508 City or town, state or province, country, and ZIP or foreign postal code $\ensuremath{\mathsf{HONOLULU}}$, $\ensuremath{\mathsf{HI}}$ 96813G Gross receipts \$ 2,824,305 Name and address of principal officer H(a) Is this a group return for JESSICA YAMAUCHI ☐Yes **☑**No subordinates? 850 RICHARDS STREET NO 201 H(b) Are all subordinates HONOLULU, HI 96813 ☐ Yes ☐No ıncluded? **✓** 501(c)(3) 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW HIPHI ORG L Year of formation 2006 M State of legal domicile HI Summary 1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN HAWAII Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 12 4 12 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 150 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 14,067 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,796,352 2,815,768 Ravenua Program service revenue (Part VIII, line 2g) . 2,125 6,225 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 242 118 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 105 2,194 2,798,824 2,824,305 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 917,698 1,063,618 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶44,663 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,287,267 1,747,339 2,204,965 2,810,957 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 593,859 13,348 Assets or d Balances Beginning of Current Year **End of Year** 1,546,947 1,624,305 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 408,419 472,429 22 Net assets or fund balances Subtract line 21 from line 20 . 1,138,528 1,151,876 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-28 Signature of officer Sign Here KILIKINA MAHI TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00220997 Paid self-employed Firm's EIN ► 26-1659234 Preparer Use Only Firm's address ► 700 BISHOP STREET SUITE 1040 Phone no (808) 531-1040 HONOLULU, HI 96813 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	statement	of Program Service	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III		🗆
1	Briefly describe the	organization's mission		•		
TO II	MPROVE THE HEALTH	AND QUALITY OF LIFE	IN HAWAII			
2	Did the organization	undertake any significa	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or n	nake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) ar		ons are required	to report the amount	largest program services, as measu of grants and allocations to others, t	
4a	(Code) (Expenses \$	89,753	ıncludıng grants of \$) (Revenue \$	6,585)
	See Additional Data					
4b	(Code) (Expenses \$	641,007	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	1,863,242	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4d	Other program servi	ices (Describe in Sched	ule O)			
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ►	2,594,0	02		
	· •	•				Form 990 (20

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete ۷۵٥ 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 👺 🔒 🗀 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Νo 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Nο valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Νo b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Νo 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Yes

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35

0

No

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

_	res, and the organization hash, the deliver of the general provides provided	1 1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		6
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	
			1

which the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

13b

13c

14a

14b

15

No

Nο

Form 990 (2018)

orm	990 (2018)					Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	lule O	See instructions			lines
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets?	5		No
6	Did the organization have members or stockholders?			6		No
72	Did the organization have members, stockholders, or other persons who had the nower	to elec	t or appoint one or more			

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

D	persons other than the governing body?	10		INO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	ı
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	? .)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ HI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website \square Another's website $ extbf{Y}$ Upon request \square Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			

policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 ▶THE ORGANIZATION 850 RICHARDS STREET NO 201 HONOLULU, HI 96813 (808) 591-6508 Form **990** (2018) Part VII

Compensation of Officers, Directors Trustees, Key Employees, Highest Compensated Employees

compensation of officers, Directors, Trustees, Rey Employees,	, inglicat compensated Employees,
and Independent Contractors	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations

oxed Check this box if neither the organization no	r any related o	rganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, ι n of	t che unle: ficer	and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) MICHAEL ROBINSON CHAIR	1 00	х		х				0	0	C	
(2) MARK LEVIN SECRETARY	1 00	х		х				0	0	C	
(3) KENT KASAOKA TREASURER	1 00	х		х				0	0	C	
(4) Joy Barua Director	1 00	х						0	0	C	
(5) FORREST BATZ DIRECTOR	1 00	х						0	0	C	
(6) CLIFFORD CHANG DIRECTOR	1 00	х						0	0	C	
(7) JOSEPH KEAWE'AIMOKU KAHOLOKULA DIRECTOR	1 00	х						0	0	(
(8) KILIKINA MAHI DIRECTOR	1 00	х						0	0	C	
(9) BRYAN MIH DIRECTOR	1 00	х						0	0	C	
(10) RACHEL NOVOTNY DIRECTOR	1 00	х						0	0	C	
(11) CATHERINE TASCHNER DIRECTOR	1 00	х						0	0	C	
(12) EN YOUNG DIRECTOR	1 00	х						0	0	C	
(13) JESSICA YAMAUCHI EXECUTIVE DIRECTOR	40 00			х				94,876	0	18,816	
				_							

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Pa	rt VII Section A. Officers, Direc	tors, Trustees	, Key	Emp	loye	es,	and	Higl	nest Compensate	d Employees (co	ntınued)	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, ι an of	t che unle: ficer	eck moss pers and a ee)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organızat relat organız	:ed
												_
					₩			_				
	Sub-Total											
	Total (add lines 1b and 1c)	,					•		94,876	0		18,816
2	Total number of individuals (including of reportable compensation from the	g but not limited organization ▶	to thos 0	e list	ed a	bove	e) who	rec	eived more than \$1	00,000		
											Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .										3	No
4	For any individual listed on line 1a, is organization and related organization individual										4	No
5	Did any person listed on line 1a recei services rendered to the organization									vidual for	_	No

5	Did any person listed on line 1a receive of
	services rendered to the organization ${}^{\gamma}\!\mathit{If}$

n ⁷ If "Yes," complete Schedule J for such person	_									5	
tors											
hest compensated independent contractors that	rece	eiver	1 mc	re t	han	\$10	0.00	00 of	com	nensa	ition

	services rendered to the organization? If "Yes," complete Schedule J for such person	•	•	•	٠	•	•	•	•	5	
S	ection B. Independent Contractors										
1	Complete this table for your five highest compensated independent contractors that r							,		mpensa	ation

	services rendered to the organization /Ir "Yes," complete Schedule J for such person	5	No
Se	ction B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the organization.		nsation
	(A) Name and business address	(B) Description of services	(C) Compensation
768 ⊦		COMMUNICATIONS & MARKETING SERVICES	107,750

1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year							
	(A)	(B)	(c)					
	Name and business address	Description of services	Compensation					
768 H	N BIRCH, HOLCOMB AVE D, NV 89502	COMMUNICATIONS & MARKETING SERVICES	107,750					

2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1						
			Form 990 (2018)				

Part		Statement of	Revenue								rage 3
		Check if Schedul	le O contains a	a respo	onse or note to an						
							(A) revenue	(B) Relate exem functi	d or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	12	a Federated campaig	ns	1a				reven	ue		312 - 314
tributions, Gifts, Grants Other Similar Amounts		b Membership dues		1b							
Gra not	١,	c Fundraising events		1c	5,436						
_, \ <u>\</u>	١,	d Related organizatio	ns	1d							
ija Jiga	١,	e Government grants (c	ontributions)	1e	1,314,609						
ns, Sir	1	f All other contributions									
utio Per		and similar amounts n above	ot included	1f	1,495,723						
Contributions, and Other Sim	,	g Noncash contribution in lines 1a - 1f \$									
Cont and		h Total. Add lines 1a	-1f		•						
				•	Busines	s Code	2,815,768				
Program Service Revenue	2 a	MEETING/TRAINING FE	ES		Dusines			6,225	6,2	225	
بر ما الم	20					900099					
Ce F	b			_							
ervi	q										
n S	e			_							
ogra	f	All other program se	rvice revenue								
Ĕ	g	Total. Add lines 2a-2	2f		>	6,225					
		Investment income (i			nterest, and other		11	8			118
		similar amounts). Income from investm			and proceeds	~					
		Royalties				•					
			(ı) Real		(II) Personal						
	6a	Gross rents									
	b	Less rental expenses				\dashv					
	_	: Rental income or				_					
	C	(loss)									
	C	Net rental income o	r (loss)	•							
	- -	Grace amount	(ı) Securit	ies	(II) Other	_					
	/a	Gross amount from sales of assets other									
		than inventory									
	b	Less cost or other basis and									
		sales expenses									
		Gain or (loss) Net gain or (loss)				-					
		Gross income from f			<u> </u>						
ne		(not including \$contributions reporte	5,436	of							
ven		See Part IV, line 18		а	1,83	4					
Re		Less direct expense		b		0					
Other Revenue		: Net income or (loss)		_	ents 🛌	_	1,83	4			1,834
ot	94	Gross income from g See Part IV, line 19		es							
				а							
		Less direct expense : Net income or (loss)		b	lec .						
		Gross sales of invent		activit	les •	1					
		returns and allowand									
	ŀ	Less cost of goods s	and	a b		_					
		Net income or (loss)									
		Miscellaneous		IIIVEIII	Business Code						
	11	•aMISCELLANEOUS			9000	99	36	О	360		
	b)									
								1			
	c										
	_	All other revenue . Total. Add lines 11a						1			
					P		36	0			
	12	Total revenue. See	instructions	• •	· · · •		2,824,30	5	6,585		0 1,952
											Form 990 (2018)

For	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .	<u> </u>		🗹
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	113,692	102,323	9,095	2,274
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	777,123	699,169	63,689	14,265
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,070	6,670	1,193	207
9	Other employee benefits	99,451	85,981	11,826	1,644
10	Payroll taxes	65,282	57,649	6,448	1,185
11	Fees for services (non-employees)				
;	a Management	56,568	50,313	5,276	979
-	b Legal				
		22,825		22,825	
		52,000	52,000		
	e Professional fundraising services See Part IV, line 17				
1	f Investment management fees				
,	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,103,254	1,066,091	23,726	13,437
12	Advertising and promotion	10,953	10,541	157	255
13	Office expenses	121,494	118,215	2,377	902
14	Information technology	12,089	11,440	537	112
15	Royalties				
16	Occupancy	73,227	67,419	4,814	994
17	Travel	142,526	134,130	7,038	1,358
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	128,377	114,898	6,973	6,506
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,734		5,734	
23	Insurance	3,257	3,056	166	35
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a DUES & SUBSCRIPTIONS	9,848	9,359	418	71

5,187

2,810,957

4,748

2,594,002

172,292

439

44,663

Form **990** (2018)

b MISCELLANEOUS

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here \blacktriangleright \square if following SOP 98-2 (ASC 958-720)

c d Form 990 (2018)

Grants payable .

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

18 19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

1	Cash-non-interest-bearing	005,605		120,777
2	Savings and temporary cash investments	325,826	2	624,108
3	Pledges and grants receivable, net	482,435	3	155,011
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B), persons described in section 4958(c)(3)(B), and			

	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5			
S	6	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6			
eta	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
¥	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	37,592			
	ь	Less accumulated depreciation	10b	15,977	24,042	10 c	21,615
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		12			

امر		voluntary employees' beneficiary organizations (Part II of Schedule L	(see in	structions) Comple	te			
Assets	7	Notes and loans receivable, net	•		•		7	
SSI	8	Inventories for sale or use			8			
۷	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		37,592			
	b	Less accumulated depreciation	10 b		15,977	24,042	10 c	
	11	Investments—publicly traded securities .					11	
	12	Investments—other securities See Part IV, line	11 .				12	
	13	Investments—program-related See Part IV, line	11 .				13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11	108,839	15				
	16	Total assets.Add lines 1 through 15 (must equa	1,546,947	16				
	17	Accounts payable and accrued expenses	•			76,529	17	
						The second secon		

102.794 1.624.305 46,602

425.827

472,429

987.921

163,955

1,151,876

1,624,305 Form **990** (2018)

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30

31 32

33

34

331.890

408.419

972,446

166,082

1,138,528

1,546,947

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,824,305
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,810,957
3	Revenue less expenses Subtract line 2 from line 1	3			13,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,138,528
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,151,876
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b	Yes	

Form **990** (2018)

Additional Data

Software ID:

Software Version:

EIN: 68-0637054

Name: HAWAII PUBLIC HEALTH INSTITUTE

Form 990 (2018)

Form 990, Part III, Line 4a:

PROVIDED PROFESSIONAL DEVELOPMENT TRAININGS AND TECHNICAL SUPPORT TO PUBLIC HEALTH PROFESSIONALS ON BEST PRACTICES PROVIDED FISCAL

MEETING FACILITATION TO PUBLIC HEALTH AGENCIES WITH ALIGNED MISSIONS

MANAGEMENT SERVICES TO PUBLIC HEALTH AGENCIES WITH ALIGNED MISSIONS PROVIDED SERVICES SUCH AS STRATEGIC PLANNING, REPORT WRITING, AND

Form 990, Part III, Line 4b: COORDINATED LOCAL TOBACCO PREVENTION, HEALTHY EATING & ACTIVE LIVING AND FARM TO SCHOOL EFFORTS IN ADDITION TO COMMUNITY ASSESSMENTS IN SIX RURAL COMMUNITIES

COORDINATED STATEWIDE PUBLIC EDUCATION FOR YOUTH AND ADULTS ON EFFECTIVE TOBACCO CONTROL STRATEGIES, INCLUDING SMOKE-FREE HOUSING, E-CIGARETTE DANGERS AND REGULATION, SMOKE-FREE CARS, TOBACCO TAX, PROTECTING FUNDING, STRATEGIC PLANNING AND COMMUNITY MEETINGS TO BUILD A STRONG TOBACCO-FREE NETWORK PROVIDED COORDINATED STATEWIDE PUBLIC EDUCATION FOR YOUTH AND ADULTS ON OBESITY RELATED ISSUES WORKING TO INCREASE PHYSICAL ACTIVITY, IMPROVE NUTRITION INCLUDING FARM TO SCHOOL EFFORTS, AND REDUCE HEART DISEASE AND DIABETES COORDINATED EFFORTS TO

Form 990, Part III, Line 4c:

IMPROVE ORAL HEALTH EFFORTS IN HAWAII

efile	GRA	APHIC pri	nt - DO NOT PR	COCESS	As Filed Data -			DLN: 9	3493301010349
SCH	lED	ULE A	P	ublic (Charity Statu	s and Pul	nlic Sunn	ort	OMB No 1545-0047
	n 990				ganization is a sect				2018
90EZ)			_			2010			
eparti	nent of	the Treasury		▶ Go to		Open to Public			
terna	Reven	ue Service ne organiza	Lion					Employer identific	Inspection ation number
		IC HEALTH IN						' '	
Par	ŧΙ	Reason	for Public Char	ity Statu	ıs (All organization	s must comple	te this part.) S	68-0637054 See instructions.	
					it is (For lines 1 thro			yee moti detionor	
1	П	A church, c	onvention of churc	hes, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	$\overline{\Box}$	A school de	escribed in section	170(b)(:	L)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperative ho	snital serv	rice organization desc	ribed in section	170(b)(1)(A)(iii).	
4			•	•	-			-	ntor the beenstelle
•	Ш	name, city,		on operate	ed in conjunction with	a nospital descri	bed in section .	170(D)(1)(A)(III). E	nter the nospital's
5		-	ation operated for t (iv). (Complete Pa		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	state, or local gove	rnment or	governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	()(v).	
7	✓		ation that normally '0(b)(1)(A)(vi).		a substantial part of it Part II)	s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust described	ın section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					scribed in 170(b)(1) ee instructions Enter				ege or university or a
0		from activit	ies related to its é	xempt fun ated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le	taın exceptions,	and (2) no more	than 331/3% of its si	upport from gross
1	П		=		exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2					exclusively for the beescribed in section 5				
_			_		the type of supporting		•	· · · · · · · · · · · · · · · · · · ·	
а	Ш	organizatio		regularİy a	ated, supervised, or c ppoint or elect a majo				
b		manageme		ig organiza	ervised or controlled intion vested in the sar			- , ,, ,	_
С		Type III f	unctionally integ	rated. A s	upporting organizatio ons) You must com				ated with, its
d		Type III n	on-functionally i	ntegrate rganization	i. A supporting organi generally must satis t IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgai	
e		Check this	box if the organiza	tion receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Ento-		or Type III non-fu of supported orga	·	integrated supporting	organization			
' g			-		pported organization(c)		_	
		lame of supp		i) EIN	(iii) Type of	T*	anızatıon listed	(v) Amount of	(vi) Amount of
	•	organization		,	organization (described on lines 1- 10 above (see instructions))	in your govern		monetary support (see instructions)	other support (see instructions)
						Yes	No		
otal			tion Act Notice, s			Cat No 11285		 Schedule A (Form 9	

supported organization

ightharpoons

Page 2

	(D)(I)(A)(IX)	ا - عام اممیامم	- line F 7 0 -	0 of Do == 1 == 5	*ha aua==:=== :	Salad to Sur C	dou Daut
	(Complete only if you ch III. If the organization fa						y under Part
_	ection A. Public Support	ans to quanty un	uer the tests had	ed below, pleas	e complete Part	111.)	
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	890,817	1,104,734	1,613,082	2,796,352	2,815,768	9,220,753
	include any "unusual grant ")						
_	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
ļ	Total. Add lines 1 through 3	890,817	1,104,734	1,613,082	2,796,352	2,815,768	9,220,753
;	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
	amount shown on the 11, column (1)						
	Public support. Subtract line 5 from						9,220,753
	line 4						3,223,733
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	890,817	1,104,734	1,613,082	2,796,352	2,815,768	9,220,753
8	Gross income from interest,	030,017	1,104,734	1,013,002	2,730,332	2,013,700	3,220,733
0	dividends, payments received on						
	securities loans, rents, royalties and	43	48	11	242	118	462
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
.0	business is regularly carried on Other income Do not include gain						
.0	or loss from the sale of capital			247	105	360	712
	assets (Explain in Part VI)						
.1	Total support. Add lines 7 through						9,221,927
	10						9,221,327
.2	Gross receipts from related activities,	etc (see instructio	ns)			12	11,944
.3	First five years. If the Form 990 is fo	or the organization'	's first, second, thir	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nızatıon,
	check this box and stop here					▶ □	
S	ection C. Computation of Public	Support Perc	entage				
4	Public support percentage for 2018 (lin	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	99 990 %
	Public support percentage for 2017 Sc					15	99 990 %
	33 1/3% support test-2018. If the			on line 13, and line	14 is 33 1/3% or		
.va	and stop here. The organization quali				2		▶ ☑
L	33 1/3% support test—2017. If th				nd line 15 is 33 1/	3% or more check	
D					na mie 15 i5 55 1/.	770 OF MOTE, CHECK	▶ □
_	box and stop here. The organization 10%-facts-and-circumstances test				12 162 or 16h	and line 14	
/a	is 10% or more, and if the organization						
	in Part VI how the organization meets						
	organization			3			▶□
h	10%-facts-and-circumstances tes	st—2017. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line	F 🗀
ט	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here	.	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	15					
16	Public support percentage from 2017 S	16					
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f))	17	
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2017. If the						
J	not more than 33 1/3%, check this box	-			*		▶ □
20	Private foundation. If the organization	-	-				▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		
	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	art IV Supporting Organizations (continued)				
	cupper unit of game and (community)		Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
u	governing body of a supported organization?	11a			
h	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c			
	Section B. Type I Supporting Organizations	110			
	ection B. Type I Supporting Organizations		Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such				
	powers during the tax year	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization				
	-				
5	section C. Type II Supporting Organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		163	NO	
_					
S	Section D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?)			
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard				
S	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)			
	a The organization satisfied the Activities Test Complete line 2 below				
	b The organization is the parent of each of its supported organizations Complete line 3 below				
	c	ınstru	ctions)		
2	Activities Test Answer (a) and (b) below.				
	· , · ,		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b			
3	Parent of Supported Organizations Answer (a) and (b) below.	20			
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a			
	 b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard 	26			

m	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
~		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

Schedule A (Form 99	dule A (Form 990 or 990-EZ) 2018				
Section Part IV,	A, lines 1, 2, 3 Section D, lin D, lines 5, 6,	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, es 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See			
		Facts And Circumstances Test			
<u> </u>					
990 Schedule A,	Supplemen	tal Information			
Return Refe	rence	Explanation			
SCHEDULE A, PART EXPLANATION OF O' INCOME		MISCELLANEOUS - 2016 AMOUNT \$ 247 2017 AMOUNT \$ 105 2018 AMOUNT \$ 360			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE C**

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493301010349

EZ)

(Form 990 or 990-

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

Open to Public

nterna	al Revenue Service	PGO 1	to www.irs.gov/rorm990	ctions and the la	test informa	tion.	Tus	spection
f the • S • S • S f the	e organization ans ection 501(c)(3) org Section 501(c) (othe Section 527 organiz organization ans Section 501(c)(3) or Section 501(c)(3) or	ganizations Cor er than section 5 rations Complet wered "Yes" or rganizations that rganizations that	n Form 990, Part IV, Line 3, or Form 9 inplete Parts I-A and B Do not complet 101(c)(3)) organizations Complete Partie Part I-A only in Form 990, Part IV, Line 4, or Form 9 in have filed Form 5768 (election under It have NOT filed Form 5768 (election under 15 form 990, Part IV, Line 5 (Proxy Ta	e Part I-C is I-A and C below 990-EZ, Part VI, Iir section 501(h)) Co nder section 501(h	Do not compone 47 (Lobby) Complete Part II	lete Part I-B ing Activition I-A Do not on Part II-B Do	es), then complete Part o not complete	II-B e Part II-A
Prox	ку Тах) (see separ	ate instruction		., (,		, ,	
Nar	me of the organizati	ion	<u>.</u>		En	nployer ide	entification n	umber
_	Commission to	- 16 11				-0637054		
			nization is exempt under section					
1	"political campaig		ization's direct and indirect political ca	mpaign activities ir	n Part IV (see	instructions	for definition	of
2	Political campaign	activity expend	itures (see instructions)			>	\$	
3		<u> </u>	aign activities (see instructions)					
Par	t I-B Complet	e if the orga	nization is exempt under section	on 501(c)(3).				
1	Enter the amount	of any excise ta	ex incurred by the organization under s	ection 4955		>	\$	
2	Enter the amount	of any excise ta	ix incurred by organization managers i	ınder section 4955		>	\$	
3	If the organization	n incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?			☐ Ye	s 🗌 No
4a	Was a correction i	made?					☐ Ye	s 🗌 No
	If "Yes," describe							
Par	t I-C Complet	e if the orga	nization is exempt under section	on 501(c), exce	ept section	501(c)(3	-	
1	Enter the amount	directly expend	ed by the filing organization for section	527 exempt funct	ion activities	>	\$	
2	Enter the amount function activities		anızatıon's funds contributed to other o	organizations for se	ection 527 exe	empt •	\$	
3	Total exempt fund	tion expenditur	es Add lines 1 and 2 Enter here and c	n Form 1120-POL,	line 17b	>	\$	
4	Did the filing orga	nızatıon file For	m 1120-POL for this year?				☐ Ye	s 🗌 No
5	organization made of political contrib	e payments For outions received	employer identification number (EIN) o each organization listed, enter the am that were promptly and directly delive ee (PAC) If additional space is needed	ount paid from the red to a separate p	filing organiz olitical organi	ation's fund	ls Also enter	
	(a) Name	e	(b) Address	(c) EIN	filing orga funds If r	nt paid from anization's none, enter)-	contributi and pro directly d separa organizat	int of political ions received omptly and lelivered to a te political tion. If none, ter -0-
L								
2								
3								
1								
5								

39,740

40,901

34,171

52.889

54,278

44,733

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

65,995

63,348

54,483

70,484

69,925

57,226

Schedule C (Form 990 or 990-EZ) 2018

229,108

228,452

342,678

190,613

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

DLN: 93493301010349 OMB No 1545-0047

Open to Public **Inspection**

Na	me of the organization VAII PUBLIC HEALTH INSTITUTE		Employer identification number
HA	VALL PUBLIC HEALTH INSTITUTE		68-0637054
Pā	rt I Organizations Maintaining Donor Advis		r Accounts.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b)Funds and other accounts
L	Total number at end of year	(a) Bollor advised railes	(b) and and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor		vised funds are the
	organization's property, subject to the organization's ex	<u>-</u>	∐ Yes ∐ No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if th	ne organization answered "Yes" on Form	າ 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the organ	nization (check all that apply)	
	Preservation of land for public use (e g , recreation	n or education)	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the form	
а	Total number of conservation easements	I	Held at the End of the Year 2a
b	Total acreage restricted by conservation easements	-	2b
c	Number of conservation easements on a certified historic	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui	` ′	2d
u	structure listed in the National Register	Land areas 7, 23, 33, and not 311 a motorie	20
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	he organization during the
1	Number of states where property subject to conservatio	n easement is located >	<u></u>
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, inspection, handling o 5?	of violations,
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(II)?	above satisfy the requirements of section 17	70(h)(4)(B)(ı) ☐ Yes ☐ No
•	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state	nse statement, and
Pai	t III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered "Ye	•	
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items		
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
(i)Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶\$

b Assets included in Form 990, Part X

Par	t III	Organizations Mair	ntaining Col	lections o	of Art, F	listori	ical Tı	eası	ures, or	Other	Similar	Assets (contin	ued)	
3		the organization's acquis (check all that apply)	sition, accession	, and other	records,	check	any of	the fo	ollowing t	hat are a	sıgnıfıcan	t use of it	s colle	ction	
а		Public exhibition				d		Loan	or excha	ange prog	grams				
b		Scholarly research				е		Othe	er						
С		Preservation for future g	enerations												
4	Provi Part :	de a description of the org	ganızatıon's coll	ections and	l explain	how the	ey furth	ner th	e organız	ation's e	xempt pur	pose in			
5		g the year, dıd the organı s to be sold to raıse funds									nılar	□ Y	es	□ N	o
Pa	rt IV	Escrow and Custod Complete if the orga X, line 21.			" on For	m 990	, Part	IV, I	ine 9, or	reporte	ed an am	ount on	Form	990,	Part
1a		e organization an agent, to led on Form 990, Part X?		an or other	ıntermed	liary for	contril	oution	ns or othe	er assets	not	□ Y	es	□ N	о
b	If "Y€	es," explain the arrangeme	ent ın Part XIII	and comple	ete the fo	llowing	table		[Amount			_
C	Begir	ning balance								1c					_
d	Addıt	ions during the year								1d					_
е	Dıstrı	butions during the year								1e					_
f	Endır	g balance								1f					_
2a	Did tl	ne organization include an	n amount on Fo	rm 990, Par	t X, line	21, for	escrow	or cu	ustodial a	ccount lia	ability?	. 🗆 Y	es	\square N	0
b		s," explain the arrangeme										_			
Pa	rt V	Endowment Funds													
				(a)Curren	nt year	(b) P	rıor yea	r	(c)Two ye	ears back	(d)Three	years back	(e) Fo	ur year	s back_
1a	Beginn	ing of year balance .													
b	Contrib	outions													
С	Net inv	estment earnings, gains,	and losses												
d	Grants	or scholarships	•												
е		expenditures for facilities ograms													
f		strative expenses						\rightarrow							
		•						\dashv							
_		year balance				// 4									
2		de the estimated percenta I designated or quasi-end		nt year end	balance	(line 1	g, colui	mn (a	i)) held a	S					
a		anent endowment >	owinenc P												
b															
С		orarily restricted endowm		المستعارة	30/-										
За		ercentages on lines 2a, 2 nere endowment funds no				on tha	t are h	eld ar	nd admini	stered fo	r the				
		ization by	in the posses	51011 01 1110 1	or garmza.			cia ai	ia aaiiiiii	510.04.10	· circ		Г	Yes	No
	(i) uı	nrelated organizations .										3	a(i)		
		elated organizations .											a(ii)		
b		s" on 3a(II), are the relate	-					? .					3b		
4		ibe in Part XIII the intend			n s endo	wment	runas								
Pa	rt VI	Land, Buildings, ar Complete if the orga			" on For	m 990	. Part	TV. I	ine 11a.	See Fo	rm 990. I	Part X. lı	ne 10	ı.	
	Descri	ption of property	(a) Cost or oth (investme	er basıs	(b) Cost						depreciation			ok valu	e
1a	Land														
b	Buildin	gs													
c	Leaseh	old improvements													
d	Equipn	nent					3	37,592			15,97	7			21,615
e	Other														
Tota	al. Add	lines 1a through 1e <i>(Colu</i>	mn (d) must ed	gual Form 9	90, Part	X, colui	mn (B),	. line	10(c)).	•	>				21,615
		·										-1	D / E		0) 2010

See Form 990, Part X, line 12.		ered "Yes" on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests	-	
A)		
В)		
C)		
D)		
E)		
F)		
G)		
н)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	
Complete if the organization answered 'Yes' on Form 99		
(a) Description of investment (I) Book value	(c) Method of valuation Cost or end-of-year market value
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. Complete if the organization answered 'Yes' on	Form 990 Pari	t IV, line 11d See Form 990, Part X, line 15
	101111 330, 1 41	(h) Pook value
	701111 330, 141	(b) Book value
1) SECURITY DEPOSITS 2) FUNDS HELD IN TRUST		
1) SECURITY DEPOSITS 2) FUNDS HELD IN TRUST 3)	7.5	4
1) SECURITY DEPOSITS 2) FUNDS HELD IN TRUST 3)		4
1) SECURITY DEPOSITS 2) FUNDS HELD IN TRUST 3) 4)		4
1) SECURITY DEPOSITS 2) FUNDS HELD IN TRUST 3) 4) 5)		4
1) SECURITY DEPOSITS 2) FUNDS HELD IN TRUST 3) 4) 5) 6)		4
1) SECURITY DEPOSITS 2) FUNDS HELD IN TRUST 3) 4) 5) 6) 7)		4
1) SECURITY DEPOSITS 2) FUNDS HELD IN TRUST 3) 4) 5) 6) 7) 8)		98
1) SECURITY DEPOSITS 2) FUNDS HELD IN TRUST 3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere		
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Page 4

2,832,642

6,210

2,810,957

2.810.957

Schedule D (Form 990) 2018

2e

3

4c

5

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Other (Describe in Part XIII)

Supplemental Information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines 2a through 2d

Schedule D (Form 990) 2018

Part XI

1

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

4b -2.127b Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

-2,1272,824,305 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 2,817,167

5 Part XII 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 6,210

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2b

2c

2d

4a

4b

Explanation

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version:

EIN: 68-0637054

Software ID:

Name: HAWAII PUBLIC HEALTH INSTITUTE

OT TO FAIL UPON REGULATORY EXAMINATION MANAGEMENT HAS EVALUATED THE INSTITUTE'S TAX POSIT IONS AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEARS THEN ENDED BY REVIEWING ITS INCOME TAX RETURNS AND CONFERRING WITH ITS TAX ADVISORS, AND DETERMINED THAT IT HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED IN ACCORDANCE WITH SUCH GENERALLY ACCEPTED ACCOUNTI NG PRINCIPLES THE INSTITUTE IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER

Supplemental Information

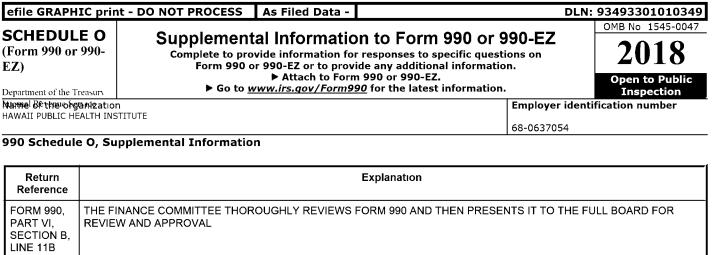
Return Reference Explanation PART X, LINE 2 ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE UNCERTAIN

, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY OPEN TAX PERIODS

TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN N

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS -2,127

Sı



Return Explanation

990 Schedule O, Supplemental Information

FORM 990, EVERY BOARD AND STAFF MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FOR PART VI, MANNUALLY THE FORMS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND ANY CONFLICTS IDENTIFIED SECTION B, ARE REVIEWED BY THE EXECUTIVE COMMITTEE TO DETERMINE ANY ACTION NEEDED

990 Schedule O, Supplemental Information

Return Explanation

RECTOR'S PERSONNEL FILE THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER 2018

Reference

LINE 15A

FORM 990,	THE EXECUTIVE COMMITTEE ANNUALLY CONDUCTS A PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR T
PART VI,	O ASSESS PERFORMANCE AND DETERMINE APPROPRIATE COMPENSATION COMPARED WITH LOCAL MARKET RAT
SECTION B	SOURCE DOCUMENTATION PERTAINING TO THE ANNUAL PERFORMANCE REVIEW IS FILED IN THE EXECUTIVE DI

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C, LINE 19

Return Explanation Reference

CONTRACT SERVICES PROGRAM SERVICE EXPENSES 1,066,091 MANAGEMENT AND GENERAL EXPENSES 23,
726 FUNDRAISING EXPENSES 13,437 TOTAL EXPENSES 1,103,254

LINE 11G

990 Schedule O, Supplemental Information