

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

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

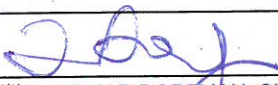
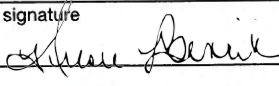
A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PUBLIC HEALTH INSTITUTE
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 555 12TH STREET, 10TH FLOOR
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94607-4046
	D Employer identification number 94-1646278
E Telephone number (510) 285-5500	
G Gross receipts \$ 112,490,922	
F Name and address of principal officer: DR. MARY A. PITTMAN SAME AS C ABOVE	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.PHI.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1964 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PUBLIC HEALTH INSTITUTE GENERATES AND PROMOTES RESEARCH, LEADERSHIP AND PARTNERSHIPS TO BUILD CAPACITY FOR STRONG PUBLIC HEALTH POLICY, PROGRAMS, SYSTEMS AND PRACTICES.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 11
	4	Number of independent voting members of the governing body (Part VI, line 1b) 9
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 841
	6	Total number of volunteers (estimate if necessary) 9
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0
7b	Net unrelated business taxable income from Form 990-T, line 38 422,712	
Revenue	8	Contributions and grants (Part VIII, line 1h) 54,183,500
	9	Program service revenue (Part VIII, line 2g) 57,996,745
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 112,180,245
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 7,439,432
	14	Benefits paid to or for members (Part IX, column (A), line 4) 8,932,537
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 73,582,790
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,262
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 25,903,006
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 106,925,228
	19	Revenue less expenses. Subtract line 18 from line 12 5,255,017
	20	Total assets (Part X, line 16) 34,778,599
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) 16,398,706
	22	Net assets or fund balances. Subtract line 21 from line 20 18,379,893

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11.8.19
	Type or print name and title TAMAR DORFMAN, CHIEF FINANCIAL OFFICER	
Paid Preparer Use Only	Print/Type preparer's name NICOLE BENCIK	Preparer's signature 
	Firm's name ▶ CROWE LLP	Date 11/13/2019
	Firm's address ▶ 575 MARKET STREET, SUITE 3300, SAN FRANCISCO, CA 94105-5829	Check <input type="checkbox"/> if self-employed PTIN P00756195
Firm's EIN ▶ 35-0921680		Phone no. (415) 576-1100

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2018)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. PUBLIC HEALTH INSTITUTE	Employer identification number (EIN) or 94-1646278
	Number, street, and room or suite no. If a P.O. box, see instructions. 555 12TH STREET, 10TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94607-4046	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **TAMAR DORFMAN**

Telephone No. ► **(510) 285-5655** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **11/15**, 20 **19**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **18** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission:

PUBLIC HEALTH INSTITUTE GENERATES AND PROMOTES RESEARCH, LEADERSHIP AND PARTNERSHIPS TO BUILD CAPACITY FOR STRONG PUBLIC HEALTH POLICY, PROGRAMS, SYSTEMS AND PRACTICES.

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

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

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

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

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

4a (Code:) (Expenses \$ 27,143,054 including grants of \$) (Revenue \$)
 GLOBAL HEALTH FELLOWS PROGRAM II (GHFP-II): THE PUBLIC HEALTH INSTITUTE, WITH ITS PARTNERS, IMPLEMENTS THE GLOBAL HEALTH FELLOWS PROGRAM, FUNDED BY A SEVEN-YEAR COOPERATIVE AGREEMENT WITH THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT. GHFP-II'S VISION IS TO CREATE THE GLOBAL HEALTH LEADERS OF THE FUTURE BY SUPPORTING A LARGE, SUSTAINABLE POOL OF TALENTED GLOBAL HEALTH PROFESSIONALS (FELLOWS AND INTERNS) AND TO STRENGTHEN THE EFFECTIVENESS OF USAID POPULATION, HEALTH AND NUTRITION PROGRAMS. GHFP-II RECRUITS, PLACES AND SUPPORTS TECHNICAL EXPERTS AT ALL PROFESSIONAL LEVELS IN WASHINGTON, D.C., AND ABROAD, AND PROVIDES CAREER AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES. GHFP-II'S DIVERSITY INITIATIVE INCREASES OPPORTUNITIES FOR UNDERREPRESENTED POPULATIONS IN THE FIELD OF GLOBAL HEALTH. WORKING WITH COLLEGES AND UNIVERSITIES AROUND THE US, THE PROGRAM PROVIDES GUIDANCE AND ADVICE FOR INDIVIDUALS SEEKING A CAREER IN GLOBAL HEALTH. EACH YEAR THE PROGRAM TAKES PART IN APPROXIMATELY 50 DIFFERENT OUTREACH EVENTS, PROVIDING RELEVANT INFORMATION TO SEVERAL
 (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 15,937,029 including grants of \$ 24,433) (Revenue \$ 21,107,456)
 CHILDREN'S ONCOLOGY GROUP COORDINATING CENTER: MONROVIA, CA: THE PUBLIC HEALTH INSTITUTE SERVES AS THE FISCAL PARTNER FOR THE CHILDREN'S ONCOLOGY GROUP COORDINATING CENTER (COGCC) IN MONROVIA, CALIFORNIA. COGCC IS THE PRIMARY HEADQUARTERS FOR THE CHILDREN'S ONCOLOGY GROUP (COG), PROVIDING ADMINISTRATIVE AS WELL AS STATISTICAL AND DATA MANAGEMENT SUPPORT. THE CHILDREN'S ONCOLOGY GROUP AND ITS COORDINATING CENTER IN MONROVIA HAVE NEARLY EIGHTEEN YEARS OF EXPERIENCE IN CARRYING OUT EFFICIENT, HIGH IMPACT RESEARCH FOR CHILDREN WITH CANCER. COG, A NATIONAL CANCER INSTITUTE (NCI) SUPPORTED CLINICAL TRIALS GROUP, IS THE WORLD'S LARGEST ORGANIZATION DEVOTED EXCLUSIVELY TO CHILDHOOD AND ADOLESCENT CANCER RESEARCH. THE NCI COOPERATIVE GROUP SYSTEM FOR CLINICAL RESEARCH BEGAN IN 1955 WITH A CONSORTIUM FOCUSED ON CHILDHOOD CANCER RESEARCH. BY THE END OF THE 1990S THERE WERE NINE GROUPS FUNDED BY THE NCI TO CONDUCT RESEARCH IN ADULTS WITH CANCER, AND FOUR COOPERATIVE GROUPS FUNDED WITH A FOCUS ON CHILDHOOD CANCER RESEARCH. IN THE YEAR 2000 THE FOUR PEDIATRIC GROUPS
 (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 4,764,663 including grants of \$ 199,460) (Revenue \$ 6,517,887)
 CANCER REGISTRY OF GREATER CALIFORNIA (CRGC): PHI DIRECTS THE LARGEST AND MOST COMPREHENSIVE POPULATION-BASED CANCER SURVEILLANCE SYSTEM IN THE WORLD. AS AN INTEGRAL PART OF THE CALIFORNIA CANCER REGISTRY SYSTEM, CRGC GATHERS DATA FOR EVERY INCIDENCE OF CANCER IN ITS VAST CATCHMENT AREA (80% OF THE STATE IN GEOGRAPHY, 54% OF THE STATE IN POPULATION). THE DATA GATHERED FURTHERS THE UNDERSTANDING OF CANCER AND IS USED BY FEDERAL, STATE AND LOCAL HEALTH DEPARTMENTS TO DEVELOP STRATEGIES AND POLICIES FOR ITS PREVENTION, TREATMENT, AND CONTROL. THE AVAILABILITY OF COUNTY, REGIONAL, AND STATEWIDE DATA ON CANCER IN CALIFORNIA ALLOWS HEALTH RESEARCHERS TO ANALYZE DEMOGRAPHIC, ENVIRONMENTAL, AND GEOGRAPHIC FACTORS THAT AFFECT CANCER RISK, EARLY DETECTION, AND EFFECTIVE SCREENING AND TREATMENT OF CANCER PATIENTS.

TO DATE, CRGC HAS COLLECTED DETAILED INFORMATION ON OVER 2.3 MILLION CASES OF CANCER AMONG
 (CONTINUED ON SCHEDULE O)

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

(Expenses \$ 48,541,623 including grants of \$ 8,708,644) (Revenue \$ 32,714,917)

4e Total program service expenses ► 96,386,369

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 ✓	
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? If "Yes," complete Schedule J	23 ✓	
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	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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	✓
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	✓
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	✓
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	✓
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
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	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 ✓	
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	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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	✓
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	✓
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 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 303	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	841
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: BR, IN, SF See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 11		
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 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
TAMAR DORFMAN, 555 12TH STREET, 10TH FLOOR, OAKLAND, CA 94607-4046, (510) 285-5655

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MARY A. PITTMAN PRESIDENT & CEO	40.0	✓		✓				490,096	0	58,601
(2) ANTHONY BARRUETA BOARD CHAIR	1.0	✓		✓				0	0	0
(3) JAMES HESTER, JR. VICE CHAIR	1.0	✓		✓				0	0	0
(4) DARA JOHNSON TRESEDER, MBA SECRETARY/TREASURER	1.0	✓		✓				0	0	0
(5) JOHN O'BRIEN BOARD MEMBER (PAST CHAIR)	1.0	✓		✓				0	0	0
(6) JOHN R. SEFFRIN BOARD MEMBER	1.0	✓		✓				0	0	0
(7) SUSAN DENTZER BOARD MEMBER	1.0	✓		✓				0	0	0
(8) CLAIRE D. BRINDIS BOARD MEMBER	1.0	✓						0	0	0
(9) DENISE DUNNING, PHD BOARD MEMBER, PI PROGRAM DIRECTOR	40.0	✓						163,384	0	18,399
(10) NICK MACCHIONE BOARD MEMBER	1.0	✓						0	0	0
(11) ANDREW PINES BOARD MEMBER	1.0	✓						0	0	0
(12) TAMAR DORFMAN CHIEF FINANCIAL OFFICER	40.0			✓				263,668	0	55,680
(13) SHARON RUDY PI PROGRAM DIRECTOR IV	40.0				✓			310,154	0	41,399
(14) B. MELANGE MATTHEWS CHIEF OF STAFF / COO	40.0				✓			302,385	0	48,197

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ELIZABETH O'CONNOR PI PROGRAM DIRECTOR IV	40.0				✓			190,919	0	29,774
(16) SEYDOU DOUMBIA TECHNICAL ADVISOR IV	40.0					✓		263,135	0	51,362
(17) JAMES SIMPSON GENERAL COUNSEL	40.0					✓		243,307	0	48,193
(18) AMY BLOOM TECHNICAL ADVISOR - USSTA	40.0					✓		242,920	0	37,227
(19) BAKER MAGGWA TECHNICAL ADVISOR IV	40.0					✓		229,030	0	61,494
(20) RHODA OHITO TECHNICAL PROFESSIONAL	40.0					✓		214,152	0	29,553
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								2,913,150	0	479,879
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,913,150	0	479,879

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 136

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RESCUE AGENCY PUBLIC BENEFIT, LLC, 2437 MORENA BLVD, SAN DIEGO, CA 92110	PROJECT CONSULTANT	507,996
MANAGEMENT SYSTEMS INTERNATIONAL, 1130 CONNECTICUT AVE. NW, #200, WASHINGTON, DC 20036	PROJECT CONSULTANT	243,307
BROWN MILLER COMMUNICATIONS, 1114 JONES STREET, MARTINEZ, CA 94553	PROJECT CONSULTANT	191,354
INSTITUTO FAMILIAR DE LA RAZA, INC., 2919 MISSION ST, SAN FRANCISCO, CA 94110	PROJECT CONSULTANT	187,349
PRESIDIO DATA SOLUTIONS LLC, 901 ARDEN WAY, SACRAMENTO, CA 95815	PROJECT CONSULTANT	183,200

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 **▶** 10

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	33,420,629			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,730,033			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶			52,150,662		
Program Service Revenue	2a	CONTRACTS	Business Code	900009	60,340,260	60,340,260	
	b						
	c						
	d						
	e						
	f	All other program service revenue			0	0	0
	g	Total. Add lines 2a-2f ▶			60,340,260		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶				
4		Income from investment of tax-exempt bond proceeds ▶					
5		Royalties ▶					
6a			(i) Real	(ii) Personal			
		b	Gross rents				
		c	Less: rental expenses				
		d	Net rental income or (loss) ▶	0	0		
7a			(i) Securities	(ii) Other			
		b	Gross amount from sales of assets other than inventory				
		c	Less: cost or other basis and sales expenses				
		d	Net gain or (loss) ▶	0	0		
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
b		Less: direct expenses b					
c		Net income or (loss) from fundraising events . . ▶					
9a		Gross income from gaming activities. See Part IV, line 19 a					
b		Less: direct expenses b					
c		Net income or (loss) from gaming activities . . ▶					
10a							
		b	Gross sales of inventory, less returns and allowances a				
		c	Less: cost of goods sold b				
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue				Business Code			
11a							
b							
c							
d	All other revenue			0	0	0	
e	Total. Add lines 11a-11d ▶			0			
12	Total revenue. See instructions ▶			112,490,922	60,340,260	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,877,325	7,877,325		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	38,000	38,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,017,212	1,017,212		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,972,656	738,418	1,232,279	1,959
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	38,416,555	33,362,206	5,050,456	3,893
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,935,102	4,194,837	740,265	
9 Other employee benefits	25,627,396	21,783,286	3,844,110	
10 Payroll taxes	4,248,301	3,611,056	637,245	
11 Fees for services (non-employees):				
a Management				
b Legal	56,457	453	56,004	
c Accounting	133,532		133,532	
d Lobbying	62,620	62,620		
e Professional fundraising services. See Part IV, line 17				
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.)	10,372,080	9,883,198	462,742	26,140
12 Advertising and promotion	5,373	5,297	76	
13 Office expenses	2,909,858	2,094,813	812,028	3,017
14 Information technology	9,927	4,035	5,892	
15 Royalties				
16 Occupancy	5,066,200	3,655,037	1,411,163	
17 Travel	5,279,717	5,170,111	109,606	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,431,849	1,373,900	57,949	
20 Interest	257	257		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	494,087	0	494,087	
23 Insurance	241,743	13,362	228,381	
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 TRAINING & DEVELOPMENT	1,317,295	1,236,590	80,670	35
b OTHER EXPENSES	249,099	84,863	164,018	218
c TEMPORARY HELP	153,989	127,730	26,259	
d PAYROLL PROCESSING	97,751	51,763	45,988	
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	112,014,381	96,386,369	15,592,750	35,262
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	16,704,074	1	14,971,942
	2 Savings and temporary cash investments		2	6,026,925
	3 Pledges and grants receivable, net	13,090,600	3	10,902,414
	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	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,913,655	9	1,918,651
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,081,441		
	b Less: accumulated depreciation	10b 1,881,962	2,675,097	10c 2,199,479
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	395,173	15	318,947
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,778,599	16	36,338,358	
Liabilities	17 Accounts payable and accrued expenses	10,927,885	17	12,050,080
	18 Grants payable		18	
	19 Deferred revenue	5,004,407	19	5,045,539
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	466,414	25	386,305
	26 Total liabilities. Add lines 17 through 25	16,398,706	26	17,481,924
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,077,640	27	5,938,650
	28 Temporarily restricted net assets	12,302,253	28	12,917,784
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	18,379,893	33	18,856,434
	34 Total liabilities and net assets/fund balances	34,778,599	34	36,338,358

Form **990** (2018)

Part XI Reconciliation of Net AssetsCheck 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	112,490,922
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,014,381
3	Revenue less expenses. Subtract line 2 from line 1	3	476,541
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,379,893
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	18,856,434

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	✓	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	48,735,733	47,812,406	52,486,717	54,183,500	52,150,662	255,369,018
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1,198,000	1,198,000	1,198,000	1,198,000	1,198,000	5,990,000
4 Total. Add lines 1 through 3	49,933,733	49,010,406	53,684,717	55,381,500	53,348,662	261,359,018
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,980,998
6 Public support. Subtract line 5 from line 4						247,378,020

Section 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	49,933,733	49,010,406	53,684,717	55,381,500	53,348,662	261,359,018
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	49	3	113	0	0	165
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						261,359,183
12 Gross receipts from related activities, etc. (see instructions)					12	274,091,839
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	94.65 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	95.43 %
16a 33⅓% support test—2018. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33⅓% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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 amendment to the organizing document).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	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.	2	

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).	1	

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.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
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.			
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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule of Contributors

OMB No. 1545-0047

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
PUBLIC HEALTH INSTITUTE

Employer identification number
94-1646278

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 33,420,629	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,074,108	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,502,211	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,252,351	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,754,405	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,334,683	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,271,001	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PUBLIC HEALTH INSTITUTE	Employer identification number 94-1646278
--	---

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	865	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	61,755	0												
c	Total lobbying expenditures (add lines 1a and 1b)	62,620	0												
d	Other exempt purpose expenditures	96,323,749	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	96,386,369	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	76,146	71,526	69,828	62,620	280,120
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	12,578	20,202	6,390	865	40,035

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j 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)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (<i>continued</i>)
-----------------	---

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V	Endowment Funds.
---------------	-------------------------

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ► _____ %
- b** Permanent endowment ► _____ %
- c** Temporarily restricted endowment ► _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI	Land, Buildings, and Equipment.
----------------	--

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		4,081,441	1,881,962	2,199,479
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,199,479

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (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 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	386,305	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		386,305

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	112,490,922
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	112,490,922
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	112,490,922

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	112,014,381
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	112,014,381
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	112,014,381

Part XIII Supplemental Information.

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

[SEE STATEMENT](#)

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>FOR THE YEARS ENDED DECEMBER 31, 2018, AND 2017, THE INSTITUTE HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.</p> <p>THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.</p> <p>TAX POSITIONS TAKEN RELATED TO THE ORGANIZATION'S TAX EXEMPT STATUS, UNRELATED BUSINESS ACTIVITIES TAXABLE INCOME AND DEDUCTIBILITY OF EXPENSES AND OTHER MISCELLANEOUS TAX POSITIONS HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE ORGANIZATION WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS AS OF DECEMBER 31, 2018 AND 2017 NOR DOES IT EXPECT THERE WILL BE A MATERIAL CHANGE IN THE TWELVE MONTHS FOLLOWING THE YEAR ENDED DECEMBER 31, 2018. AS OF DECEMBER 31, 2018, THE ORGANIZATION'S TAX YEARS ENDED DECEMBER 31, 2014 THROUGH DECEMBER 31, 2018 REMAIN SUBJECT TO EXAMINATION IN THE UNITED STATES FEDERAL TAX JURISDICTION AND THE TAX YEARS ENDED DECEMBER 31, 2013 THROUGH DECEMBER 31, 2018 REMAIN SUBJECT TO EXAMINATION IN THE CALIFORNIA STATE TAX JURISDICTION.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CAPACITY BUILDING	375,857
(2) SOUTH ASIA	0	0	PROGRAM SERVICES	CAPACITY BUILDING	406,099
(3) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CAPACITY BUILDING	519,492
(4) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CORE SUPPORT	165,794
(5) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	LEADERSHIP DEVELOPMENT	2,336
(6) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LEADERSHIP DEVELOPMENT	85,175
(7) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH	204,379
(8) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	550,129
(9) CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	TECHNICAL ASSISTANCE	229,992
(10) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	62,402
(11) SOUTH AMERICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	292,365
(12) SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	TECHNICAL ASSISTANCE	3,358,893
(13) SOUTH ASIA	1	9	PROGRAM SERVICES	TECHNICAL ASSISTANCE	1,267,442
(14) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		152,000
(15) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		58,662
(16) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		42,841
(17) (SEE STATEMENT)					
3a Subtotal	1	11			7,773,858
b Total from continuation sheets to Part I	0	0			755,495
c Totals (add lines 3a and 3b)	1	11			8,529,353

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

Cat. No. 50082W

Schedule F (Form 990) 2018

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	RESEARCH	113,563	WIRE			
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	103,033	WIRE			
			SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	92,700	WIRE			
			CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	57,000	WIRE			
			SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	50,000	WIRE			
			EAST ASIA AND THE PACIFIC	RESEARCH	46,662	WIRE			
			NORTH AMERICA (CANADA & MEXICO ONLY)	CAPACITY BUILDING	37,500	WIRE			
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	36,000	WIRE			
			CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	25,000	WIRE			
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	24,000	WIRE			
			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	23,376	WIRE			
			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	23,199	WIRE			
			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	19,466	WIRE			
			SUB-SAHARAN AFRICA	CAPACITY BUILDING	12,000	WIRE			
			EAST ASIA AND THE PACIFIC	RESEARCH	12,000	WIRE			
			(SEE STATEMENT)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

50

3 Enter total number of other organizations or entities

0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2018

Part I**Activities per Region** (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		130,705
(18) SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		113,563
(19) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		11,994
(20) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		499,233

Part II**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	12,000	WIRE			
(17)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	12,000	WIRE			
(18)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	12,000	WIRE			
(19)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,006	WIRE			
(20)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	10,000	WIRE			
(21)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(22)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	10,000	WIRE			
(23)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(24)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	10,000	WIRE			
(25)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	10,000	WIRE			
(26)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(27)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(28)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(29)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	10,000	WIRE			
(30)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	10,000	WIRE			
(31)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	10,000	WIRE			
(32)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(33)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	10,000	WIRE			
(34)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	10,000	WIRE			
(35)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(36)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	10,000	WIRE			
(37)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	10,000	WIRE			
(38)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(39)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	10,000	WIRE			
(40)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(41)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	10,000	WIRE			
(42)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	9,000	WIRE			
(43)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	9,000	WIRE			
(44)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,500	WIRE			
(45)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,500	WIRE			
(46)		SUB-SAHARAN AFRICA	CAPACITY	7,500	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			BUILDING					
(47)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	7,000	WIRE			
(48)		SOUTH ASIA	CAPACITY BUILDING	6,000	WIRE			
(49)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	6,000	WIRE			
(50)		SOUTH ASIA	CAPACITY BUILDING	5,994	WIRE			

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	PRIOR TO MAKING AN AWARD, PHI EVALUATES THE CAPABILITY OF THE GRANTEE TO CARRY OUT GRANT AWARD TERMS AND CONDITIONS, INCLUDING EXERCISING RESPONSIBLE FINANCIAL MANAGEMENT. PHI NOTIFIES THE GRANTEE ABOUT COMPLIANCE REQUIREMENTS AND INCORPORATES COMPLIANCE, AUDIT AND ENFORCEMENT PROVISIONS INTO AWARD DOCUMENTS, INCLUDING OMB UNIFORM GUIDANCE REQUIREMENTS WHERE APPLICABLE. PHI EMPLOYEES MAINTAIN REGULAR CONTACT WITH THE GRANTEE, REVIEW FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE GRANTEE, MAKE APPROPRIATE INQUIRIES.
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	80-0512336	501(C)(3)	467,737				TECHNICAL ASSISTANCE
(2) RESCUE AGENCY PUBLIC BENEFIT, LLC 2437 MORENA BLVD, SAN DIEGO, CA 92110	47-1335192	501(C)(3)	449,236				TECHNICAL ASSISTANCE
(3) OXS CONSULTING INC. 267 DEERFIELD DRIVE, MORAGA, CA 94556	26-0584368		329,865				TECHNICAL ASSISTANCE
(4) (SEE STATEMENT)	52-1706852	501(C)(3)	304,224				TECHNICAL ASSISTANCE
(5) GLOBEMED 601 UNIVERSITY PL., EVANSTON, IL 60208	76-0708721	501(C)(3)	301,357				TECHNICAL ASSISTANCE
(6) ICF MACRO INC P.O. BOX 536259, PITTSBURGH, PA 15253-5904	52-0955232		235,104				RESEARCH
(7) (SEE STATEMENT)	45-6002491	501(C)(3)	233,427				RESEARCH
(8) ASIAN HEALTH SERVICES 818 WEBSTER STREET, OAKLAND, CA 94607	94-2235908	501(C)(3)	217,374				TECHNICAL ASSISTANCE
(9) (SEE STATEMENT)	52-1215041		215,573				TECHNICAL ASSISTANCE
(10) (SEE STATEMENT)	58-0566256	501(C)(3)	215,227				RESEARCH
(11) (SEE STATEMENT)	41-2065177	501(C)(3)	200,580				CAPACITY BUILDING
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 88
- 3** Enter total number of other organizations listed in the line 1 table ▶ 4

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CAPACITY BUILDING	2	15,000			
2 TECHNICAL ASSISTANCE	1	23,000			
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) KANSAS STATE UC RESEARCH FOUNDATION 2005 RESEARCH PARK CIRCLE, STE.105, MANHATTAN, KS 66502-5020	48-6106237	501(C)(3)	200,000				TECHNICAL ASSISTANCE
(13) GLOBAL FUND FOR WOMEN, INC. 800 MARKET STREET, 7TH FLOOR, SAN FRANCISCO, CA 94102	77-0155782	501(C)(3)	199,840				CAPACITY BUILDING
(14) CERES UNIFIED SCHOOL DISTRICT P.O. BOX 307, CERES, CA 95307	38-3945601	501(C)(3)	190,927				CAPACITY BUILDING
(15) NEW YORK UNIVERSITY 665 BROADWAY , SUITE 801, NEW YORK, NY 10012	13-5562308	501(C)(3)	181,777				TECHNICAL ASSISTANCE
(16) LOMA LINDA UNIVERSITY 11306 MT. VIEW AVE., SUITE B-100, LOMA LINDA, CA 92350	95-1816009	501(C)(3)	176,026				RESEARCH
(17) THE FINANCIAL INNOVATIONS CENTER, INC 135 SOUTH LASALLE., STE. 2125, CHICAGO, IL 60603	20-3006098	501(C)(3)	175,000				CAPACITY BUILDING
(18) PROSPERITY NOW 1200 G STREET, NW. SUITE 400, WASHINGTON, DC 20005	52-1141804	501(C)(3)	175,000				CAPACITY BUILDING
(19) MERCED COUNTY OFFICE OF EDUCATION 632 W 13TH STREET, MERCED, CA 95341	94-6002379	GOVERNMENT	169,316				CAPACITY BUILDING
(20) HAVEN WOMEN'S CENTER STANISLAUS 618 13TH STREET, MODESTO, CA 95354	94-2499361	501(C)(3)	166,928				CAPACITY BUILDING
(21) OXS CONSULTING INC. 267 DEERFIELD DRIVE, MORAGA, CA 94556	26-0584368		153,683				CAPACITY BUILDING
(22) INTERNATIONAL CENTER FOR RESEARCH 1120 20TH STREET NW STE.500 NORTH, WASHINGTON, DC 20036	52-1081455	501(C)(3)	128,766				CAPACITY BUILDING
(23) ALLIANCE FOR COMMUNITY TRANSFORMATIONS P.O.BOX 2075, MARIPOSA, CA 95338	77-0272319	501(C)(3)	125,832				CAPACITY BUILDING
(24) REGENTS OF UC SAN FRANCISCO 1855 FOLSOM STREET, STE 425, SAN FRANCISCO, CA 94143-0897	94-6036493	501(C)(3)	124,734				TECHNICAL ASSISTANCE
(25) COMITE CIVICO DEL VALLE, INC. 235 MAIN STREET, BRAWLEY, CA 92227-1932	33-0411322	501(C)(3)	117,718				CAPACITY BUILDING
(26) INSTITUTO FAMILIAR DE LA RAZA, INC. 2919 MISSION ST, SAN FRANCISCO, CA 94110	94-2523608	501(C)(3)	115,778				CAPACITY BUILDING
(27) REGENTS OF THE UNIVERSITY OF MINNESOTA 450 MCNAMARA ALUMNI CENTER, MINNEAPOLIS, MN 55455-2070	41-6007513	501(C)(3)	110,630				RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) THE REGENTS OF THE UNIVERSITY OF CA, SF 3333 CALIFORNIA ST. SUITE 315, SAN FRANCISCO, CA 94143-0962	94-6036493	501(C)(3)	107,029				RESEARCH
(29) THE REGENTS OF THE UNIVERSITY OF CA 654 MINNESOT STREET SECOND FLR, WEST SACRAMENTO, CA 95798-9062	94-6036494	501(C)(3)	101,279				TECHNICAL ASSISTANCE
(30) INSTITUTO FAMILIAR DE LA RAZA, INC. 2919 MISSION ST, SAN FRANCISCO, CA 94110	94-2523608	501(C)(3)	97,980				TECHNICAL ASSISTANCE
(31) BLUEPATH HEALTH, INC. 929 SIR FRANCES DRAKE BLVD., KENTFIELD, CA 94904	46-3484135	501(C)(3)	95,000				TECHNICAL ASSISTANCE
(32) BROWN UNIVERSITY BOX 1929, 164 ANGELL STREET, PROVIDENCE, RI 02912-9002	05-0258809	501(C)(3)	81,575				RESEARCH
(33) UNIVERSITY OF WASHINGTON BOX 357965, SEATTLE, WA 98195-7920	91-6001537	501(C)(3)	77,853				TECHNICAL ASSISTANCE
(34) SJSU RESEARCH FOUNDATION 210 N. 4TH ST., 4TH FLOOR, SAN JOSE, CA 95112-5569	94-6017638	501(C)(3)	77,491				RESEARCH
(35) TEMPLE UNIVERSITY - OF THE COMMONWEALTH 1801 N. BROAD STREET, PHILADELPHIA, PA 19122-6003	23-1365971	501(C)(3)	68,772				RESEARCH
(36) GLOBAL WOMEN'S LEADERSHIP NETWORK 1484 POLLARD ROAD, STE.141, LOS GATOS, CA 95032	46-1830178	501(C)(3)	55,000				CAPACITY BUILDING
(37) REGENTS OF UC SAN FRANCISCO 1855 FOLSOM STREET, STE 425, SAN FRANCISCO, CA 94143-0897	94-6036493	501(C)(3)	52,489				RESEARCH
(38) CALIFORNIA INDIAN MUSEUM & CULTURAL 5250 AERO DR., SANTA ROSA, CA 95403	94-3244506	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(39) TIDES CENTER 1014 TORNEY AVENUE, BERKELEY, CA 94702	94-3213100	501(C)(3)	49,993				TECHNICAL ASSISTANCE
(40) INSTITUTE FOR LOCAL GOVERNMENT 1400 K STREET, STE. 205, SACRAMENTO, CA 95814	94-1537757	501(C)(3)	45,447				TECHNICAL ASSISTANCE
(41) SAMUELS & ASSOCIATES INC 1222 PRESERVATION PARK WAY, OAKLAND, CA 94612	94-3300311		45,001				CAPACITY BUILDING
(42) CANCER PREVENTION INSTITUTE OF CA 2201 WALNUT AVENUE, SUITE 300, FREMONT, CA 94538	23-7427232	501(C)(3)	43,122				RESEARCH
(43) REGENTS OF THE UNIVERSITY OF CA 50 UNIVERSITY HALL #7360, BERKELEY, CA 94720-7360	94-6002123	501(C)(3)	42,048				RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(44) REGENTS OF UC SAN FRANCISCO CONTROLLER'S OFFICE CGA- BOX 0897, SAN FRANCISCO, CA 94143-0897	94-6036493	501(C)(3)	41,942				CAPACITY BUILDING
(45) CONSORTIUM OF UNIVERSITIES FOR GLOBAL 1608 RHODE ISLAND AVE, NW, WASHINGTON, DC 20036	27-1481036	501(C)(3)	41,300				CAPACITY BUILDING
(46) REGENTS OF THE UNIVERSITY OF CA 654 MINNESOT STREET SECOND FLR, BERKELEY, CA 94720-7360	94-6002123	501(C)(3)	40,000				TECHNICAL ASSISTANCE
(47) SEQUOIA FOUNDATION 2166-D AVENIDA DE LA PLAYA, LA JOLLA, CA 92037	33-0100208	501(C)(3)	38,930				RESEARCH
(48) THE REGENTS OF THE UNIVERSITY OF CA 2315 STOCKTON BLVD, WEST SACRAMENTO, CA 95798-9062	94-6036494	501(C)(3)	36,617				CAPACITY BUILDING
(49) CHANGELAB SOLUTIONS 2201 BROADWAY AVENUE, STE 502, OAKLAND, CA 94612-3063	26-3710746	501(C)(3)	35,000				TECHNICAL ASSISTANCE
(50) DISABILITY RIGHTS EDUCATION & DEFENSE 3075 ADELINE STREET, SUITE 210, BERKELEY, CA 94703	94-2620758	501(C)(3)	29,500				TECHNICAL ASSISTANCE
(51) COLUMBIA UNIVERSITY PO BOX 1385, NEW YORK, NY 10008-1385	13-5598093	501(C)(3)	25,315				RESEARCH
(52) ASIAN HEALTH SERVICES 818 WEBSTER STREET, OAKLAND, CA 94607	94-2235908	501(C)(3)	25,130				CAPACITY BUILDING
(53) AGRICULTURAL INSTITUTE OF MARIN 400 SMITH RANCH RD., SUITE D, SAN RAFAEL, CA 94903	86-1156712	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(54) LOMA LINDA UNIV MEDICAL CENTER 11306 MT. VIEW AVE., SUITE B-100, LOMA LINDA, CA 92354	95-3522679	501(C)(3)	23,434				RESEARCH
(55) UNIVERSITY OF WASHINGTON BOX 357965, SEATTLE, WA 98195-7920	91-6001537	501(C)(3)	22,983				CAPACITY BUILDING
(56) COUNTY OF SANTA BARBARA, PUBLIC HEALTH 300 N. SAN ANTONIO ROAD, SANTA BARBARA, CA 93110	95-6002833	GOVERNMENT	22,500				TECHNICAL ASSISTANCE
(57) NATIONAL HMONG AMERICAN FARMERS 6366 N FIGARDEN DRIVE SUITE 101A, FRESNO, CA 93722	75-3144201	501(C)(3)	22,257				CAPACITY BUILDING
(58) LIVINGSTON COMMUNITY HEALTH 1140 MAIN STREET, LIVINGSTON, CA 95334	94-1719656	501(C)(3)	21,548				TECHNICAL ASSISTANCE
(59) UNIVERSITY OF TEXAS AT AUSTIN P.O. BOX 7159, AUSTIN, TX 78713-7159	74-6000203	501(C)(3)	21,534				RESEARCH
(60) NORTH COAST HEALTH IMPROVEMENT & 2662 HARRIS STREET, EUREKA, CA 95503	27-4520226	501(C)(3)	20,000				TECHNICAL ASSISTANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(61) HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD #600, WEST SACRAMENTO, CA 95691	68-0249296	501(C)(3)	20,000				TECHNICAL ASSISTANCE
(62) ADVENTIST HEALTH CLEARLAKE HOSPITAL INC 15322 LAKESHORE DR., STE. 201, CLEARLAKE, CA 95422	68-0395149	501(C)(3)	20,000				TECHNICAL ASSISTANCE
(63) FRESNO METRO MINISTRY 4270 N. BLACKSTONE AVE. #212, FRESNO, CA 93726-1907	94-2181848	501(C)(3)	20,000				TECHNICAL ASSISTANCE
(64) INTERNET SEXUALITY INFORMATION SERVICES 409 13TH STREET, 14TH FLOOR, OAKLAND, CA 94612	94-3398862	501(C)(3)	20,000				CAPACITY BUILDING
(65) NAPA COUNTY HEALTH & HUMAN SVC AGENCY 1195 THIRD STREET , B10, NAPA, CA 94559	94-6000525	GOVERNMENT	20,000				TECHNICAL ASSISTANCE
(66) YWCA OF SAN GABRIEL VALLEY 943 NORTH GRAND AVENUE, COVINA, CA 91724	95-1641967	501(C)(3)	20,000				TECHNICAL ASSISTANCE
(67) PUBLIC HEALTH FOUNDATION ENTERPRISES, INC 13300 CROSSROADS PARKWAY NORTH., CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	20,000				TECHNICAL ASSISTANCE
(68) CITY OF LONG BEACH 333 WEST OCEAN BLVD, LONG BEACH, CA 90802	95-6000733	GOVERNMENT	20,000				TECHNICAL ASSISTANCE
(69) THE TRUSTEES OF INDIANA UNIVERSITY 980 INDIANA AVENUE , ROOM LV2232, INDIANAPOLIS, IN 46202-2915	35-6001673	501(C)(3)	19,529				RESEARCH
(70) THE REGENTS OF THE UNIVERSITY OF CA, SF 3333 CALIFORNIA ST. SUITE 315, SAN FRANCISCO, CA 94143-0962	94-6036493	501(C)(3)	18,723				TECHNICAL ASSISTANCE
(71) STATE OF HAWAII, DEPARTMENT OF HEALTH 919 ALA MOANA BLVD. SUITE 101, HONOLULU, HI 96814	99-6000449	GOVERNMENT	18,412				TECHNICAL ASSISTANCE
(72) DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVE., BP418, BOSTON, MA 02215	04-2263040	501(C)(3)	17,806				RESEARCH
(73) BRIDGE NETWORK CORPORATION 7851 35TH AVENUE, SACRAMENTO, CA 95824	45-2833423	501(C)(3)	17,250				CAPACITY BUILDING
(74) CA SCHOOL-BASED HEALTH ALLIANCE 1203 PRESERVATION PARK WAY#302, OAKLAND, CA 94612	94-3201896	501(C)(3)	15,000				TECHNICAL ASSISTANCE
(75) FRIENDS RESEARCH INSTITUTE, INC 17215 STUDEBAKER ROAD STE 380, CERRITOS, CA 90703	52-0701445	501(C)(3)	14,275				RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(76) CENTER FOR HUMAN SERVICES 2000 W. BRIGGSMORE AVE., MODESTO, CA 95350	94-1725620	501(C)(3)	13,605				CAPACITY BUILDING
(77) ARIZONA CENTER FOR DISABILITY LAW 5025 EAST WASHINGTON ST. #202, PHOENIX, AZ 85034	23-7408586	501(C)(3)	13,035				TECHNICAL ASSISTANCE
(78) SAN FRANCISCO BAY AREA PHYSICIANS FOR 870 MARKET STREET, SUITE 578, SAN FRANCISCO, CA 94102	94-2702750	501(C)(3)	12,548				CAPACITY BUILDING
(79) JHPIEGO CORPORATION 1615 THAMES STREET, BALTIMORE, MD 21231	23-7424444	501(C)(3)	12,000				CAPACITY BUILDING
(80) COUNTY OF LOS ANGELES DEPARTMENT OF 5555 FERGUSON DR, ROOM 100-50, CITY OF COMMERCE, CA 90022	95-6000927	GOVERNMENT	11,929				CAPACITY BUILDING
(81) PESTICIDE ACTION NETWORK NORTH AMERICA 1611 TELEGRAPH AVENUE , SUITE 1200, OAKLAND, CA 94612	94-2949686	501(C)(3)	11,000				TECHNICAL ASSISTANCE
(82) HELPING OUR PEOPLE EXCEL- HOPE INC. 8722 SMITHFIELD PLACE, JESSUP, MD 20794	20-8384334	501(C)(3)	10,000				TECHNICAL ASSISTANCE
(83) PHILADELPHIA DEPT OF PUBLIC HEALTH 500 S. BROAD ST, PHILADELPHIA, PA 19146	23-6405285	GOVERNMENT	10,000				CAPACITY BUILDING
(84) TWIN RIVERS UNIFIED SCHOOL DISTRICT 5115 DUDLEY BLVD, MCCLELLAN PARK, CA 95652	25-1773196	501(C)(3)	10,000				CAPACITY BUILDING
(85) CITY OF MINNEAPOLIS FINANCE 250 S 4TH STREET PSC ROOM 510, MINNEAPOLIS, MN 55415	41-6005371	GOVERNMENT	10,000				CAPACITY BUILDING
(86) COUGAR PARENT COMMITTEE 6715 GLORIA DRIVE, SACRAMENTO, CA 95831	46-4200363	501(C)(3)	10,000				CAPACITY BUILDING
(87) WILL ROGERS MIDDLE SCHOOL PTC 4924 DEWEY DRIVE, FAIR OAKS, CA 95628	47-4221945	501(C)(3)	10,000				CAPACITY BUILDING
(88) "THE GARDENS" A FAMILY CARE COMMUNITY 2251 FLORIN ROAD SUITE 129, SACRAMENTO, CA 95822	68-0463156	501(C)(3)	10,000				CAPACITY BUILDING
(89) CITY OF NEW ORLEANS HEALTH DEPARTMENT 1300 PERDIDO ST, STE 8E18, NEW ORLEANS, LA 70112	72-6000969	GOVERNMENT	10,000				CAPACITY BUILDING
(90) CITY AND COUNTY OF DENVER 201 W. COLFAX AVE, DEPT 908, DENVER, CO 80204	84-6000580	GOVERNMENT	10,000				CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(91) KING COUNTY FINANCE 611 KING COUNTY ADMIN.BLDG., SEATTLE, WA 98104	91-6001327	GOVERNMENT	10,000				CAPACITY BUILDING
(92) SAFETY CENTER INCORPORATED 3909 BRADSHAW ROAD, SACRAMENTO, CA 95827	94-2831134	501(C)(3)	10,000				CAPACITY BUILDING
(93) CELI INC 4625 44TH STREET, ROOM 3, SACRAMENTO, CA 95820	65-1280171	501(C)(3)	9,496				CAPACITY BUILDING
(94) ABILITY 360 5025 E WASHINGTON ST, STE 200, PHOENIX, AZ 85034-1101	86-0486447	501(C)(3)	8,571				TECHNICAL ASSISTANCE
(95) INDEPENDENT LIVING CENTER OF SOUTHERN CA 14407 GILMORE ST., STE 101, VAN NUYS, CA 91401-1400	95-3026060	501(C)(3)	7,793				TECHNICAL ASSISTANCE
(96) THE RESEARCH INSTITUTE AT NATIONWIDE PO BOX 781653, DETROIT, MI 48278-1653	31-6056230	501(C)(3)	6,627				RESEARCH
(97) ST. ROSE HOSPITAL FOUNDATION, INC. 27200 CALAROGA AVENUE, HAYWARD, CA 94545	94-2428886	501(C)(3)	6,250				CAPACITY BUILDING
(98) RADY CHILDREN'S HOSPITAL- SAN DIEGO 3020 CHILDREN'S WAY, MC 5001, SAN DIEGO, CA 92123	95-1691313	501(C)(3)	6,250				CAPACITY BUILDING
(99) WOMEN WITH A VISION, INC 1226 NORTH BROAD STREET, NEW ORLEANS, LA 70119	72-1202185	501(C)(3)	6,000				CAPACITY BUILDING
(100) HUCKLEBERRY YOUTH PROGRAMS, INC. 3310 GEARY BLVD, SAN FRANCISCO, CA 94118	94-1687559	501(C)(3)	6,000				RESEARCH
(101) BREAST CANCER ACTION 275 FIFTH ST, #307, SAN FRANCISCO, CA 94103	94-3138992	501(C)(3)	6,000				RESEARCH
(102) SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23532 CALABASAS ROAD, CALABASAS, CA 91302	95-4116679	501(C)(3)	6,000				CAPACITY BUILDING

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	PRIOR TO MAKING AN AWARD, PHI EVALUATES THE CAPABILITY OF THE GRANTEE TO CARRY OUT GRANT AWARD TERMS AND CONDITIONS, INCLUDING EXERCISING RESPONSIBLE FINANCIAL MANAGEMENT. PHI NOTIFIES THE GRANTEE ABOUT COMPLIANCE REQUIREMENTS AND INCORPORATES COMPLIANCE, AUDIT AND ENFORCEMENT PROVISIONS INTO AWARD DOCUMENTS, INCLUDING OMB UNIFORM GUIDANCE REQUIREMENTS WHERE APPLICABLE. PHI EMPLOYEES MAINTAIN REGULAR CONTACT WITH THE GRANTEE, REVIEW FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE GRANTEE, MAKE APPROPRIATE INQUIRIES.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	GLOBAL HEALTH CORPS 236 WEST 30TH STREET 5 FRONT, NEW YORK, NY 10001
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PYXERA GLOBAL 1030 15TH ST NW, STE 730 EAST, WASHINGTON, DC 20005
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR,TWAMLEY HALL,, GRAND FORKS, ND 58202-7306
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	MANAGEMENT SYSTEMS INTERNATIONAL 1130 CONNECTICUT AVE. NW, #200, WASHINGTON, DC 20036
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	EMORY UNIVERSITY 1599 CLIFTON ROAD ,NE, 4TH FL, ATLANTA, GA 30322-4520
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	WORLD PULSE VOICES 411 NE 19TH AVE. BLDG 1 1ST FLOOR, PORTLAND, OR 97232

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

PUBLIC HEALTH INSTITUTE

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

94-1646278

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. MARY A. PITTMAN PRESIDENT & CEO	(i)	419,144	38,051	32,901	27,500	31,101	548,697	0
	(ii)	0	0	0	0	0	0	0
2 DENISE DUNNING, PHD BOARD MEMBER, PI PROGRAM DIRECTOR	(i)	159,863	3,197	324	15,986	2,413	181,783	0
	(ii)	0	0	0	0	0	0	0
3 TAMAR DORFMAN CHIEF FINANCIAL OFFICER	(i)	230,578	13,282	19,808	26,155	29,525	319,348	0
	(ii)	0	0	0	0	0	0	0
4 SHARON RUDY PI PROGRAM DIRECTOR IV	(i)	227,894	75,569	6,691	23,103	18,296	351,553	0
	(ii)	0	0	0	0	0	0	0
5 B. MELANGE MATTHEWS CHIEF OF STAFF / COO	(i)	285,430	13,113	3,842	27,500	20,697	350,582	0
	(ii)	0	0	0	0	0	0	0
6 ELIZABETH O'CONNOR PI PROGRAM DIRECTOR IV	(i)	161,851	10,000	19,068	18,084	11,690	220,693	0
	(ii)	0	0	0	0	0	0	0
7 SEYDOU DOUMBIA TECHNICAL ADVISOR IV	(i)	262,013	0	1,122	17,104	34,258	314,497	0
	(ii)	0	0	0	0	0	0	0
8 JAMES SIMPSON GENERAL COUNSEL	(i)	208,890	9,669	24,748	23,556	24,637	291,500	0
	(ii)	0	0	0	0	0	0	0
9 AMY BLOOM TECHNICAL ADVISOR - USSTA	(i)	239,514	0	3,406	24,000	13,227	280,147	0
	(ii)	0	0	0	0	0	0	0
10 BAKER MAGGWA TECHNICAL ADVISOR IV	(i)	225,616	0	3,414	24,040	37,454	290,524	0
	(ii)	0	0	0	0	0	0	0
11 RHODA OHITO TECHNICAL PROFESSIONAL	(i)	213,944	0	208	10,523	19,030	243,705	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	THE ORGANIZATION MADE NON-FIXED PAYMENTS TO THE FOLLOWING PEOPLE DURING 2018: MARY PITTMAN SHARON RUDY MELANGE MATTHEWS ELIZABETH O'CONNOR TAMAR DORFMAN JIM SIMPSON DENISE DUNNING

SCHEDULE O
(Form 990 or 990-EZ)Department of Treasury Internal
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the Organization
PUBLIC HEALTH INSTITUTEEmployer Identification Number
94-1646278

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>THOUSAND INDIVIDUALS INTERESTED IN THE FIELD OF GLOBAL HEALTH. THESE EVENTS INCLUDE PROFESSIONAL CONFERENCES, UNIVERSITY CAREER FAIRS AND INFORMATION SESSIONS, AND WEBINARS.</p> <p>GHFP-II'S FELLOWS, AT ALL LEVELS, WORK WITH USAID IN WASHINGTON, DC AND OVERSEAS IN A VARIETY OF TECHNICAL AREAS INCLUDING MATERNAL AND CHILD HEALTH, FAMILY PLANNING, REPRODUCTIVE HEALTH, HIV/AIDS, INFECTIOUS DISEASES, HEALTH POLICY AND OTHER GLOBAL HEALTH SPECIALTIES. THE PROGRAM ALSO SUPPORTS A COHORT OF SUMMER INTERNS AND ON DEMAND INTERNS THROUGHOUT THE YEAR THAT WORK IN THE GLOBAL HEALTH BUREAU AT USAID IN WASHINGTON, DC.</p> <p>IN SUPPORT OF ITS MANDATE TO HELP DEVELOP THE NEXT GENERATION OF GLOBAL HEALTH PROFESSIONALS, THE PROGRAM ESTABLISHED WORKING RELATIONSHIPS WITH SEVERAL PARTNERS INCLUDING PYXERA GLOBAL, GLOBEMED, GLOBAL HEALTH CORPS, AND MANAGEMENT SYSTEMS INTERNATIONAL.</p> <p>GLOBEMED, IS AN ORGANIZATION THAT AIMS TO STRENGTHEN THE MOVEMENT FOR GLOBAL HEALTH EQUITY BY EMPOWERING STUDENTS AND COMMUNITIES TO WORK TOGETHER TO IMPROVE THE HEALTH OF PEOPLE LIVING IN POVERTY AROUND THE WORLD. GLOBEMED HAS CHAPTERS ON 50 CAMPUSES ACROSS THE US AND PARTNERS WITH ORGANIZATIONS THROUGHOUT THE DEVELOPING WORLD INCLUDING IN INDIA, RWANDA, UGANDA, NEPAL, CAMBODIA AND LAOS. GHFP-II FUNDS SCHOLARSHIPS FOR GLOBEMED INTERNS BASED ON NEED AND FOR THOSE UNDERREPRESENTED IN THE FIELD.</p> <p>PYXERA GLOBAL PROVIDES CORPORATE VOLUNTEERS TO SUPPORT LOCAL BUSINESSES, NONPROFITS, AND GOVERNMENTS IN EMERGING MARKETS WORLDWIDE. OVER THE PAST 20 YEARS, THEY HAVE PLACED THOUSANDS OF BUSINESS-ORIENTED VOLUNTEERS IN MORE THAN 80 COUNTRIES. GHFP-II WILL SUPPORT SEVERAL HUNDRED OF THESE VOLUNTEERS OVER A SEVEN YEAR PERIOD.</p> <p>GLOBAL HEALTH CORPS PAIRS INTELLIGENT AND PASSIONATE FELLOWS WITH DEVELOPING COUNTRY ORGANIZATIONS THAT REQUIRE NEW THINKING AND INNOVATIVE SOLUTIONS. THEY PROVIDE THESE YOUNG LEADERS WITH THE TOOLS TO REMAIN CONNECTED AFTER THEIR FELLOWSHIP YEAR FINISHES, DEEPENING THEIR ABILITY TO ENACT CHANGE THROUGH HEIGHTENED SKILLS AND STRONG PARTNERSHIPS. GHFP-II PROVIDES FUNDING FOR APPROXIMATELY 20 OF THESE FELLOWSHIPS IN THE COMING YEAR.</p> <p>MANAGEMENT SYSTEMS INTERNATIONAL PROVIDES CAREER AND PROFESSIONAL DEVELOPMENT SUPPORT TO GHFP-II FELLOWS. IN ADDITION, THEY PROVIDE COACHING SERVICES AS WELL AS REVIEWING AND COMPILING AN INVENTORY OF PROFESSIONAL DEVELOPMENT STRATEGIES AND ACTIVITIES.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>VOLUNTARILY MERGED EFFORTS TO CREATE THE CHILDREN'S ONCOLOGY GROUP. THE COG COORDINATING CENTER STAFF COMPRISE A NUMBER OF MULTI-DISCIPLINARY TEAMS SUPPORTING CLINICAL TRIAL OPERATIONS. TEAMS ARE MADE UP OF PROTOCOL COORDINATORS, DATA MANAGEMENT PROFESSIONALS AND STATISTICIANS. ADDITIONAL STAFFING GROUPS INCLUDE OPERATIONS AND FINANCE, QUALITY ASSURANCE & SITE AUDITING, INFORMATION TECHNOLOGY, COMPLEX CLINICAL PROJECTS, PHARMACEUTICAL INDUSTRY RELATIONS, AND GROUP MEMBERSHIP. EACH WORK GROUP HAS A MANAGER OR DIRECTOR WITH CONSIDERABLE INDEPENDENCE AND FLEXIBILITY IN MANAGING HIS/HER AREA TO ENSURE RAPID AND EFFICIENT RESPONSE TO COG NEEDS. FULLY STAFFED HEADCOUNT IS APPROXIMATELY 110 WITH 7 ADDITIONAL UNIVERSITY OF SOUTHERN CALIFORNIA FACULTY STATISTICIANS WORKING OUT OF THE OFFICES IN MONROVIA. COG HAS BEEN STRUCTURED TO MAXIMIZE EFFICIENCY, PROMOTE COLLABORATION, AND RETAIN THE FLEXIBILITY TO FOCUS RESOURCES ON THE MOST PROMISING SCIENTIFIC ADVANCES. EXTENSIVE COLLABORATION AND INTEGRATION IS FOUND THROUGHOUT COG'S ORGANIZATION. FOR EXAMPLE, THE STRATEGIC DECISION TO ESTABLISH THE FREESTANDING COG COORDINATING CENTER IN MONROVIA, CA, COMPOSED OF COG'S OPERATIONS CENTER CO-LOCATED WITH KEY COMPONENTS OF COG'S STATISTICS & DATA CENTER, HELPS ENSURE THE LONG-TERM STABILITY OF THE COG RESEARCH ENTERPRISE AND ALLOWS FOR UNINTERRUPTED RESEARCH OPERATIONS THROUGH LEADERSHIP TRANSITIONS. MORE THAN 90% OF THE 13,500 CHILDREN AND ADOLESCENTS DIAGNOSED WITH CANCER EACH YEAR IN THE UNITED STATES ARE CARED FOR AT COG MEMBER INSTITUTIONS, ALLOWING FOR APPROXIMATELY 50% TO 60% OF NEWLY DIAGNOSED CHILDREN WITH CANCER TO BE ENROLLED ONTO A COG CLINICAL TRIAL, WITH ALMOST 90% OF THOSE LESS THAN 5 YEARS OF AGE PARTICIPATING IN COG RESEARCH. AT ANY GIVEN TIME, THE COG COORDINATING CENTER IS SUPPORTING APPROXIMATELY 45 STUDIES IN DEVELOPMENT, 70 STUDIES ACTIVELY ENROLLING NEW SUBJECTS, AND 100 STUDIES CLOSED TO ENROLLMENT FOR WHICH DATA COLLECTION IS COMPLETING AND DATA ANALYSIS IS IN PROCESS. ANNUALLY, THE COG COORDINATING CENTER FACILITATES APPROXIMATELY 4,000 ENROLLMENTS ONTO COG THERAPEUTIC STUDIES AND MORE THAN 13,000 ENROLLMENTS ONTO NON-THERAPEUTIC STUDIES, WHICH INCLUDE BIOLOGY, SUPPORTIVE CARE, EPIDEMIOLOGY, QUALITY OF LIFE, BEHAVIORAL SCIENCE, AND LATE-EFFECT STUDIES. THE COORDINATING CENTER ALSO SUPPORTS THE ONGOING FOLLOW-UP DATA COLLECTION FOR THE MORE THAN 25,000 CHILDREN ANNUALLY WHO CONTINUE TO BE EVALUATED AT COG MEMBER INSTITUTIONS FOR STUDIES ON WHICH THEY HAVE COMPLETED THERAPY.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>CALIFORNIANS DIAGNOSED FROM 1988 FORWARD, AND MORE THAN 125,000 NEW CASES ARE ADDED ANNUALLY. THE DATA COLLECTED INCLUDES INFORMATION ABOUT ALL CANCERS DIAGNOSED AMONG CALIFORNIA RESIDENTS (EXCEPT BASAL AND SQUAMOUS CELL CARCINOMA OF THE SKIN AND CARCINOMA IN SITU OF THE CERVIX). EACH INCIDENCE OF CANCER IS REPORTED BY HOSPITALS, CLINICS, AND/OR LABORATORIES THROUGH A SYSTEM OF THREE REGIONAL REGISTRIES AND ON TO THE STATEWIDE CENTRAL REGISTRY SYSTEM. ONCE A CASE IS DIAGNOSED, IT IS FOLLOWED THROUGHOUT THE LIFETIME OF THE PATIENT.</p> <p>THE LARGEST PORTION OF FUNDING FOR CRGC IS FEDERAL (NATIONAL CANCER INSTITUTE'S SURVEILLANCE, EPIDEMIOLOGY, AND END RESULTS PROGRAM). ALONG WITH THE STATE PORTION OF FUNDING, CRGC IS GRANTED A LETTER OF DESIGNATION FROM THE STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO CONDUCT DATA COLLECTION, QUALITY CONTROL, AND DATA DISSEMINATION ACTIVITIES. CRGC PROVIDES DATA AND ASSISTANCE TO RESEARCHERS BOTH WITHIN CALIFORNIA AND NATIONWIDE. PHI ADDS TO THE VALUE OF THIS ENTERPRISE BY CONDUCTING EPIDEMIOLOGICAL AND SURVEILLANCE RESEARCH THROUGH INDEPENDENT RESEARCH GRANTS AND CONTRACTS. CURRENTLY, CRGC IS WORKING CLOSELY WITH ITS STATE PARTNERS TO DEVELOP TECHNOLOGY AND OTHER INNOVATIONS TO IMPROVE COMPLETENESS AND QUALITY OF THE DATA COLLECTED. FURTHER, CRGC IS STRIVING TO MAKE THE REGISTRY DATA MORE RELEVANT TO THE CALIFORNIA POPULATION BY DEVELOPING INITIATIVES THAT AIM TO INCREASE PATIENT ENGAGEMENT AND DATA GENERATION.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$48,541,623 INCLUDING GRANTS OF \$8,708,644)(REVENUE \$32,714,917)</p> <p>FOR 50 YEARS, PHI HAS IMPLEMENTED RESEARCH AND PROGRAMS TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE ACROSS CALIFORNIA, THE U.S., AND THE WORLD. PHI IS A HUB FOR PUBLIC HEALTH INNOVATION, PROVIDING SUPPORTIVE INFRASTRUCTURE, RESOURCES, AND INTELLECTUAL COMMUNITY WITH SOME OF THE BEST MINDS IN PUBLIC HEALTH. WITH OVER 100 RESEARCHERS AND PROJECT DIRECTORS - AND NEARLY 700 STAFF WORLDWIDE - PHI LEADS NEW RESEARCH, TESTS NOVEL INTERVENTIONS, AND IMPLEMENTS AND BUILDS CAPACITY FOR ON-THE-GROUND PROGRAMS TO ADDRESS NEW AND EMERGING PUBLIC HEALTH PROBLEMS. FOR EXAMPLE, PHI PROGRAMS COMPRISE ONE OF THE LARGEST OBESITY NETWORKS IN THE COUNTRY, ADDRESSING AN EPIDEMIC THAT HAS REACHED COMMUNITIES IN THE U.S. AND AROUND THE WORLD, RAISING THE RISK FOR CHRONIC DISEASES LIKE CANCER, HEART DISEASE, AND DIABETES. GLOBALLY, PHI IS DISMANTLING THE BARRIERS TO HEALTH AND OPPORTUNITY EXPERIENCED BY WOMEN AND GIRLS IN THE U.S. AND CREATING GENDER EQUITY PARTNERSHIPS. PHI IS DEVELOPING WORKFORCE PIPELINE PROGRAMS TO TRAIN AND GRADUATE HEALTH CARE PROFESSIONALS REPRESENTING THE DIVERSITY OF OUR POPULATION AND WHO WILL MEET THE GROWING DEMAND FOR CARE. PHI IS ALSO AT THE FOREFRONT OF THE OPIOID EPIDEMIC, SUPPORTING LOCAL MULTI-SECTOR COALITIONS ADDRESSING PREVENTION AND NEW SUBSTANCE USE DISORDER AND BEHAVIORAL HEALTH CARE MODELS. IMPLEMENTING PROGRAMS, SYSTEMS AND RESEARCH THAT CONNECT PUBLIC HEALTH AND HEALTH CARE DELIVERY THRU NEW DESIGN METHODS AND DATA TOOLS, WE ARE BRIDGING HISTORIC GAPS IN POPULATION HEALTH. PHI SPEARHEADS TRAININGS AND SOLUTIONS TO ADDRESS CLIMATE CHANGE, WHICH, ALTHOUGH TYPICALLY FRAMED AS AN ENVIRONMENTAL ISSUE, REPRESENTS A HUGE THREAT TO HUMAN HEALTH. TOGETHER, PHI PROGRAMS ARE HELPING TO CREATE HEALTHY COMMUNITIES WHERE INDIVIDUALS CAN ACHIEVE THEIR HIGHEST POTENTIAL. THE BREADTH OF PHI EXPERTISE AND EXPERIENCE POSITIONS US AS A PREMIER PARTNER AND LEADER IN PUBLIC HEALTH.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY MANAGEMENT BEFORE SIGNING. A COPY OF THE FORM 990 WAS ELECTRONICALLY SUBMITTED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	PHI'S WRITTEN CONFLICT OF INTEREST POLICIES APPLY TO DIRECTORS, OFFICERS, EMPLOYEES, CONSULTANTS AND AGENTS, CERTAIN POLICIES MAY APPLY TO OTHER PERSONS, E.G., PHI'S RESEARCH CONFLICT OF INTEREST POLICY. POTENTIAL, ALLEGED, OR ACTUAL CONFLICTS MAY BE REVIEWED BY A SUPERVISOR, EXECUTIVE MANAGEMENT, THE CEO OR THE COMPLIANCE OFFICER, THE CEO IS THE FINAL AUTHORITY, PHI'S POLICIES PROVIDE FOR APPROPRIATE EXCLUSIONS OR RESTRICTIONS DEPENDING ON THE CIRCUMSTANCES, MONITORING AND ENFORCEMENT INCLUDES MANDATORY ANNUAL CERTIFICATION OF COMPLIANCE, MANDATORY DISCLOSURE, PRIOR APPROVAL PROCEDURES, TRAINING, INSPECTION OF RECORDS AND OTHER INVESTIGATIVE MECHANISMS.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>ALL PHI EMPLOYEES INCLUDING THE CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES ARE COMPENSATED IN ACCORDANCE WITH A TITLE AND PAY PLAN BASED ON COMPARABILITY DATA REPORTED IN SEVERAL INDEPENDENT SALARY SURVEYS AND ADMINISTERED BY PHI'S HUMAN RESOURCES DEPARTMENT. DECISIONS ABOUT COMPENSATING THE CHIEF EXECUTIVE OFFICER, COMPENSATED OFFICERS, IF ANY, AND KEY EMPLOYEES MAY INCLUDE SEPARATE COMPARABILITY DATA AND ARE COVERED BY A SPECIAL APPROVAL PROCESS ADOPTED BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH IRS EXCESS BENEFIT TRANSACTION REGULATIONS AND COMPARABLE CALIFORNIA REQUIREMENTS. COMPENSATION WAS ESTABLISHED ACCORDING TO THESE PROCEDURES.</p> <p>PHI PURCHASES SEVERAL PUBLISHED SALARY SURVEYS OF COMPARABLE AND PEER ORGANIZATIONS. THERE IS A PROCESS OF DOCUMENTING AND SUBSTANTIATING SALARY DECISIONS MADE FOR KEY EMPLOYEES, BASED UPON GUIDELINES ESTABLISHED UNDER PHI'S COMPENSATION POLICIES AND PROCEDURES. THE LAST CHIEF EXECUTIVE OFFICER COMPENSATION REVIEW TOOK PLACE IN APRIL 2018.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>ALL PHI EMPLOYEES INCLUDING THE CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES ARE COMPENSATED IN ACCORDANCE WITH A TITLE AND PAY PLAN BASED ON COMPARABILITY DATA REPORTED IN SEVERAL INDEPENDENT SALARY SURVEYS AND ADMINISTERED BY PHI'S HUMAN RESOURCES DEPARTMENT. DECISIONS ABOUT COMPENSATING THE CHIEF EXECUTIVE OFFICER, COMPENSATED OFFICERS, IF ANY, AND KEY EMPLOYEES MAY INCLUDE SEPARATE COMPARABILITY DATA AND ARE COVERED BY A SPECIAL APPROVAL PROCESS ADOPTED BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH IRS EXCESS BENEFIT TRANSACTION REGULATIONS AND COMPARABLE CALIFORNIA REQUIREMENTS. COMPENSATION WAS ESTABLISHED ACCORDING TO THESE PROCEDURES.</p> <p>PHI PURCHASES SEVERAL PUBLISHED SALARY SURVEYS OF COMPARABLE AND PEER ORGANIZATIONS. THERE IS A PROCESS OF DOCUMENTING AND SUBSTANTIATING SALARY DECISIONS MADE FOR KEY EMPLOYEES, BASED UPON GUIDELINES ESTABLISHED UNDER PHI'S COMPENSATION POLICIES AND PROCEDURES. THE LAST OFFICER/KEY EMPLOYEE COMPENSATION REVIEW TOOK PLACE IN APRIL 2018.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE CALIFORNIA SECRETARY OF STATE AND THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. THEY ARE PROVIDED TO INTERESTED PARTIES (I.E. GOVERNMENT AND PRIVATE FUNDING AGENCIES) UPON REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES ARE PROVIDED TO INTERESTED PERSONS UPON REQUEST. FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART VII, SECTION A - COMPENSATION	DENISE DUNNING IS BOTH AN EMPLOYEE OF PHI AND A VOTING MEMBER ON THE BOARD. SHE RECEIVES COMPENSATION FOR HER CAPACITY AS A PROGRAM DIRECTOR FOR PHI AND IS NOT BEING COMPENSATED FOR HER SERVICES AS A BOARD MEMBER.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

PUBLIC HEALTH INSTITUTE

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Employer identification number

94-1646278

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PHI INDIA PRIVATED LIMITED (82-5394021) B-4 GREATER KAILASH ENCLAVE, NEW DELHI, PART-II, 11048, IN	HEALTH SERVICES	INDIA	0	0	PUBLIC HEALTH INSTITUTE
(2) INSTITUTO DE SAUDE PUBLICA DO BRASIL (94-1646278) AVIENDA ENGENGEREIRO LUIZ CARLOS BERRINI, N 1748, 22ND FL, SAO PAULO, 04571, BR	HEALTH SERVICES	BRAZIL	0	0	PUBLIC HEALTH INSTITUTE
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2018