

PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

2019Department 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.**Open to Public Inspection**


A For the 2019 calendar year, or tax year beginning , 2019, 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
	F Name and address of principal officer: DR. MARY A. PITTMAN
	SAME AS C ABOVE
D Employer identification number 94-1646278	
E Telephone number (510) 285-5500	
G Gross receipts \$ 120,889,196	
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 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) 3 9
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 7
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 766
	6	Total number of volunteers (estimate if necessary) 6 8
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b	Net unrelated business taxable income from Form 990-T, line 39 7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h) 52,150,662 22,917,247
	9	Program service revenue (Part VIII, line 2g) 60,340,260 97,790,792
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 181,157
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 112,490,922 120,889,196
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 8,932,537 21,417,274
	14	Benefits paid to or for members (Part IX, column (A), line 4) 75,200,010 70,516,908
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 34,169
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,169
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 27,881,834 29,148,527
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 112,014,381 121,082,709
19	Revenue less expenses. Subtract line 18 from line 12 476,541 (193,513)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 36,338,358 40,649,732
	21	Total liabilities (Part X, line 26) 17,481,924 21,986,811
	22	Net assets or fund balances. Subtract line 21 from line 20 18,856,434 18,662,921

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		11/14/2020
	Signature of officer	Date
	ISRAEL GHEBRETINSAE, CHIEF FINANCIAL OFFICER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DIANE BROWN	Preparer's signature 	Date 11/13/2020	Check <input type="checkbox"/> if self-employed	PTIN P01578407
	Firm's name ▶ CROWE LLP	Firm's EIN ▶ 35-0921680			
	Firm's address ▶ 575 MARKET STREET, SUITE 3300, SAN FRANCISCO, CA 94105-5829	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** (2019)

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 \$ 17,136,624 including grants of \$ 2,736,672) (Revenue \$ 19,873,296)
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 TWENTY 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 VOLUNTARILY MERGED
 (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 9,107,877 including grants of \$ 1,388,168) (Revenue \$ 10,496,045)
SUSTAINING TECHNICAL AND ANALYTIC RESOURCES (STAR) IS A FIVE-YEAR PROJECT OF THE PUBLIC HEALTH
INSTITUTE IMPLEMENTED IN PARTNERSHIP WITH THE JOHNS HOPKINS UNIVERSITY, CONSORTIUM FOR UNIVERSITIES
IN GLOBAL HEALTH, AND UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, AND SUPPORTED BY THE UNITED STATES
AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID).
STAR OFFERS PAID FELLOWSHIPS AND INTERNSHIPS FOR DYNAMIC, MULTIDISCIPLINARY, MISSION-DRIVEN LEADERS
AT ALL CAREER LEVELS. STAR PROVIDES PARTICIPANTS WITH IMMERSIVE EXPERIENCES AT GLOBAL HEALTH
ORGANIZATIONS AND INSTITUTIONS TO BUILD CAPACITY AND CONTRIBUTE TECHNICAL EXPERTISE TO ADDRESS
HIGH-IMPACT NEEDS. STAR FELLOWS AND INTERNS PARTICIPATE IN CUSTOMIZED AND CURATED LEARNING
ACTIVITIES TO ENHANCE KNOWLEDGE AND SKILLS GROWTH, EXPAND PROFESSIONAL NETWORKS, AND SUPPORT CAREER
DEVELOPMENT. IN 2019, THERE WERE 37 INTERNS WORKING IN THE USA AND AROUND THE GLOBE.
IN ADDITION TO THE STANDARD PLACEMENT OF FELLOWS AND INTERNS AT USAID HQ, FIELD MISSIONS, STAR HAS
 (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 2,691,824 including grants of \$ 8,266,000) (Revenue \$ 10,957,824)
CA BRIDGE PROGRAM OVERVIEW
THE CA BRIDGE PROGRAM IS DISRUPTING THE ADDICTION TREATMENT LANDSCAPE BY CHAMPIONING THE IDEA THAT
SUBSTANCE USE DISORDER IS A CONDITION THAT CAN, AND SHOULD, BE TREATED BY MEDICAL PROFESSIONALS LIKE
ANY OTHER LIFE-THREATENING MEDICAL CONDITION. MANY PEOPLE ASSUME THIS IS ALREADY POSSIBLE, BUT, IN
FACT, MOST MEDICAL PROVIDERS DO NOT VIEW ADDICTION TREATMENT AS PART OF THEIR JOB. MOREOVER, THE
STIGMATIZATION OF PEOPLE WHO USE DRUGS HAS BEEN COMMON PRACTICE WITHIN HEALTH CARE, CAUSING
ADDITIONAL HARM AND INTERSECTING WITH OTHER SOCIAL DETERMINANTS OF HEALTH.
HOWEVER, CA BRIDGE HAS DEVELOPED AN EFFECTIVE MODEL TO POSITIVELY CHANGE THE TRAJECTORY OF ADDICTION
BY IDENTIFYING MOMENTS FOR EVIDENCE-BASED MEDICAL INTERVENTION. WHILE PEOPLE WHO COME TO EMERGENCY
ROOMS IN OPIOID WITHDRAWAL ARE OFTEN DISCRIMINATED AGAINST, SOMETIMES GIVEN FLUIDS, AND SENT ON
THEIR WAY WITH CONTACT INFO FOR A FEW SPECIALTY ADDICTION CLINICS ENCUMBERED WITH LONG WAITING
 (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
 (Expenses \$ 76,516,454 including grants of \$ 9,026,434) (Revenue \$ 56,463,627)

4e Total program service expenses **▶** 105,452,779

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)? <i>If "Yes," complete Schedule A</i>	1 ✓	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	✓
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	

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	344
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	<input checked="" type="checkbox"/>

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	766
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 on 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 on 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 on 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 9 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 on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 7		
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, 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 on 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 on Schedule O)

19 Describe on 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 ►
ISRAEL GHEBRETINSAE, 555 12TH STREET, 10TH FLOOR, OAKLAND, CA 94607-4046, (510) 285-5654

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.

See instructions for the order in which to list the persons above.

☐ 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	✓		✓				481,977	0	59,060
(2) B. MELANGE MATTHEWS CHIEF OF STAFF / COO	40.0				✓			299,501	0	53,702
(3) TAMAR DORFMAN CHIEF FINANCIAL OFFICER	40.0			✓				250,086	0	56,507
(4) BAKER MAGGWA TECHNICAL ADVISOR IV	40.0					✓		237,988	0	63,752
(5) AMY BLOOM TECHNICAL ADVISOR - USSTA	40.0					✓		249,052	0	38,445
(6) LYNN SILVER SENIOR ADVISOR	40.0					✓		203,940	0	41,735
(7) THOMAS GREENFIELD RESEARCH DIRECTOR III	40.0					✓		210,736	0	32,841
(8) CHERYL CHERPITEL RESEARCH PROGRAM DIRECTOR III	40.0					✓		199,882	0	41,107
(9) ELIZABETH O'CONNOR PI PROGRAM DIRECTOR IV	40.0				✓			191,946	0	31,542
(10) DENISE DUNNING, PHD BOARD MEMBER, PI PROGRAM DIRECTOR	40.0	✓						170,389	0	28,060
(11) ANTHONY BARRUETA BOARD CHAIR	1.0	✓		✓				0	0	0
(12) DARA JOHNSON TRESEDER, MBA SECRETARY/TREASURER	1.0	✓		✓				0	0	0
(13) JAMES HESTER, JR. VICE CHAIR (THROUGH MARCH 2019)	1.0	✓		✓				0	0	0
(14) ADAEZE ENKWECHI BOARD MEMBER	1.0	✓						0	0	0

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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) ANDREW PINES BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) NICK MACCHIONE BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) SUE WATSON BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) SUSAN DENTZER BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								2,495,497	0	446,751
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,495,497	0	446,751

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 **144**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☒

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? If "Yes," complete Schedule J for such individual **4** ☒

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☒

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	977,023
CEP AMERICA - CALIFORNIA, 2100 POWELL ST., STE. 400, EMERYVILLE, CA 94608	PROJECT CONSULTANT	544,750
INSTITUTO FAMILIAR DE LA RAZA, INC., 2919 MISSION ST, SAN FRANCISCO, CA 94110	PROJECT CONSULTANT	153,618
DANA PEARLMAN, 977 MCFARLANE AVE, SEBASTOPOL, CA 95472	PROJECT CONSULTANT	136,400
JILL MATHEWS YEGIAN, 2 BUCKLEY COURT, OAKLAND, CA 94602	PROJECT CONSULTANT	136,400

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 **9**

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	3,502,710			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,414,537			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f ▶			22,917,247		
Program Service Revenue	2a <u>CONTRACTS</u>			Business Code			
				900009	97,790,792	97,790,792	
	b						
	c						
	d						
	e						
	f	All other program service revenue			0	0	0
	g	Total. Add lines 2a-2f ▶			97,790,792		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			181,157		181,157
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	0	0			
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events . . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	11a <u>Business Code</u>						
	b						
	c						
	d	All other revenue			0	0	0
	e	Total. Add lines 11a-11d ▶			0		
	12	Total revenue. See instructions ▶			120,889,196	97,790,792	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	20,053,940	20,053,940		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,000	7,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,356,334	1,356,334		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,622,770	421,937	1,199,432	1,401
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	53,374,041	45,410,454	7,945,713	17,874
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,148,737	3,523,306	621,760	3,671
9 Other employee benefits	7,115,435	6,048,120	1,067,315	
10 Payroll taxes	4,255,925	3,617,536	638,389	
11 Fees for services (nonemployees):				
a Management				
b Legal	56,452	21,138	35,314	
c Accounting	103,540		103,540	
d Lobbying	80,373	18,185	62,188	0
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.)	12,476,553	12,128,589	340,786	7,178
12 Advertising and promotion	28,577	28,577		
13 Office expenses	3,641,157	2,730,508	908,411	2,238
14 Information technology	6,615	3,026	3,589	
15 Royalties	0	0	0	0
16 Occupancy	5,506,599	3,970,008	1,536,591	
17 Travel	2,846,901	2,749,162	97,739	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	
19 Conferences, conventions, and meetings	1,491,926	1,461,980	29,946	
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	520,264		520,264	
23 Insurance	270,954	54,460	216,494	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING & DEVELOPMENT	1,128,511	1,058,391	69,885	235
b OTHER EXPENSES	819,174	624,197	193,405	1,572
c TEMPORARY HELP	170,931	165,931	5,000	0
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	121,082,709	105,452,779	15,595,761	34,169
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	14,971,942	1	8,131,467
	2 Savings and temporary cash investments	6,026,925	2	6,207,809
	3 Pledges and grants receivable, net	10,902,414	3	22,381,926
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,918,651	9	1,737,444
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,277,961		
	b Less: accumulated depreciation	10b 2,402,226	2,199,479	10c 1,875,735
	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	318,947	15	315,351
16 Total assets. Add lines 1 through 15 (must equal line 33)	36,338,358	16	40,649,732	
Liabilities	17 Accounts payable and accrued expenses	12,050,080	17	15,703,575
	18 Grants payable		18	
	19 Deferred revenue	5,045,539	19	5,834,261
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	386,305	25	448,975
	26 Total liabilities. Add lines 17 through 25	17,481,924	26	21,986,811
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,938,650	27	6,025,476
	28 Net assets with donor restrictions	12,917,784	28	12,637,445
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,856,434	32	18,662,921
33 Total liabilities and net assets/fund balances	36,338,358	33	40,649,732	

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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	120,889,196
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,082,709
3	Revenue less expenses. Subtract line 2 from line 1	3	(193,513)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,856,434
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 on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,662,921

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 on 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 on Schedule O and describe any steps taken to undergo such audits	✓	

Form **990** (2019)

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

2019

**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 33 $\frac{1}{3}$ % 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 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,812,406	52,486,717	54,183,500	52,150,662	22,917,247	229,550,532
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	49,010,406	53,684,717	55,381,500	53,348,662	24,115,247	235,540,532
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)						18,579,687
6 Public support. Subtract line 5 from line 4						216,960,845

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	49,010,406	53,684,717	55,381,500	53,348,662	24,115,247	235,540,532
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3	113	0	0	181,157	181,273
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						235,721,805
12 Gross receipts from related activities, etc. (see instructions)					12	313,530,628
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 2019 (line 6, column (f) divided by line 11, column (f))	14	92.04 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	94.65 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2019. 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—2018. 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?		
b A family member of a person described in (a) above?		
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 .		

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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	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).		

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?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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.			
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.			
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.			
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 .			
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.			

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) 2019

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . .			
b Excess from 2016 . . .			
c Excess from 2017 . . .			
d Excess from 2018 . . .			
e Excess from 2019 . . .			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 foundationCheck 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
- 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, 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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		\$ 3,502,710	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,106,118	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,307,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,102,020	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,978,118	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,633,513	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		\$ 1,040,457	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 716,268	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 534,664	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 494,726	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 469,466	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 463,930	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 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

2019

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
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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) 2019

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 (grassroots lobbying)	8,918													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	71,455													
c	Total lobbying expenditures (add lines 1a and 1b)	80,373													
d	Other exempt purpose expenditures	105,372,408													
e	Total exempt purpose expenditures (add lines 1c and 1d)	105,452,781													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<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													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -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) 2016	(b) 2017	(c) 2018	(d) 2019	(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	71,526	69,828	62,620	80,373	284,347
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	20,202	6,390	865	8,918	36,375

Schedule C (Form 990 or 990-EZ) 2019

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

2019

**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 (for example, 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 FASB 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 FASB 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 FASB 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 (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 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** Term 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:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b 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		4,277,961	2,402,226	1,875,735
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,875,735

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	448,975
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	448,975

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 FASB 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	120,889,196
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	120,889,196
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	120,889,196

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	121,082,709
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	121,082,709
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	121,082,709

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>THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME AND FRANCHISE TAXES UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE, EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER INTERNAL REVENUE CODE SECTIONS 511 THROUGH 515. A PROVISION FOR INCOME TAXES HAS NOT BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE INSTITUTE IS NOT A PRIVATE FOUNDATION.</p> <p>FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, THE INSTITUTE HAS DOCUMENTED ITS CONSIDERATION OF 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 INSTITUTE'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 INSTITUTE WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION. ACCORDINGLY, THE INSTITUTE HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS AS OF DECEMBER 31, 2019 AND 2018 NOR DOES IT EXPECT THERE WILL BE A MATERIAL CHANGE IN THE TWELVE MONTHS FOLLOWING THE YEAR ENDED DECEMBER 31, 2019. AS OF DECEMBER 31, 2019, THE INSTITUTE'S TAX YEARS ENDED DECEMBER 31, 2015 THROUGH DECEMBER 31, 2019 REMAIN SUBJECT TO EXAMINATION IN THE UNITED STATES FEDERAL TAX JURISDICTION AND THE TAX YEARS ENDED DECEMBER 31, 2014 THROUGH DECEMBER 31, 2019 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

2019

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	59,617
(2) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CAPACITY BUILDING	976,332
(3) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	1,563,878
(4) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	LEADERSHIP DEVELOPMENT	104,154
(5) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH	148,666
(6) CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	TECHNICAL ASSISTANCE	5,496,564
(7) EAST ASIA AND THE PACIFIC	1	8	PROGRAM SERVICES	TECHNICAL ASSISTANCE	521,667
(8) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		80,000
(9) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		290,422
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		104,824
(11) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		74,535
(12) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		20,000
(13) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		712,019
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	9			10,152,678
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	9			10,152,678

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

Cat. No. 50082W

Schedule F (Form 990) 2019

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)
(1)			SUB-SAHARAN AFRICA	CAPACITY BUILDING	268,147	WIRE			
(2)			SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	127,372	WIRE			
(3)			EUROPE (INCLUDING ICELAND AND GREENLAND)	TECHNICAL ASSISTANCE	104,824	WIRE			
(4)			SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	63,000	WIRE			
(5)			EAST ASIA AND THE PACIFIC	RESEARCH	57,824	WIRE			
(6)			EAST ASIA AND THE PACIFIC	TRAINING	45,000	WIRE			
(7)			EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	40,992	WIRE			
(8)			EAST ASIA AND THE PACIFIC	TRAINING	37,600	WIRE			
(9)			SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	30,000	WIRE			
(10)			NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	30,000	WIRE			
(11)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	44,535	WIRE			
(12)			CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	20,000	WIRE			
(13)			SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	17,000	WIRE			
(14)			SUB-SAHARAN AFRICA	CAPACITY BUILDING	15,000	WIRE			
(15)			SUB-SAHARAN AFRICA	CAPACITY BUILDING	14,000	WIRE			
(16)			(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) 2019

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	12,500	WIRE			
(17)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,000	WIRE			
(18)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	12,000	WIRE			
(19)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,000	WIRE			
(20)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,000	WIRE			
(21)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,000	WIRE			
(22)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,000	WIRE			
(23)		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	12,000	WIRE			
(24)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,000	WIRE			
(25)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,000	WIRE			
(26)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,000	WIRE			
(27)		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	11,000	WIRE			
(28)		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	10,006	WIRE			
(29)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	10,000	WIRE			
(30)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	10,000	WIRE			
(31)		EAST ASIA AND THE PACIFIC	CAPACITY BUILDING	10,000	WIRE			
(32)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	10,000	WIRE			
(33)		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	10,000	WIRE			
(34)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	10,000	WIRE			
(35)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	10,000	WIRE			
(36)		SOUTH ASIA	CAPACITY BUILDING	10,000	WIRE			
(37)		SOUTH ASIA	CAPACITY BUILDING	10,000	WIRE			
(38)		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	10,000	WIRE			
(39)		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	10,000	WIRE			
(40)		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	10,000	WIRE			
(41)		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	9,000	WIRE			
(42)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	8,750	WIRE			
(43)		CENTRAL AMERICA AND THE CARIBBEAN	TRAINING	8,750	WIRE			
(44)		CENTRAL AMERICA AND THE CARIBBEAN	TRAINING	8,750	WIRE			
(45)		SUB-SAHARAN AFRICA	CAPACITY BUILDING	8,500	WIRE			
(46)		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	8,500	WIRE			
(47)		SUB-SAHARAN AFRICA	CAPACITY	8,500	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					
(48)		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	8,500	WIRE			
(49)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	7,500	WIRE			
(50)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	7,500	WIRE			
(51)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING	8,750	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 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 ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PUBLIC HEALTH INSTITUTE

**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

2019

**Open to Public
Inspection**

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) RESCUE AGENCY PUBLIC BENEFIT, LLC 2437 MORENA BLVD, SAN DIEGO, CA 92110	47-1335192	501(C)(3)	1,751,792				TECHNICAL ASSISTANCE
(2) (SEE STATEMENT)	59-6002052	501(C)(3)	1,542,757				RESEARCH
(3) (SEE STATEMENT)	95-1642394	501(C)(3)	745,802				RESEARCH
(4) (SEE STATEMENT)	52-0595110	501(C)(3)	603,252				TECHNICAL ASSISTANCE
(5) (SEE STATEMENT)	94-2494000	501(C)(3)	588,250				CAPACITY BUILDING
(6) (SEE STATEMENT)	94-6036493	GOVERNMENT	524,109				TECHNICAL ASSISTANCE
(7) ICF MACRO INC P.O. BOX 536259, PITTSBURGH, PA 15253-5904	52-0955232	501(C)(3)	486,652				RESEARCH
(8) (SEE STATEMENT)	27-1481036	501(C)(3)	481,908				TECHNICAL ASSISTANCE
(9) (SEE STATEMENT)	16-2064601	501(C)(3)	447,098				RESEARCH
(10) ALAMEDA HEALTH SYSTEM P.O. BOX 45730, SAN FRANCISCO, CA 94145-0730	94-3302014	501(C)(3)	440,000				CAPACITY BUILDING
(11) (SEE STATEMENT)	81-4791043	501(C)(3)	366,250				CAPACITY BUILDING
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 139

3 Enter total number of other organizations listed in the line 1 table ▶ 3

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

Cat. No. 50055P

Schedule I (Form 990) (2019)

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 TECHNICAL ASSISTANCE	1	7,000			
2					
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) LAC+USC MEDICAL CENTER FOUNDATION, INC. 1200 NORTH STATE STREET, SUITE 1008, LOS ANGELES, CA 90033	95-4192908	501(C)(3)	342,750				CAPACITY BUILDING
(13) ARROWHEAD REGIONAL MEDICAL CENTER P.O. BOX 2206, COLTON, CA 92324	95-3213342	501(C)(3)	330,000				CAPACITY BUILDING
(14) THE REGENTS OF THE UC SAN FRANCISCO 3333 CALIFORNIA STREET, SUITE 315, SAN FRANCISCO, CA 94143	94-6036493	GOVERNMENT	330,000				CAPACITY BUILDING
(15) OLIVE VIEW-UCLA EDUCATION & RESEARCH INS 14445 OLIVE VIEW DRIVE, SYLMAR, CA 91342-1495	95-2249539	501(C)(3)	330,000				CAPACITY BUILDING
(16) TIDES CENTER P.O. BOX 2680, BERKELEY, CA 94702	94-3213100	501(C)(3)	324,986				TECHNICAL ASSISTANCE
(17) DIGNITY HEALTH MERCY REDDING 185 BERRY STREET, SUITE 300, SAN FRANCISCO, CA 94107-1773	94-1196203	501(C)(3)	290,000				CAPACITY BUILDING
(18) WILLITS HOSPITAL INC ONE MARCELA DRIVE, WILLITS, CA 95482	68-0108919	501(C)(3)	290,000				CAPACITY BUILDING
(19) EL CENTRO REGIONAL MEDICAL CENTER 1415 ROSS AVENUE, EL CENTRO, CA 92243	95-1915820	501(C)(3)	290,000				CAPACITY BUILDING
(20) INTERNATIONAL CENTER FOR RESEARCH 1120 20TH STREET NW STE.500 NORTH, WASHINGTON, DC 20036	52-1081455	501(C)(3)	276,675				CAPACITY BUILDING
(21) SCRIPPS HEALTH 4275 CAMPUS POINT COURT, SAN DIEGO, CA 92121	95-1684089	501(C)(3)	259,750				CAPACITY BUILDING
(22) GLOBAL FUND FOR WOMEN, INC. 800 MARKET STREET, 7TH FLOOR, SAN FRANCISCO, CA 94102	77-0155782	501(C)(3)	225,228				LEADERSHIP DEVELOPMENT
(23) HAVEN WOMEN'S CENTER STANISLAUS 618 13TH STREET, MODESTO, CA 95354	94-2499361	501(C)(3)	204,992				CAPACITY BUILDING
(24) KANSAS STATE UNIV RESEARCH FOUNDATION 2005 RESEARCH PARK CIRCLE, STE.105, MANHATTAN, KS 66502-5020	48-6106237	501(C)(3)	200,000				TECHNICAL ASSISTANCE
(25) UNIVERSITY FACULTY ASSOCIATES, INC. 2625 E. DIVISADERO STREET, FRESNO, CA 93721	46-3969536	501(C)(3)	180,000				CAPACITY BUILDING
(26) THE REGENTS OF THE UC IRVINE CAMPUS 414 INNOVATION, SUITE 250, IRVINE, CA 92697-7600	95-2226406	GOVERNMENT	180,000				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
(27) SANTA BARBARA COTTAGE HOSPITAL PO BOX 689, SANTA BARBARA, CA 93102-0689	95-1644629	501(C)(3)	180,000				CAPACITY BUILDING
(28) THE REGENTS OF THE UNIVERSITY OF CA DAVIS 1850 RESEARCH PARK DRIVE, SUITE 300, DAVIS, CA 95618-6153	94-6036494	GOVERNMENT	180,000				CAPACITY BUILDING
(29) DIGNITY HEALTH 185 BERRY STREET SUITE 300, SAN FRANCISCO, CA 94107-1773	94-1196203	501(C)(3)	180,000				CAPACITY BUILDING
(30) MARSHALL MEDICAL CENTER PO BOX 872, PLACERVILLE, CA 95667	94-1450151	501(C)(3)	180,000				CAPACITY BUILDING
(31) CONTRA COSTA COUNTY 597 CENTER AVE, SUITE 110, MARTINEZ, CA 94553	94-6000509	GOVERNMENT	180,000				CAPACITY BUILDING
(32) LAC/HARBOR-UCLA MEDICAL CENTER 1000 WEST CARSON STREET, BOX 479, TORRANCE, CA 90509	95-6000927	501(C)(3)	180,000				CAPACITY BUILDING
(33) THE REGENTS OF THE UC SAN DIEGO CAMPUS 200 W. ARBOR DRIVE, SAN DIEGO, CA 92103	95-6006144	501(C)(3)	180,000				CAPACITY BUILDING
(34) ASIAN HEALTH SERVICES 818 WEBSTER STREET, OAKLAND, CA 94607	94-2235908	501(C)(3)	165,820				TECHNICAL ASSISTANCE
(35) SAN FRANCISCO GENERAL HOSPITAL 2789 25TH STREET SUITE 2028, SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	150,000				CAPACITY BUILDING
(36) SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CIRCLE, SANTA ROSA, CA 95403	68-0365296	501(C)(3)	150,000				CAPACITY BUILDING
(37) ALLIANCE FOR COMMUNITY TRANSFORMATIONS P.O.BOX 2075, MARIPOSA, CA 95338	77-0272319	501(C)(3)	149,398				CAPACITY BUILDING
(38) WORLD PULSE VOICES 411 NE 19TH AVE. BLDG 1, 1ST FL, PORTLAND, OR 97232	41-2065177	501(C)(3)	142,526				LEADERSHIP DEVELOPMENT
(39) KAWEAH DELTA HOSPITAL FOUNDATION 216 S. JOHNSON ST., VISALIA, CA 93291	94-2675456	501(C)(3)	140,000				CAPACITY BUILDING
(40) DIGNITY HEALTH BAKERSFIELD MEMORIAL 420 34TH STREET, BAKERSFIELD, CA 93301	94-1196203	501(C)(3)	140,000				CAPACITY BUILDING
(41) SAN FRANCISCO EMERGENCY MEDICAL 601 VAN NESS SUITE E3619, SAN FRANCISCO, CA 94102	94-3278555		140,000				CAPACITY BUILDING
(42) SIERRA NEVADA MEMORIAL HOSPITAL 140 LITTON DRIVE, GRASS VALLEY, CA 95945	68-0005939	501(C)(3)	140,000				CAPACITY BUILDING
(43) HANFORD COMMUNITY HOSPITAL 115 MALL DRIVE, HANFORD, CA 93230	94-0535360	501(C)(3)	140,000				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
(44) NORTHERN INYO HEALTHCARE DISTRICT 150 PIONEER LN., BISHOP, CA 93514	95-6005449	501(C)(3)	140,000				CAPACITY BUILDING
(45) TEMPLE UNIVERSITY - OF THE COMMONWEALTH 1801 N. BROAD STREET, PHILADELPHIA, PA 19122-6003	23-1365971	501(C)(3)	133,571				RESEARCH
(46) UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR, TWAMLEY HALL,, GRAND FORKS, ND 58202-7306	45-6002491	501(C)(3)	125,239				TECHNICAL ASSISTANCE
(47) SJSU RESEARCH FOUNDATION 210 N. 4TH ST., 4TH FLOOR, SAN JOSE, CA 95112-5569	94-6017638	501(C)(3)	125,188				RESEARCH
(48) COUNTY OF RIVERSIDE, DEPARTMENT OF PUBLIC 4065 COUNTY CIRCLE DRIVE, RIVERSIDE, CA 92503	95-6000930	GOVERNMENT	122,500				TECHNICAL ASSISTANCE
(49) HUMAN IMPACT PARTNERS 304 12TH STREET SUITE 2B, OAKLAND, CA 94607	27-0193587	501(C)(3)	120,000				TECHNICAL ASSISTANCE
(50) SAN GORGONIO MEMORIAL HOSPITAL 600 N. HIGHLAND SPRINGS AVE., BANNING, CA 92220	33-0420041	501(C)(3)	120,000				CAPACITY BUILDING
(51) PLUMAS DISTRICT HOSPITAL 1065 BUCKS LAKE ROAD, QUINCY, CA 95971	94-6036992	501(C)(3)	120,000				CAPACITY BUILDING
(52) UNIVERSITY OF WASHINGTON 1510 SAN JUAN RD, SEATTLE, WA 98195-7920	91-6001537	501(C)(3)	116,947				TECHNICAL ASSISTANCE
(53) CERES UNIFIED SCHOOL DISTRICT P.O. BOX 307, CERES, CA 95307	38-3945601	501(C)(3)	109,437				CAPACITY BUILDING
(54) INSTITUTO FAMILIAR DE LA RAZA, INC. 2919 MISSION ST, SAN FRANCISCO, CA 94110	94-2523608	501(C)(3)	103,384				CAPACITY BUILDING
(55) FOOD BANK OF EL DORADO COUNTY 3291 B COACH LANE, CAMERON PARK, CA 95682	68-0457594	501(C)(3)	102,120				TECHNICAL ASSISTANCE
(56) PORT CITY OPERATING COMPANY, LLC 1800 N. CALIFORNIA STREET, STOCKTON, CA 95204	46-5322209	501(C)(3)	100,000				CAPACITY BUILDING
(57) MERCED COUNTY OFFICE OF EDUCATION 632 W 13TH STREET, MERCED, CA 95341	94-6002379	GOVERNMENT	98,307				CAPACITY BUILDING
(58) ADVENTIST HEALTH CLEARLAKE HOSPITAL INC P.O. BOX 6710, CLEARLAKE, CA 95422	68-0395149	501(C)(3)	89,750				CAPACITY BUILDING
(59) ANTELOPE VALLEY HEALTHCARE DISTRICT 1600 WEST AVENUE J, LANCASTER, CA 93534	95-6005217	501(C)(3)	80,250				CAPACITY BUILDING
(60) PORT CITY OPERATING COMPANY, LLC 1800 N. CALIFORNIA STREET, STOCKTON, CA 95204	46-5322209	501(C)(3)	80,000				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
(61) POMONA VALLEY HOSPITAL MEDICAL CENTER 1798 N GAREY AVENUE, POMONA, CA 91767	95-1115230	501(C)(3)	80,000				CAPACITY BUILDING
(62) DIGNITY HEALTH-ST.BERNARDINE'S 2101 N WATERMAN AVE, SAN BERNARDINO, CA 92404	94-1196203	501(C)(3)	80,000				CAPACITY BUILDING
(63) DIGNITY HEALTH-ST. MARY LONG BEACH 1050 LINDEN AVE, LONG BEACH, CA 90813	94-1196203	501(C)(3)	79,750				CAPACITY BUILDING
(64) SOUTHERN MONO HEALTHCARE DISTRICT 85 SIERRA PARK ROAD, MAMMOTH LAKES, CA 93546	95-3154530	501(C)(3)	79,500				CAPACITY BUILDING
(65) DISABILITY RIGHTS EDUCATION & DEFENSE 3075 ADELINE STREET, SUITE 210, BERKELEY, CA 94703	94-2620758	501(C)(3)	78,360				TECHNICAL ASSISTANCE
(66) COMMUNITY HOSPITAL OF THE MONTEREY POST OFFICE BOX HH, MONTEREY, CA 93942	94-0760193	501(C)(3)	77,750				CAPACITY BUILDING
(67) DIGNITY HEALTH MERCY MERCED MEDICAL 333 MERCY AVENUE, MERCED, CA 95340	94-1196203	501(C)(3)	77,500				CAPACITY BUILDING
(68) HAZEL HAWKINS HOSPITAL FOUNDATION 911 SUNSET DRIVE, HOLLISTER, CA 95023	94-2497062	501(C)(3)	77,000				CAPACITY BUILDING
(69) DIGNITY HEALTH-DOMINICAN SANTA CRUZ 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95062	94-1196203	501(C)(3)	76,750				CAPACITY BUILDING
(70) COUNTY OF SANTA CLARA 751 S BASCOM AVE, SAN JOSE, CA 95128	94-6000533	GOVERNMENT	76,500				CAPACITY BUILDING
(71) MERCY FOUNDATION 3400 DATA DRIVE, RANCHO CORDOVA, CA 95670	23-7072762	501(C)(3)	76,250				CAPACITY BUILDING
(72) COUNTY OF SAN JOAQUIN P.O. BOX 1499, FRENCH CAMP, CA 95231	94-6000531	GOVERNMENT	76,250				CAPACITY BUILDING
(73) THE REGENTS OF THE UNIVERSITY OF CA, SF 3333 CALIFORNIA ST. SUITE 315, SAN FRANCISCO, CA 94143-0962	94-6036493	GOVERNMENT	75,750				CAPACITY BUILDING
(74) DIGNITY HEALTH SAINT FRANCIS MEMORIAL 900 HYDE STREET, SAN FRANCISCO, CA 94109	94-1156295	501(C)(3)	75,750				CAPACITY BUILDING
(75) SUTTER BAY HOSPITALS 2000 POWELL STREET, 10TH FL, EMERYVILLE, CA 94608	94-0562680	501(C)(3)	75,750				CAPACITY BUILDING
(76) AGRICULTURAL INSTITUTE OF MARIN 400 SMITH RANCH RD., SUITE D, SAN RAFAEL, CA 94903	86-1156712	501(C)(3)	75,000				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
(77) BROWN UNIVERSITY BOX 1929, 164 ANGELL STREET, PROVIDENCE, RI 02912-9002	05-0258809	501(C)(3)	69,921				RESEARCH
(78) CALIFORNIA STATE UNIVERSITY, SACRAMENTO 6000 J. STREET MS 6052, SACRAMENTO, CA 95819-6010	68-0365325	GOVERNMENT	60,000				TECHNICAL ASSISTANCE
(79) NEW YORK UNIVERSITY 665 BROADWAY , SUITE 801, NEW YORK, NY 10012	13-5562308	501(C)(3)	55,509				TECHNICAL ASSISTANCE
(80) GLOBAL WOMEN'S LEADERSHIP NETWORK 1484 POLLARD ROAD, STE.141, LOS GATOS, CA 95032	46-1830178	501(C)(3)	55,000				LEADERSHIP DEVELOPMENT
(81) INSTITUTO FAMILIAR DE LA RAZA, INC. 2919 MISSION ST, SAN FRANCISCO, CA 94110	94-2523608	501(C)(3)	54,745				TECHNICAL ASSISTANCE
(82) PROSPERITY NOW 1200 G STREET, NW. SUITE 400, WASHINGTON, DC 20005	52-1141804	501(C)(3)	54,554				CAPACITY BUILDING
(83) CITY OF LONG BEACH DEPARTMENT OF HEALTH 333 WEST OCEAN BLVD, LONG BEACH, CA 90802	95-6000733	GOVERNMENT	52,250				TECHNICAL ASSISTANCE
(84) CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER 5250 AERO DR., SANTA ROSA, CA 95403	94-3244506	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(85) CALIFORNIA LIBRARY ASSOCIATION 1055 E COLORADO BLVD, SUITE 500, PASADENA, CA 91106	94-1337634	GOVERNMENT	50,000				TECHNICAL ASSISTANCE
(86) THE FINANCIAL INNOVATIONS CENTER, INC 135 SOUTH LASALLE., STE. 2125, CHICAGO, IL 60603	20-3006098	501(C)(3)	50,000				CAPACITY BUILDING
(87) THE REGENTS OF THE UNIVERSITY OF CA PO BOX 989062, WEST SACRAMENTO, CA 95798-9062	94-6036494	GOVERNMENT	47,721				TECHNICAL ASSISTANCE
(88) SAN FRANCISCO PUBLIC HEALTH FOUNDATION 375 LAGUNA HONDA BLVD, B303, SAN FRANCISCO, CA 94116	94-3117093	501(C)(3)	45,000				TECHNICAL ASSISTANCE
(89) THE REGENTS OF THE UNIVERSITY OF CA UNIVERISTY OF CALIFORNIA DAVIS, WEST SACRAMENTO, CA 95798-9062	94-6036494	GOVERNMENT	44,535				CAPACITY BUILDING
(90) FRESNO COUNTY ECONOMIC OPPORTUNITIES 1920 MARIPOSA MALL, STE. 330, FRESNO, CA 93721	94-1606519	501(C)(3)	40,000				TECHNICAL ASSISTANCE
(91) DIMAGI, INC 585 MASSACHUSETTS AVE SUITE 3, CAMBRIDGE, MA 02139	83-0343298	501(C)(3)	39,000				CORE SUPPORT

(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
(92) REGENTS OF THE UNIVERSITY OF CA 50 UNIVERSITY HALL #7360, BERKELEY, CA 94720-7360	94-6002123	GOVERNMENT	35,659				TECHNICAL ASSISTANCE
(93) ASIAN HEALTH SERVICES 818 WEBSTER STREET, OAKLAND, CA 94607	94-2235908	501(C)(3)	30,000				CAPACITY BUILDING
(94) BLUEPATH HEALTH, INC. 929 SIR FRANCES DRAKE BLVD., SUITE 101C, KENTFIELD, CA 94904	46-3484135	501(C)(3)	30,000				TECHNICAL ASSISTANCE
(95) THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 3172 PORTER DRIVE, PALO ALTO, CA 94304	94-1156365	501(C)(3)	28,675				RESEARCH
(96) ADVENTIST HEALTH CLEARLAKE HOSPITAL INC P.O.BOX 6710, CLEARLAKE, CA 95422	68-0395149	501(C)(3)	27,250				TECHNICAL ASSISTANCE
(97) NORTH COAST HEALTH IMPROVEMENT & INFORMATION NETWORK 2662 HARRIS STREET, EUREKA, CA 95503	27-4520226	501(C)(3)	27,250				TECHNICAL ASSISTANCE
(98) YWCA OF SAN GABRIEL VALLEY 943 NORTH GRAND AVENUE, COVINA, CA 91724	95-1641967	501(C)(3)	27,250				TECHNICAL ASSISTANCE
(99) HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD #600, WEST SACRAMENTO, CA 95691	68-0249296	501(C)(3)	27,250				TECHNICAL ASSISTANCE
(100) PUBLIC HEALTH FOUNDATION ENTERPRISES, INC 13300 CROSSROADS PARKWAY NORTH., SUITE 450, CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	27,250				TECHNICAL ASSISTANCE
(101) DKT INTERNATIONAL, INC. 1001 CONNECTICUT AVE NW, STE.800, WASHINGTON, DC 20036	58-1593137	501(C)(3)	26,400				CAPACITY BUILDING
(102) UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR, TWAMLEY HALL., GRAND FORKS, ND 58202-7306	45-6002491	501(C)(3)	25,120				RESEARCH
(103) TIDES CENTER P.O. BOX 2680, BERKELEY, CA 94702	94-3213100	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(104) COUNTY OF LOS ANGELES DEPT OF PUBLIC HEALTH 5555 FERGUSON DR, ROOM 100-50, CITY OF COMMERCE, CA 90022	95-6000927	GOVERNMENT	25,000				TECHNICAL ASSISTANCE
(105) CALAVERAS HEALTH AND HUMAN SERVICES 891 MOUNTAIN RANCH RD., SAN ANDREAS, CA 95249	94-6000507	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(106) STANISLAUS COUNTY 830 SCENIC DRIVE, MODESTO, CA 95353	94-6000540	GOVERNMENT	25,000				TECHNICAL ASSISTANCE
(107) FRESNO METRO MINISTRY 4270 N. BLACKSTONE AVE. #212, FRESNO, CA 93726-1907	94-2181848	501(C)(3)	23,000				TECHNICAL ASSISTANCE
(108) COPE FAMILY CENTER 707 RANDOLPH STREET, NAPA, CA 94558	94-2322399	501(C)(3)	23,000				TECHNICAL ASSISTANCE

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(109) COLUMBIA UNIVERSITY PO BOX 1385, NEW YORK, NY 10008-1385	13-5598093	501(C)(3)	22,766				RESEARCH
(110) CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY 2021 SPERRY AVE. SUITE 9, VENTURA, CA 93003	77-0578864	501(C)(3)	22,500				TECHNICAL ASSISTANCE
(111) STARTING OVER, INC. 1390 W. 6TH STREET, SUITE 100, CORONA, CA 92882	90-0455003	501(C)(3)	22,500				TECHNICAL ASSISTANCE
(112) EDEN I&R, INC. 570 B STREET, HAYWARD, CA 94541	94-2339050	501(C)(3)	21,103				TECHNICAL ASSISTANCE
(113) VIETNAMESE AMERICAN COMMUNITY CENTER OF THE EAST BAY 655 INTERNATIONAL BLVD, OAKLAND, CA 94606	20-5358946	501(C)(3)	21,103				TECHNICAL ASSISTANCE
(114) LA FAMILIA COUNSELING CENTER, INC. 5523 - 34TH STREET, SACRAMENTO, CA 95820-4725	94-2270786	501(C)(3)	20,000				TECHNICAL ASSISTANCE
(115) MONTEREY COUNTY RAPE CRISIS CENTER PO BOX 2630, MONTEREY, CA 93942	94-2389889	501(C)(3)	20,000				TECHNICAL ASSISTANCE
(116) GIRLS INCORPORATED OF WEST CONTRA COSTA 260 BROADWAY, RICHMOND, CA 94804	51-0172193	501(C)(3)	20,000				TECHNICAL ASSISTANCE
(117) CENTER FOR YOUNG WOMEN'S DEVELOPMENT 832 FOLSOM ST., STE 700, SAN FRANCISCO, CA 94107	94-3227681	501(C)(3)	20,000				TECHNICAL ASSISTANCE
(118) STATE OF HAWAII, DEPARTMENT OF HEALTH 919 ALA MOANA BLVD. SUITE 101, HONOLULU, HI 96814	99-6000449	501(C)(3)	19,780				TECHNICAL ASSISTANCE
(119) SEQUOIA FOUNDATION 2166-D AVENIDA DE LA PLAYA, LA JOLLA, CA 92037	33-0100208	501(C)(3)	19,452				RESEARCH
(120) EGLISE FRANCO AMERICAINE DE LA NOUVELLE 2727 COLLEGE AVENUE, BERKELEY, CA 94705	20-8517897	501(C)(3)	18,858				TECHNICAL ASSISTANCE
(121) EDUCATION, TRAINING & RESEARCH ASSOCIATE 100 ENTERPRISE WAY, SUITE G300, SCOTTS VALLEY, CA 95066	94-2760764	501(C)(3)	17,000				CAPACITY BUILDING
(122) CA SCHOOL-BASED HEALTH ALLIANCE 1203 PRESERVATION PARK WAY#302, OAKLAND, CA 94612	94-3201896	501(C)(3)	17,000				TECHNICAL ASSISTANCE
(123) BREAST CANCER ACTION 275 FIFTH ST, #307, SAN FRANCISCO, CA 94103	94-3138992	501(C)(3)	17,000				RESEARCH
(124) SAN JUAN UNIFIED SCHOOL DISTRICT 4925 DEWEY DRIVE, FAIR OAKS, CA 95628	94-6002533	501(C)(3)	16,830				CAPACITY BUILDING

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(125) COMFORT HOMESAKE 3018 RAWSON ST., OAKLAND, CA 94619	56-2471878	501(C)(3)	15,827				TECHNICAL ASSISTANCE
(126) KAREN KAY SHORE 3272 WYMAN ST, OAKLAND, CA 94619	83-2807813	501(C)(3)	15,574				TECHNICAL ASSISTANCE
(127) ARIZONA CENTER FOR DISABILITY LAW 5025 EAST WASHINGTON ST. #202, PHOENIX, AZ 85034	23-7408586	501(C)(3)	14,786				TECHNICAL ASSISTANCE
(128) REGENTS OF UC SAN FRANCISCO 1855 FOLSOM STREET, STE 425, SAN FRANCISCO, CA 94143-0897	94-6036493	GOVERNMENT	14,275				CAPACITY BUILDING
(129) NORTH COAST HEALTH IMPROVEMENT & INFORMATION NETWORK 2662 HARRIS STREET, EUREKA, CA 95503	27-4520226	501(C)(3)	14,250				CAPACITY BUILDING
(130) THE TRUSTEES OF INDIANA UNIVERSITY 980 INDIANA AVENUE , ROOM LV2232, INDIANAPOLIS, IN 46202-2915	35-6001673	501(C)(3)	14,215				RESEARCH
(131) HUMAN IMPACT PARTNERS 304 12TH STREET SUITE 2B, OAKLAND, CA 94607	27-0193587	501(C)(3)	13,750				RESEARCH
(132) CITY OF LONG BEACH DEPARTMENT OF HEALTH 333 WEST OCEAN BLVD, LONG BEACH, CA 90802	95-6000733	GOVERNMENT	12,750				CAPACITY BUILDING
(133) FRESNO METRO MINISTRY 4270 N. BLACKSTONE AVE. #212, FRESNO, CA 93726-1907	94-2181848	501(C)(3)	12,750				CAPACITY BUILDING
(134) YWCA OF SAN GABRIEL VALLEY 943 NORTH GRAND AVENUE, COVINA, CA 91724	95-1641967	501(C)(3)	12,750				CAPACITY BUILDING
(135) HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD #600, WEST SACRAMENTO, CA 95691	68-0249296	501(C)(3)	12,750				CAPACITY BUILDING
(136) COPE FAMILY CENTER 707 RANDOLPH STREET, NAPA, CA 94558	94-2322399	501(C)(3)	12,750				CAPACITY BUILDING
(137) PUBLIC HEALTH FOUNDATION ENTERPRISES, INC 13300 CROSSROADS PARKWAY NORTH., SUITE 450, CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	12,750				CAPACITY BUILDING
(138) FRIENDS OF CHILDREN WITH SPECIAL NEEDS 2300 PERALTA BLVD, FREMONT, CA 94536	77-0446853	501(C)(3)	12,572				TECHNICAL ASSISTANCE
(139) SAN FRANCISCO BAY AREA PHYSICIANS FOR SOCIAL RESPONSIBILITY INC 870 MARKET STREET, SUITE 578, SAN FRANCISCO, CA 94102	94-2702750	501(C)(3)	12,452				CAPACITY BUILDING
(140) INTERNET SEXUALITY INFORMATION SERVICES 409 13TH STREET, 14TH FLOOR, OAKLAND, CA 94612	94-3398862	501(C)(3)	12,000				CAPACITY BUILDING

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(141) CENTER FOR HUMAN SERVICES 2000 W. BRIGGSMORE AVE., SUITE I, MODESTO, CA 95350	94-1725620	501(C)(3)	11,321				CAPACITY BUILDING
(142) THE REGENTS OF THE UNIVERSITY OF CA UNIVERISTY OF CALIFORNIA DAVIS, WEST SACRAMENTO, CA 95798-9062	94-6036494	GOVERNMENT	11,000				TECHNICAL ASSISTANCE
(143) ZERO BREAST CANCER 30 NORTH SAN PEDRO ROAD, STE 160, SAN RAFAEL, CA 94903	68-0386016	501(C)(3)	10,552				RESEARCH
(144) WORLD INSTITUTE ON DISABILITY 3075 ADELINE STREET, SUITE #155, BERKELEY, CA 94703	94-2911623	501(C)(3)	10,552				TECHNICAL ASSISTANCE
(145) LA FAMILIA COUNSELING CENTER, INC. 5523 - 34TH STREET, SACRAMENTO, CA 95820-4725	94-2270786	501(C)(3)	10,000				CAPACITY BUILDING
(146) LA FAMILIA COUNSELING CENTER, INC. 5523 - 34TH STREET, SACRAMENTO, CA 95820-4725	94-2270786	501(C)(3)	10,000				TECHNICAL ASSISTANCE
(147) AXIS MAPS LLC 832 PAWNEE TRAIL, HEWITT, TX 76643	20-5162757		10,000				TECHNICAL ASSISTANCE
(148) SACRAMENTO CITY UNIFIED SCHOOL DISTRICT 5735 47TH AVE BOX#763, SACRAMENTO, CA 95824	94-6002491	GOVERNMENT	10,000				CAPACITY BUILDING
(149) GOSPEL TABERNACLE OF FAIR OAKS 7736 SUNSET AVENUE, FAIR OAKS, CA 95628	94-6083411	501(C)(3)	10,000				CAPACITY BUILDING
(150) COUGAR PARENT COMMITTEE 6715 GLORIA DRIVE, SACRAMENTO, CA 95831	46-4200363	501(C)(3)	10,000				CAPACITY BUILDING
(151) DAUGHTERS OF ZION ENTERPRYZ 6489 47TH STREET, SACRAMENTO, CA 95823	94-3288179	501(C)(3)	10,000				CAPACITY BUILDING
(152) FEMINIST MAJORITY FOUNDATION 1600 WILSON BLVD SUITE 801, ARLINGTON, VA 22209	54-1426440	501(C)(3)	10,000				CAPACITY BUILDING
(153) NATIONAL COALITION OF 100 BLACK WOMEN P.O. BOX 7814, CITRUS HEIGHTS, CA 95621	30-0021458	501(C)(3)	10,000				CAPACITY BUILDING
(154) MANAGEMENT SYSTEMS INTERNATIONAL 1130 CONNECTICUT AVE. NW, #200, WASHINGTON, DC 20036	52-1215041		9,906				TECHNICAL ASSISTANCE
(155) THE SHERIFF'S COMMUNITY IMPACT PROGRAM 2350 NORTHROP AVENUE, SACRAMENTO, CA 95825	27-3457087	501(C)(3)	9,669				CAPACITY BUILDING
(156) SIERRA FOOTHILLS VILLAGE PO BOX 1010, NEVADA CITY, CA 95959	38-4028858	501(C)(3)	9,660				TECHNICAL ASSISTANCE

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(157) THE FOOD BANK OF NEVADA COUNTY 310 RAILROAD AVENUE, GRASS VALLEY, CA 95945	68-0083105	501(C)(3)	9,660				TECHNICAL ASSISTANCE
(158) NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN ST STE 260, CHICO, CA 95928	68-0161455	501(C)(3)	9,660				TECHNICAL ASSISTANCE
(159) GOLD COUNTRY COMMUNITY SERVICES 841 OLD TUNNEL ROAD, GRASS VALLEY, CA 95945	94-2436273	501(C)(3)	9,660				TECHNICAL ASSISTANCE
(160) INDEPENDENT LIVING CENTER OF SOUTHERN CA 14407 GILMORE ST., STE 101, VAN NUYS, CA 91401-1400	95-3026060	501(C)(3)	9,506				TECHNICAL ASSISTANCE
(161) ABILITY 360 5025 E WASHINGTON ST, STE 200, PHOENIX, AZ 85034-1101	86-0486447	501(C)(3)	9,487				TECHNICAL ASSISTANCE
(162) THE REGENTS OF THE UNIVERSITY OF CA, SF 3333 CALIFORNIA ST. SUITE 315, SAN FRANCISCO, CA 94143-0962	94-6036493	GOVERNMENT	8,676				RESEARCH
(163) NEIGHBORHOOD CENTER OF THE ARTS 200 LITTON DR., STE. 212, GRASS VALLEY, CA 95945	68-0049004	501(C)(3)	8,108				TECHNICAL ASSISTANCE
(164) CALIFORNIA ASSOCIATION OF ENVIRONMENTAL PO.BOX 2017, CAMERON PARK, CA 95682	94-1675492	501(C)(3)	7,500				TECHNICAL ASSISTANCE
(165) ELEVATE LIFE CHURCH INC. 4333 FLORIN ROAD, SACRAMENTO, CA 95823	27-3182647	501(C)(3)	7,500				CAPACITY BUILDING
(166) REGENTS OF THE UNIVERSITY OF CA 50 UNIVERSITY HALL #7360, BERKELEY, CA 94720-7360	94-6002123	GOVERNMENT	6,512				RESEARCH
(167) EASY DOES IT EMERGENCY SERVICE 3271 ADELINE ST UNIT B, BERKELEY, CA 94703	94-3227346	501(C)(3)	6,511				TECHNICAL ASSISTANCE
(168) UNIVERSITY OF KANSAS CENTER 2385 IRVING HILL ROAD, LAWRENCE, KS 66045	48-0680117	501(C)(3)	6,094				RESEARCH
(169) HEALTH CARE CENTERS IN SCHOOLS P.O.BOX 64749, BATON ROUGE, LA 70896-4749	72-1443935	501(C)(3)	6,000				TECHNICAL ASSISTANCE
(170) CHRISTIANA CARE HEALTH SERVICES, INC. 4755 OGLETOWN-STANTON ROAD, NEWARK, DE 19718-2200	51-0103684	501(C)(3)	6,000				TECHNICAL ASSISTANCE
(171) UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270, HONOLULU, HI 96822-0270	99-0085260	501(C)(3)	6,000				TECHNICAL ASSISTANCE
(172) MEDSTAR GEORGETOWN MEDICAL CENTER, INC 3800 RESERVOIR ROAD, NW, WASHINGTON, DC 20007	52-2218584	501(C)(3)	6,000				TECHNICAL ASSISTANCE

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(173) FRIENDS RESEARCH INSTITUTE, INC 17215 STUDEBAKER ROAD STE 380, CERRITOS, CA 90703	52-0701445	501(C)(3)	5,706				RESEARCH

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	UNIVERSITY OF FLORIDA P.O.BOX113001-123 GRINTER HALL, GAINESVILLE, FL 32611-3001
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNIVERSITY OF SOUTHERN CALIFORNIA 1975 ZONAL AVE., KAM 314, LOS ANGELES, CA 90089-9025
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CEP AMERICA - CALIFORNIA 2100 POWELL ST., STE. 400, EMERYVILLE, CA 94608
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE REGENTS OF THE UNIVERSITY OF CA, SF 3333 CALIFORNIA ST. SUITE 315, SAN FRANCISCO, CA 94143-0962
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CONSORTIUM OF UNIVERSITIES FOR GLOBAL HEALTH 1608 RHODE ISLAND AVE, NW, WASHINGTON, DC 20036
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC 2700 DOLBEER STREET, EUREKA, CA 95501

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

2019

Open to Public Inspection

Employer identification number

94-1646278

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> First-class or charter travel </div> <div style="width: 50%;"> <input type="checkbox"/> Housing allowance or residence for personal use </div> <div style="width: 50%;"> <input type="checkbox"/> Travel for companions </div> <div style="width: 50%;"> <input type="checkbox"/> Payments for business use of personal residence </div> <div style="width: 50%;"> <input type="checkbox"/> Tax indemnification and gross-up payments </div> <div style="width: 50%;"> <input type="checkbox"/> Health or social club dues or initiation fees </div> <div style="width: 50%;"> <input type="checkbox"/> Discretionary spending account </div> <div style="width: 50%;"> <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </div> </div>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the 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.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Compensation committee </div> <div style="width: 50%;"> <input type="checkbox"/> Written employment contract </div> <div style="width: 50%;"> <input type="checkbox"/> Independent compensation consultant </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Compensation survey or study </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	✓
<p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p>	5b	✓
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p>	6b	✓
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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)	418,947	28,171	34,859	28,000	31,060	541,037	0
	(ii)	0	0	0	0	0	0	0
2 DENISE DUNNING, PHD BOARD MEMBER, PI PROGRAM DIRECTOR	(i)	166,689	3,357	343	16,712	11,348	198,449	0
	(ii)	0	0	0	0	0	0	0
3 TAMAR DORFMAN CHIEF FINANCIAL OFFICER	(i)	229,778	0	20,308	26,155	30,352	306,593	0
	(ii)	0	0	0	0	0	0	0
4 B. MELANGE MATTHEWS CHIEF OF STAFF / COO	(i)	292,301	1,000	6,200	28,000	25,702	353,203	0
	(ii)	0	0	0	0	0	0	0
5 ELIZABETH O'CONNOR PI PROGRAM DIRECTOR IV	(i)	172,344	0	19,602	19,186	12,356	223,488	0
	(ii)	0	0	0	0	0	0	0
6 AMY BLOOM TECHNICAL ADVISOR - USSTA	(i)	245,544	0	3,508	24,606	13,839	287,497	0
	(ii)	0	0	0	0	0	0	0
7 BAKER MAGGWA TECHNICAL ADVISOR IV	(i)	231,206	0	6,782	24,646	39,106	301,740	0
	(ii)	0	0	0	0	0	0	0
8 THOMAS GREENFIELD RESEARCH DIRECTOR III	(i)	196,370	500	13,866	20,676	12,165	243,577	0
	(ii)	0	0	0	0	0	0	0
9 CHERYL CHERPITEL RESEARCH PROGRAM DIRECTOR III	(i)	193,791	500	5,591	19,909	21,198	240,989	0
	(ii)	0	0	0	0	0	0	0
10 LYNN SILVER SENIOR ADVISOR	(i)	200,844	0	3,096	20,766	20,969	245,675	0
	(ii)	0	0	0	0	0	0	0
11	(i)							
	(ii)							
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 2019: MARY PITTMAN MELANGE MATTHEWS DENISE DUNNING THOMAS GREENFIELD CHERYL CHERPITEL

**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

2019

Open to Public Inspection

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

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES	SEE DESCRIPTION FOR FORM 990, PART III, LINE 4B - SUSTAINING TECHNICAL AND ANALYTIC RESOURCES (STAR) PROGRAM
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>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>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>A UNIQUE ADVANTAGE OF RECRUITING LOCAL COUNTRY OR THIRD COUNTRY NATIONALS AND PLACE THEM AT THE LOCAL MINISTRIES OF HEALTH FOR TWO-YEAR FELLOWSHIPS OR UP TO 12 MONTHS INTERNSHIPS. THUS FAR, STAR HAS PLACED FELLOWS WITH THE FOLLOWING ORGANIZATIONS:</p> <ul style="list-style-type: none">-17 FELLOWS AT THE MINISTRY OF HEALTH THROUGHOUT VARIOUS COUNTRIES IN AFRICA AND ASIA-3 FELLOWS AT SOUTH AFRICA'S USAID MISSION-1 FELLOW HAS BEEN HIRED AT NEPAL'S USAID MISSION-13 FELLOWS AT USAID WASHINGTON HQ-7 FELLOWS WORKING REMOTELY OR FOR OTHER ORGANIZATIONS. <p>CONSORTIUM FOR UNIVERSITIES IN GLOBAL HEALTH SUPPORTS STAR'S ACADEMIC PARTNERSHIPS PROGRAM THROUGH THE COLLABORATION LABORATORY WHICH IS A GRANT-SUPPORTED, STRATEGIC APPROACH TO FACILITATING KNOWLEDGE-SHARING EXPERIMENTS BETWEEN ACADEMIC INSTITUTIONS, WHEREIN THEY WORK TO ACHIEVE A CONCRETE GOAL OR OBJECTIVE THAT ADVANCES THEIR WORK IN GLOBAL HEALTH. FOUR LABORATORY PARTNERSHIPS WERE ESTABLISHED AND MONITORED BY STAR TEAM TO EXAMINE THE SUCCESSSES, CHALLENGES, AND REPORT ON LESSONS LEARNED THROUGHOUT THEIR PARTNERSHIP. TO MAXIMIZE LEARNING OPPORTUNITIES FOR STAR PARTICIPANTS, JHU FACILITATES ACADEMIC SUPPORT, TRAINING AND MENTORSHIPS. JHU WILL ALSO PROVIDE GUIDANCE ON GLOBAL HEALTH COMPETENCIES THAT WILL INFORM HOW ACADEMIA CAN BETTER EQUIP TOMORROW'S GLOBAL HEALTH PRACTITIONERS WITH THE KNOWLEDGE, SKILLS, AND ATTITUDES NEEDED FOR SUCCESS. UNIVERSITY OF CALIFORNIA, SAN FRANCISCO WILL FACILITATE STAR PARTICIPANTS' ACCESS TO RELEVANT CURRICULUM, TRAINING, AND MENTORING OPPORTUNITIES WITHIN ITS NETWORK OF SCHOOLS, INSTITUTES, AND CENTERS. THEY WILL ALSO ASSEMBLE A TECHNICAL ADVISORY GROUP, WHICH WILL ENGAGE MINISTRIES OF HEALTH AND NATIONAL ACADEMIC RESEARCH PARTNERS IN AN ONGOING DIALOGUE ABOUT GLOBAL HEALTH WORKFORCE NEEDS AND GAPS.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>LISTS, IT DOES NOT HAVE TO BE THIS WAY. HOSPITALS AND EMERGENCY ROOMS CAN BE CRITICAL POINTS OF CARE FOR SUBSTANCE USE DISORDER TREATMENT. THE CA BRIDGE MODEL LEVERAGES THESE HEALTH SYSTEMS FOR RAPID ACCESS TO ADDICTION TREATMENT TO FUNDAMENTALLY SAVE MORE LIVES.</p> <p>THE GOAL OF CA BRIDGE IS TO TRANSFORM THE WAY PEOPLE WHO USE DRUGS GET HELP BY ENSURING THAT EVERY HOSPITAL IN CALIFORNIA PROVIDES 24/7 ACCESS TO EVIDENCE-BASED TREATMENT. TO ADVANCE THIS GOAL, WE ARE RAPIDLY BUILDING CAPACITY TO:</p> <ul style="list-style-type: none"> -EXPAND MEDICATION FOR ADDICTION TREATMENT (MAT) IN CALIFORNIA HOSPITALS BY RAISING AWARENESS OF THE BENEFITS TO PATIENTS AND PROVIDERS. -HELP HOSPITALS IMPLEMENT THE CA BRIDGE MAT MODEL OF TREATMENT, CONNECTION AND CULTURE WITH RESOURCES, TRAINING, AND TECHNICAL SUPPORT. -DEMONSTRATE THE IMPACT OF HOSPITAL-BASED MAT PROGRAMS AND IMPROVE QUALITY OF CARE THROUGH RESEARCH AND EVALUATION. -PROMOTE SUSTAINABILITY OF HOSPITAL-BASED MAT PROGRAMS THROUGH POLICY AND SYSTEMS CHANGE. <p>CORE ELEMENTS OF THE CA BRIDGE MODEL</p> <p>CA BRIDGE IS ADVANCING THE USE OF EVIDENCE-BASED MEDICATIONS FOR ADDICTION TREATMENT (MAT), MOST COMMONLY BUPRENORPHINE, WHICH HAS BEEN SHOWN TO REDUCE RELAPSE AMONG PEOPLE SUFFERING FROM OPIOID USE DISORDER. RECENTLY, A NUMBER OF HOSPITALS ACROSS THE COUNTRY HAVE STARTED PROVIDING MAT IN THEIR EMERGENCY ROOMS, BUT MANY USE RESTRICTIVE PROTOCOLS IN WHICH PATIENTS MUST UNDERGO MULTIPLE LAB TESTS, PSYCHOSOCIAL ASSESSMENTS, AND PAPERWORK BEFORE RECEIVING ANY TREATMENT.</p> <p>THE CA BRIDGE MODEL DRAMATICALLY LOWERS BARRIERS TO TREATMENT BY ELIMINATING MEDICALLY UNNECESSARY TESTS AND QUICKLY PROVIDING PATIENTS IN WITHDRAWAL WITH WHAT THEY ARE SEEKING-IMMEDIATE RELIEF FROM WITHDRAWAL SYMPTOMS. BY SIMPLIFYING THE PROCESS, THE CA BRIDGE MODEL WORKS IN THE REAL WORLD OF BUSY HOSPITAL EMERGENCY ROOMS. ONCE PATIENTS ARE STABILIZED, THEY ARE BETTER EQUIPPED TO ENGAGE IN CONVERSATION ABOUT LONG-TERM TREATMENT, WHICH THEY DO WITH A SUBSTANCE USE NAVIGATOR (SUN). THE SUN IS A PEER WHO COMES FROM THE COMMUNITY AND IS OFTEN IN RECOVERY. THE CA BRIDGE MODEL IS BASED ON A HARM REDUCTION PERSPECTIVE THAT EMPHASIZES RAPID, PATIENT-CENTERED CARE AND HUMAN CONNECTIONS.</p> <p>BY JUNE 2020, FIFTY-TWO HOSPITALS USING THE CA BRIDGE MODEL REPORTED:</p> <ul style="list-style-type: none"> -MORE THAN 12,000 PATIENTS HAD BEEN IDENTIFIED WITH OPIOID USE DISORDER -MORE THAN 7,500 PATIENTS WERE PROVIDED WITH TREATMENT IN THE HOSPITALS -MORE THAN 5,600 PATIENTS WERE PRESCRIBED MEDICATION FOR ADDICTION TREATMENT (MAT), AND -NEARLY 5,000 PATIENTS WERE LINKED TO FOLLOW-UP CARE. <p>THIS DEMONSTRATED SUCCESS HAD LEAD TO CONSIDERABLE GROWTH IN JUST A FEW YEARS, WITH 208 HOSPITALS IN CALIFORNIA IMPLEMENTING THE CA BRIDGE MODEL BY THE END OF 2020, HAVING EXPONENTIALLY GROWN FROM A PILOT OF JUST EIGHT HOSPITALS IN 2018.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$76,516,454 INCLUDING GRANTS OF \$9,026,434)(REVENUE \$56,463,627)</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 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE CHAIR, VICE CHAIR, SECRETARY, AND TREASURER OF THE BOARD OF DIRECTORS, AS WELL AS ANY OTHER MEMBERS-AT-LARGE AS ELECTED BY THE BOARD. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE REQUIRED TO BE MEMBERS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD EXCEPT WITH RESPECT TO:</p> <ul style="list-style-type: none"> (A) THE FILLING OF VACANCIES ON THE BOARD OR ANY COMMITTEE; (B) THE AMENDMENT OR REPEAL OF BYLAWS OR THE ADOPTION OF NEW BYLAWS; (C) THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE; (D) THE APPOINTMENT OF OTHER COMMITTEES OF THE BOARD OR THE MEMBERS THEREOF; AND (E) THE APPROVAL OF ANY SELF-DEALING TRANSACTION, EXCEPT AS PERMITTED BY STATE LAW.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	<p>THE ORGANIZATION REVISED ITS BYLAWS DURING 2019 FOR THE PURPOSE OF ESTABLISHING TWO NEW COMMITTEES: 1) AN EXECUTIVE COMMITTEE AND 2) AN AUDIT COMMITTEE.</p> <p>THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE CHAIR, VICE CHAIR, SECRETARY, AND TREASURER OF THE BOARD OF DIRECTORS, AS WELL AS ANY OTHER MEMBERS-AT-LARGE AS ELECTED BY THE BOARD. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE REQUIRED TO BE MEMBERS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD EXCEPT WITH RESPECT TO:</p> <p>(A) THE FILLING OF VACANCIES ON THE BOARD OR ANY COMMITTEE;</p> <p>(B) THE AMENDMENT OR REPEAL OF BYLAWS OR THE ADOPTION OF NEW BYLAWS;</p> <p>(C) THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE;</p> <p>(D) THE APPOINTMENT OF OTHER COMMITTEES OF THE BOARD OR THE MEMBERS THEREOF; AND</p> <p>(E) THE APPROVAL OF ANY SELF-DEALING TRANSACTION, EXCEPT AS PERMITTED BY STATE LAW.</p> <p>MEMBERS OF THE AUDIT COMMITTEE WILL BE APPOINTED BY THE BOARD OF DIRECTORS AND MAY INCLUDE PERSONS WHO ARE NOT MEMBERS OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE SHALL NOT INCLUDE ANY MEMBERS OF THE STAFF OF THE CORPORATION, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER. THE RESPONSIBILITIES OF THE AUDIT COMMITTEE INCLUDE THE FOLLOWING:</p> <p>(A) RECOMMEND TO THE BOARD OF DIRECTORS THE RETENTION AND TERMINATION OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT WHO SHALL AUDIT THE ANNUAL FINANCIAL STATEMENTS OF THE CORPORATION IN CONFORMITY WITH GENERALLY ACCEPTED AUDITING STANDARDS;</p> <p>(B) NEGOTIATE THE INDEPENDENT AUDITOR'S COMPENSATION ON BEHALF OF THE BOARD OF DIRECTORS;</p> <p>(C) CONFER WITH THE INDEPENDENT AUDITOR TO SATISFY THE MEMBERS OF THE AUDIT COMMITTEE THAT THE FINANCIAL AFFAIRS OF THE CORPORATION ARE IN ORDER;</p> <p>(D) REVIEW AND DETERMINE WHETHER TO ACCEPT THE INDEPENDENT AUDIT;</p> <p>(E) ASSURE THAT ANY NONAUDIT SERVICES PERFORMED BY THE INDEPENDENT AUDITOR CONFORM WITH THE STANDARDS FOR AUDITOR INDEPENDENCE SET FORTH IN THE LATEST REVISION OF THE GOVERNMENT ACCOUNTING STANDARDS, ISSUED BY THE COMPTROLLER GENERAL OF THE UNITED STATES (THE YELLOW BOOK) AND ANY CALIFORNIA ATTORNEY GENERAL REGULATIONS PRESCRIBING STANDARDS FOR AUDITOR INDEPENDENCE IN THE PERFORMANCE OF NONAUDIT SERVICES;</p> <p>(F) APPROVE PERFORMANCE OF NONAUDIT SERVICES BY THE INDEPENDENT AUDITOR; AND</p> <p>(G) OVERSEE THE COMPLIANCE PROGRAM ESTABLISHED BY THE BOARD OF DIRECTORS AND REPORT ON COMPLIANCE TO THE BOARD.</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 NOVEMBER 2019.</p>
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 NOVEMBER 2019.</p>

Return Reference - Identifier	Explanation				
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.				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	OTHER FEES FOR SERVICES	12,476,553	12,128,589	340,786	7,178

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

2019**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	138,584	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	49,500	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) 2019

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) 2019