

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ 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 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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 290
 City or town, state or province, country, and ZIP or foreign postal code
OAKLAND, CA 94607-4046

D Employer identification number
94-1646278

E Telephone number
(510) 285-5500

F Name and address of principal officer: **DR. MARY A. PITTMAN**
SAME AS C ABOVE

G Gross receipts \$ **194,485,942**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.PHI.ORG**

K Form of organization: Corporation Trust Association 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 | 10 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 1,138 |
| | 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, Part I, line 11 | 7b | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 22,917,247 | Current Year 110,230,613 |
| | 9 | Program service revenue (Part VIII, line 2g) | 97,790,792 | 84,171,226 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 181,157 | 84,103 |
| | 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) | 120,889,196 | 194,485,942 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 21,417,274 | 27,219,242 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 70,516,908 | 84,510,924 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,168 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 29,148,527 | 42,798,011 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 121,082,709 | 154,528,177 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | (193,513) | 39,957,765 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 40,649,732 | End of Year 92,707,393 |
| | 21 | Total liabilities (Part X, line 26) | 21,986,811 | 33,767,028 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 18,662,921 | 58,940,365 |

Part II Signature Block

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

Sign Here

Signature of officer: *Israel Ghebretinsae* Date: **11/12/2021**
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: *Diane Brown* Date: **11/11/2021** Check 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

Part III Statement of Program Service Accomplishments

Check 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 \$ 31,913,561 including grants of \$ 11,935,412) (Revenue \$ 31,913,561)
CHILDREN'S ONCOLOGY GROUP COORDINATING CENTER: MONROVIA, CA: THE PUBLIC HEALTH INSTITUTE SERVES, THROUGH A SUBAWARD FROM CHILDREN'S HOSPITAL OF PHILADELPHIA, AS THE CHILDREN'S ONCOLOGY GROUP COORDINATING CENTER (COGCC) IN MONROVIA, CALIFORNIA. COGCC IS THE PRIMARY HEADQUARTERS FOR THE OPERATIONS OF THE CHILDREN'S ONCOLOGY GROUP (COG), PROVIDING ADMINISTRATIVE AS WELL AS STATISTICAL AND DATA MANAGEMENT SUPPORT. 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 EFFORTS TO CREATE THE CHILDREN'S ONCOLOGY GROUP. TOGETHER, COG AND COGCC HAVE TWENTY YEARS OF EXPERIENCE IN CARRYING OUT
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 24,056,769 including grants of \$ 3,853,993) (Revenue \$ 24,056,769)
THE CENTER FOR WELLNESS AND NUTRITION: SACRAMENTO, CA: THE PUBLIC HEALTH INSTITUTE SERVES AS THE FISCAL PARTNER FOR THE CENTER FOR WELLNESS AND NUTRITION (CWN) IN SACRAMENTO, CALIFORNIA. CWN IS A NATIONAL LEADER IN DEVELOPING CAMPAIGNS, PROGRAMS, AND PARTNERSHIPS TO PROMOTE WELLNESS AND EQUITABLE HEALTH PRACTICES IN THE MOST VULNERABLE COMMUNITIES IN CALIFORNIA AND ACROSS THE COUNTRY. WE HAVE ESTABLISHED RELATIONSHIPS WITH LOCAL, STATE, AND NATIONAL ORGANIZATIONS, AND THROUGH EDUCATION, TRAINING, AND EVALUATION, WE WORK TO MAKE HEALTH ACCESSIBLE FOR ALL. CWN WAS ESTABLISHED IN 2015 AND WORKS IN CALIFORNIA AND THE SOUTHEASTERN REGION OF THE UNITED STATES TO ADVANCE USDA'S FOOD AND NUTRITION EDUCATION PROGRAM, SNAP-ED, THROUGH TRAINING AND TECHNICAL ASSISTANCE, PROGRAM DEVELOPMENT, EVALUATION AND ADMINISTRATIVE SERVICES. OUR WORK IS SPREAD ACROSS 27 STATES AND WE PARTNER WITH 277 ORGANIZATION NATION WIDE TO INCREASE FOOD AND NUTRITION SECURITY AND REDUCE DIET RELATED ILLNESSES AND CHRONIC DISEASE.
(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 20,467,443 including grants of \$ 1,363,288) (Revenue \$ 20,063,661)
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 STAR'S CUSTOMIZED AND CURATED LEARNING ACTIVITIES TO ENHANCE THEIR KNOWLEDGE AND SKILLS GROWTH, EXPAND PROFESSIONAL NETWORKS, AND SUPPORT CAREER DEVELOPMENT.
(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 60,521,586 including grants of \$ 10,066,549) (Revenue \$ 8,137,235)

4e Total program service expenses ► 136,959,359

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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | ✓ |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | ✓ | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | ✓ |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | ✓ |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | ✓ |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | ✓ |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | ✓ | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | ✓ |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | ✓ |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | ✓ |
| 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. | ✓ | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | ✓ | |

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 | 1,138 | | |
| 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 ▶ <u>IN</u> 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 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. | | |
| | 1a 10 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 8 | | |
| 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? | | ✓ |
| 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? | | ✓ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | ✓ |
| 6 | Did the organization have members or stockholders? | | ✓ |
| 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? | | ✓ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? | ✓ | |
| 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 | | ✓ |

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? | | ✓ |
| 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? | ✓ | |
| 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 | ✓ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | ✓ | |
| 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 | | ✓ | |
| 13 | Did the organization have a written whistleblower policy? | ✓ | |
| 14 | Did the organization have a written document retention and destruction policy? | ✓ | |
| 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 | ✓ | |
| b | Other officers or key employees of the organization | ✓ | |
| | 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? | | ✓ |
| 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, SUITE 290, OAKLAND, CA 94607-4046, (510) 285-5654

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 | ✓ | | ✓ | | | | 599,276 | 0 | 58,731 |
| (2) B. MELANGE MATTHEWS CHIEF OF STAFF / COO | 40.0 | | | | ✓ | | | 328,168 | 0 | 53,949 |
| (3) LEAH WILLIAMS CHIEF LEGAL COUNSEL | 40.0 | | | | | ✓ | | 261,325 | 0 | 64,510 |
| (4) BAKER MAGGWA TECHNICAL ADVISOR IV | 40.0 | | | | | ✓ | | 248,955 | 0 | 60,743 |
| (5) AMY BLOOM TECHNICAL ADVISOR - USSTA | 40.0 | | | | | ✓ | | 261,998 | 0 | 38,877 |
| (6) RAZ STEVENSON SENIOR TECH ADVISOR - OVERSEAS | 40.0 | | | | | ✓ | | 239,983 | 0 | 56,034 |
| (7) ELIZABETH O'CONNOR PI PROGRAM DIRECTOR IV | 40.0 | | | | | ✓ | | 223,612 | 0 | 35,063 |
| (8) MATTHEW MARSOM SR VP PUBLIC POLICY & PROGRAMS | 40.0 | | | | | ✓ | | 225,311 | 0 | 31,792 |
| (9) CARMEN NEVAREZ SENIOR VP EXTERNAL RELATIONS | 40.0 | | | | | ✓ | | 218,095 | 0 | 32,001 |
| (10) DAVID HAUSNER PROGRAM DIRECTOR IV | 40.0 | | | | | ✓ | | 191,208 | 0 | 54,769 |
| (11) TAMAR DORFMAN CHIEF FINANCIAL OFFICER THROUGH AUGUST 2020 | 40.0 | | | | | ✓ | | 193,411 | 0 | 32,255 |
| (12) SUSAN WATSON BOARD MEMBER, PI PROGRAM DIRECTOR | 40.0 | ✓ | | | | | | 138,861 | 0 | 25,714 |
| (13) ISRAEL GHEBRETINSAE CHIEF FINANCIAL OFFICER | 40.0 | | | | | ✓ | | 79,542 | 0 | 9,281 |
| (14) ANDREW PINES BOARD CHAIR | 1.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |

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) DARA JOHNSON TRESEDER, MBA VICE CHAIR | 1.0 | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | 0 | 0 | 0 |
| (16) ADAEZE ENEKWECHI SECRETARY/TREASURER | 1.0 | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | 0 | 0 | 0 |
| (17) ANTHONY BARRUETA BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (18) RADHA MUTHIAH BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (19) SERGIO A. GAXIOLA BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (20) SUSAN DENTZER BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (21) NICK MACCHIONE BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 3,209,745 | 0 | 553,719 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 3,209,745 | 0 | 553,719 |

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 **▶** 188

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

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 | 1,210,432 |
| CEP AMERICA - CALIFORNIA, 2100 POWELL ST., STE. 400, EMERYVILLE, CA 94608 | PROJECT CONSULTANT | 315,500 |
| ARIANNA SAMPSON CAMPBELL, 605 BEE STREET, PLACERVILLE, CA 95667 | PROJECT CONSULTANT | 131,131 |
| ANDREW KRACKOV, 300 HILLCREST RD., SAN CARLOS, CA 97070 | PROJECT CONSULTANT | 107,560 |
| JOSHUA LUFTIG, PO BOX 8, POINT REYES STATION, CA 94956 | PROJECT CONSULTANT | 105,450 |

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 Revenue

Check 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 | 50,242,227 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 59,988,386 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | | | 110,230,613 | | | |
| Program Service Revenue | 2a | CONTRACTS | Business Code | 900009 | 84,171,226 | 84,171,226 | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | 0 | 0 | 0 | |
| | g | Total. Add lines 2a-2f | | | 84,171,226 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 84,103 | | 84,103 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | 6a | (i) Real | (ii) Personal | | | |
| | | | | 6b | | | | |
| | | | | 6c | 0 | 0 | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | |
| | | | | 7b | | | | |
| | | | | 7c | 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 | 8a | | | | | |
| | | | | 8b | | | | |
| | | | | c | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | b | Less: direct expenses | 9b | | | | | |
| | c | Net income or (loss) from gaming activities | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | 10b | | | | | |
| | | | c | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | 0 | 0 | 0 | |
| | e | Total. Add lines 11a-11d | | | 0 | | | |
| 12 | Total revenue. See instructions | | | 194,485,942 | 84,171,226 | 0 | 84,103 | |

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 | 26,463,745 | 26,463,745 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 755,497 | 755,497 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,324,716 | 867,017 | 1,457,417 | 282 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 62,672,208 | 53,965,189 | 8,707,019 | 0 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 4,641,211 | 3,881,903 | 759,308 | 0 |
| 9 Other employee benefits | 10,217,344 | 8,582,569 | 1,634,775 | 0 |
| 10 Payroll taxes | 4,655,445 | 3,910,574 | 744,871 | 0 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 100,319 | 12,297 | 88,022 | |
| c Accounting | 116,050 | | 116,050 | |
| d Lobbying | 93,223 | 9,322 | 83,901 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f Investment management fees | 0 | 0 | 0 | 0 |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 17,423,591 | 17,094,426 | 329,165 | 0 |
| 12 Advertising and promotion | 13,721 | 13,221 | 500 | 0 |
| 13 Office expenses | 4,855,661 | 3,771,343 | 1,082,630 | 1,688 |
| 14 Information technology | 9,173 | 3,699 | 5,474 | 0 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 5,237,769 | 3,747,394 | 1,490,375 | 0 |
| 17 Travel | 758,283 | 737,805 | 20,478 | 0 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 366,123 | 349,726 | 16,397 | 0 |
| 20 Interest | 0 | 0 | 0 | 0 |
| 21 Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 520,183 | 0 | 520,183 | 0 |
| 23 Insurance | 200,856 | 0 | 200,856 | 0 |
| 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 | 12,547,145 | 12,490,604 | 56,541 | 0 |
| b OTHER EXPENSES | 470,477 | 246,977 | 223,302 | 198 |
| c TEMPORARY HELP | 85,437 | 56,051 | 29,386 | 0 |
| d | | | | |
| e All other expenses | 0 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 154,528,177 | 136,959,359 | 17,566,650 | 2,168 |
| 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 Sheet

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

| | | (A) | | (B) |
|---|--|----------------------|------------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 8,131,467 | 1 | 53,316,189 |
| | 2 Savings and temporary cash investments | 6,207,809 | 2 | 7,728,919 |
| | 3 Pledges and grants receivable, net | 22,381,926 | 3 | 25,653,836 |
| | 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 | 1,737,444 | 9 | 1,480,349 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,456,804 | | |
| | b Less: accumulated depreciation | 10b 2,922,409 | 1,875,735 | 10c 1,534,395 |
| | 11 Investments—publicly traded securities | 0 | 11 | 2,867,974 |
| | 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 | 315,351 | 15 | 125,731 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 40,649,732 | 16 | 92,707,393 | |
| Liabilities | 17 Accounts payable and accrued expenses | 15,703,575 | 17 | 25,982,934 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 5,834,261 | 19 | 7,213,812 |
| | 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 | 448,975 | 25 | 570,282 |
| | 26 Total liabilities. Add lines 17 through 25 | 21,986,811 | 26 | 33,767,028 |
| 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 | 6,025,476 | 27 | 9,469,363 |
| | 28 Net assets with donor restrictions | 12,637,445 | 28 | 49,471,002 |
| | 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 | 18,662,921 | 32 | 58,940,365 |
| 33 Total liabilities and net assets/fund balances | 40,649,732 | 33 | 92,707,393 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 194,485,942 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 154,528,177 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 39,957,765 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 18,662,921 |
| 5 | Net unrealized gains (losses) on investments | 5 | 319,679 |
| 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 | 58,940,365 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <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. | ✓ | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

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

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

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

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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|------------|------------|------------|------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 52,486,717 | 54,183,500 | 52,150,662 | 22,917,247 | 110,230,613 | 291,968,739 |
| 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 | 53,684,717 | 55,381,500 | 53,348,662 | 24,115,247 | 111,428,613 | 297,958,739 |
| 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) | | | | | | 29,328,587 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 268,630,152 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|------------|------------|------------|------------|-------------|-------------|
| 7 Amounts from line 4 | 53,684,717 | 55,381,500 | 53,348,662 | 24,115,247 | 111,428,613 | 297,958,739 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 113 | 0 | 0 | 181,157 | 84,103 | 265,373 |
| 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 | | | | | | 298,224,112 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 349,479,521 |
| 13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 90.08 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 92.04 % |
| 16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.</i> | | |
| 3b | 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> | | |
| 3c | 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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 4b | 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> | | |
| 4c | 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 lines 5b and 5c 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> | | |
| 5b | 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? | | |
| 5c | 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> | | |
| 9b | 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> | | |
| 9c | 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 line 10b below.</i> | | |
| 10b | 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 lines 11b and 11c below, the governing body of a supported organization? | | |
| | 11a | | |
| b | A family member of a person described in line 11a above? | | |
| | 11b | | |
| c | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| | 11c | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| | 2 | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| | 1 | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| | 2a | | |
| b | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI . | | |
| | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |
| | 3b | | |

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

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

| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035. | 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 0.85 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 of Contributors

2020

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

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | | \$ 27,400,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 21,291,990 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 14,660,622 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 7,500,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 6,096,065 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 5,185,882 | 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 | ----- ----- ----- | \$ 2,995,206 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | ----- ----- ----- | \$ 2,500,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | ----- ----- ----- | \$ 2,483,989 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | ----- ----- ----- | \$ 2,320,924 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | ----- ----- ----- | \$ 2,258,205 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| 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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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) | 40,883 | 0 | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 52,340 | 0 | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 93,223 | 0 | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 136,866,136 | 0 | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 136,959,359 | 0 | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000 | 0 | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | 0 | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0 | 0 | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0 | 0 | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (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 | 69,828 | 62,620 | 80,373 | 93,223 | 306,044 |
| 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 | 6,390 | 865 | 8,918 | 40,883 | 57,056 |

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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Questions 1a-2 regarding art and historical treasures, including revenue and asset reporting.

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
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

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

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 | | 4,456,804 | 2,922,409 | 1,534,395 |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,534,395

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 | 570,282 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 570,282 |

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 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 |
|---|---|
| <p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p> | <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, 2020 AND 2019, 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, 2020 AND 2019 NOR DOES IT EXPECT THERE WILL BE A MATERIAL CHANGE IN THE TWELVE MONTHS FOLLOWING THE YEAR ENDED DECEMBER 31, 2020. AS OF DECEMBER 31, 2020, THE INSTITUTE'S TAX YEARS ENDED DECEMBER 31, 2016 THROUGH DECEMBER 31, 2020 REMAIN SUBJECT TO EXAMINATION IN THE UNITED STATES FEDERAL TAX JURISDICTION AND THE TAX YEARS ENDED DECEMBER 31, 2015 THROUGH DECEMBER 31, 2020 REMAIN SUBJECT TO EXAMINATION IN THE CALIFORNIA STATE TAX JURISDICTION.</p> |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

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) SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | CAPACITY BUILDING | 201,835 |
| (2) SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | LEADERSHIP DEVELOPMENT | 4,741,410 |
| (3) SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | TECHNICAL ASSISTANCE | 863,696 |
| (4) SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | TRAINING | 114,798 |
| (5) SOUTH ASIA | 0 | 0 | PROGRAM SERVICES | TECHNICAL ASSISTANCE | 875,391 |
| (6) SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | TECHNICAL ASSISTANCE | 1,264,384 |
| (7) EAST ASIA AND THE PACIFIC | 1 | 8 | PROGRAM SERVICES | TECHNICAL ASSISTANCE | 58,341 |
| (8) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | CAPACITY BUILDING | 331,914 |
| (9) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | | 89,139 |
| (10) EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | | 6,815 |
| (11) SOUTH AMERICA | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | | 503,172 |
| (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 | | 136,371 |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 1 | 8 | | | 9,207,266 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 1 | 8 | | | 9,207,266 |

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) | | | CENTRAL AMERICA AND THE CARIBBEAN | TECHNICAL ASSISTANCE | 19,139 | WIRE | | | |
| (2) | | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 50,000 | WIRE | | | |
| (3) | | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 50,000 | WIRE | | | |
| (4) | | | EUROPE (INCLUDING ICELAND AND GREENLAND) | TECHNICAL ASSISTANCE | 6,815 | WIRE | | | |
| (5) | | | SUB-SAHARAN AFRICA | CAPACITY BUILDING | 10,000 | WIRE | | | |
| (6) | | | CENTRAL AMERICA AND THE CARIBBEAN | CAPACITY BUILDING | 10,000 | WIRE | | | |
| (7) | | | CENTRAL AMERICA AND THE CARIBBEAN | CAPACITY BUILDING | 10,000 | WIRE | | | |
| (8) | | | CENTRAL AMERICA AND THE CARIBBEAN | CAPACITY BUILDING | 10,000 | WIRE | | | |
| (9) | | | CENTRAL AMERICA AND THE CARIBBEAN | CAPACITY BUILDING | 10,000 | WIRE | | | |
| (10) | | | CENTRAL AMERICA AND THE CARIBBEAN | CAPACITY BUILDING | 10,000 | WIRE | | | |
| (11) | | | CENTRAL AMERICA AND THE CARIBBEAN | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (12) | | | CENTRAL AMERICA AND THE CARIBBEAN | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (13) | | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (14) | | | SUB-SAHARAN AFRICA | CAPACITY BUILDING | 10,000 | WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | CAPACITY BUILDING | 20,000 | WIRE | | | |
| (16) | | | (SEE STATEMENT) | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 40

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

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) | | SOUTH ASIA | TECHNICAL ASSISTANCE | 10,500 | WIRE | | | |
| (17) | | SOUTH ASIA | TECHNICAL ASSISTANCE | 4,500 | WIRE | | | |
| (18) | | SOUTH ASIA | TECHNICAL ASSISTANCE | 5,000 | WIRE | | | |
| (19) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 30,000 | WIRE | | | |
| (20) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 30,100 | WIRE | | | |
| (21) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (22) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (23) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (24) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 40,000 | WIRE | | | |
| (25) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (26) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (27) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 30,000 | WIRE | | | |
| (28) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (29) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (30) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 55,172 | WIRE | | | |
| (31) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (32) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (33) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 56,271 | WIRE | | | |
| (34) | | SUB-SAHARAN AFRICA | CAPACITY BUILDING | 10,000 | WIRE | | | |
| (35) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 17,500 | WIRE | | | |
| (36) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 17,500 | WIRE | | | |
| (37) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 17,500 | WIRE | | | |
| (38) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 17,500 | WIRE | | | |
| (39) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 17,500 | WIRE | | | |
| (40) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 17,500 | WIRE | | | |
| (41) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 17,500 | WIRE | | | |
| (42) | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 17,500 | 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, AND MAKE APPROPRIATE INQUIRIES. |
| SCHEDULE F, PART I, LINE 3 - METHOD USED 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 SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL |
| SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL |

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| (1) (SEE STATEMENT) | 85-0711201 | | 10,465,284 | | | | TECHNICAL ASSISTANCE |
| (2) (SEE STATEMENT) | 95-1642394 | 501(C)(3) | 1,549,555 | | | | RESEARCH |
| (3) UNIVERSITY OF FLORIDA 207 GRINTER HALL, GAINESVILLE, FL 32611 | 59-6002052 | 501(C)(3) | 1,303,264 | | | | RESEARCH |
| (4) REGENTS OF UC SAN FRANCISCO P.O. BOX 748872, LOS ANGELES, CA 90074-4872 | 94-6036493 | 501(C)(3) | 597,985 | | | | TECHNICAL ASSISTANCE |
| (5) (SEE STATEMENT) | 16-2064601 | 501(C)(3) | 564,121 | | | | RESEARCH |
| (6) JOHNS HOPKINS UNIVERSITY 401 N. BROADWAY, BALTIMORE, MD 21231 | 52-0595110 | 501(C)(3) | 456,005 | | | | LEADERSHIP DEVELOPMENT |
| (7) RESCUE AGENCY PUBLIC BENEFIT, LLC 2437 MORENA BLVD, SAN DIEGO, CA 92110 | 47-1335192 | | 448,560 | | | | TECHNICAL ASSISTANCE |
| (8) (SEE STATEMENT) | 94-1105628 | 501(C)(3) | 423,918 | | | | RESEARCH |
| (9) (SEE STATEMENT) | 47-4432518 | 501(C)(3) | 420,000 | | | | TECHNICAL ASSISTANCE |
| (10) UNIVERSITY OF FLORIDA 207 GRINTER HALL, GAINESVILLE, FL 32611 | 59-6002052 | 501(C)(3) | 403,932 | | | | TECHNICAL ASSISTANCE |
| (11) (SEE STATEMENT) | 95-2567237 | 501(C)(3) | 400,000 | | | | TECHNICAL ASSISTANCE |
| (12) (SEE STATEMENT) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 147

3 Enter total number of other organizations listed in the line 1 table ▶ 6

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) CERTARA USA, INC. BOX 32080, NEW YORK, NY 10087-2080 | 51-0625438 | | 380,020 | | | | TECHNICAL ASSISTANCE |
| (13) ICF MACRO, INC. P.O. BOX 536259, PITTSBURGH, PA 15253 | 52-0955232 | | 356,614 | | | | RESEARCH |
| (14) CONSORTIUM OF UNIVERSITIES FOR GLOBAL 1608 RHODE ISLAND AVE, NW, STE 240, WASHINGTON, DC 20036 | 27-1481036 | 501(C)(3) | 339,769 | | | | LEADERSHIP DEVELOPMENT |
| (15) TIDES CENTER 110 SAN JOAQUIN STREET, SUITE 322, STOCKTON, CA 95202 | 94-3213100 | 501(C)(3) | 287,783 | | | | TECHNICAL ASSISTANCE |
| (16) CEP AMERICA - CALIFORNIA 2100 POWELL ST., STE. 900, EMERYVILLE, CA 94608 | 94-2494000 | | 278,250 | | | | RESEARCH |
| (17) WHOLESOME WAVE FOUNDATION 855 MAIN STREET, SUITE 910, BRIDGEPORT, CT 06604 | 26-0352899 | 501(C)(3) | 272,900 | | | | TECHNICAL ASSISTANCE |
| (18) KANSAS STATE UNIV RESEARCH FOUNDATION 2005 RESEARCH PARK CIRCLE, STE.105, MANHATTAN, KS 66502-5020 | 48-6106237 | 501(C)(3) | 200,000 | | | | TECHNICAL ASSISTANCE |
| (19) SOUTHERN CALIFORNIA GRANTMAKERS 1000 N ALAMEDA STREET SUITE 230, LOS ANGELES, CA 90012 | 95-2831058 | 501(C)(3) | 175,000 | | | | TECHNICAL ASSISTANCE |
| (20) ASIAN HEALTH SERVICES 416 8TH ST, OAKLAND, CA 94607 | 94-2235908 | 501(C)(3) | 172,867 | | | | TECHNICAL ASSISTANCE |
| (21) IVOIRE ALLIANCE 8658 BLUEFIELD WAY, SACRAMENTO, CA 95823 | 94-3386813 | 501(C)(3) | 170,620 | | | | TECHNICAL ASSISTANCE |
| (22) HAVEN WOMEN'S CENTER STANISLAUS 618 13TH STREET, MODESTO, CA 95354 | 94-2499361 | 501(C)(3) | 165,854 | | | | TECHNICAL ASSISTANCE |
| (23) FOOD BANK OF EL DORADO COUNTY 4550 BUSINESS DRIVE, CAMERON PARK, CA 95682 | 68-0457594 | 501(C)(3) | 137,880 | | | | TECHNICAL ASSISTANCE |
| (24) SCRIPPS HEALTH 4077 5TH AVE, MER-01, SAN DIEGO, CA 92103 | 95-1684089 | 501(C)(3) | 134,750 | | | | RESEARCH |
| (25) INSTITUTO FAMILIAR DE LA RAZA, INC. 2919 MISSION ST, SAN FRANCISCO, CA 94110 | 94-2523608 | 501(C)(3) | 132,333 | | | | TECHNICAL ASSISTANCE |
| (26) ALLIANCE FOR COMMUNITY TRANSFORMATIONS P.O.BOX 2075, MARIPOSA, CA 95338 | 77-0272319 | 501(C)(3) | 130,687 | | | | TECHNICAL ASSISTANCE |
| (27) REGENTS OF UC SAN FRANCISCO P.O. BOX 748872, LOS ANGELES, CA 90074-4872 | 94-6036493 | 501(C)(3) | 120,809 | | | | LEADERSHIP DEVELOPMENT |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (28) ALAMEDA HEALTH SYSTEM 2060 FAIRMONT DR, SAN LEANDRO, CA 94578 | 94-3302014 | 501(C)(3) | 120,000 | | | | RESEARCH |
| (29) TEMPLE INTERNATIONAL DU MESSIE 1600 BANCROFT AVENUE, SAN LEANDRO, CA 94577 | 47-5095034 | 501(C)(3) | 114,046 | | | | TECHNICAL ASSISTANCE |
| (30) EGLISE FRANCO AMERICAINE DE LA NOUVELLE 2727 COLLEGE AVENUE, BERKELEY, CA 94705 | 20-8517897 | 501(C)(3) | 109,107 | | | | TECHNICAL ASSISTANCE |
| (31) AGRICULTURAL INSTITUTE OF MARIN 400 SMITH RANCH RD., SUITE D, SAN RAFAEL, CA 94903 | 86-1156712 | 501(C)(3) | 94,754 | | | | TECHNICAL ASSISTANCE |
| (32) DISABILITY RIGHTS EDUCATION & DEFENSE 3075 ADELINE STREET, SUITE 210, BERKELEY, CA 94703 | 94-2620758 | 501(C)(3) | 94,700 | | | | TECHNICAL ASSISTANCE |
| (33) REGENTS OF UC SAN FRANCISCO P.O. BOX 748872, LOS ANGELES, CA 90074-4872 | 94-6036493 | 501(C)(3) | 86,912 | | | | RESEARCH |
| (34) ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC 1450 MEDICAL CENTER DRIVE, SUITE 1, ROHNERT PARK, CA 94928 | 81-4791043 | 501(C)(3) | 86,250 | | | | RESEARCH |
| (35) NEW YORK UNIVERSITY P.O. BOX 5166, NEW YORK, NY 10087 | 13-5562308 | 501(C)(3) | 81,957 | | | | TECHNICAL ASSISTANCE |
| (36) ARROWHEAD REGIONAL MEDICAL CENTER 400 N PEPPER AVE. MOB, STE 107, COLTON, CA 92324 | 95-3213342 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (37) COMMUNITY HEALTH PARTNERSHIP, INC. 408 N. CAPITOL AVE., SAN JOSE, CA 95133 | 77-0352645 | 501(C)(3) | 80,000 | | | | TECHNICAL ASSISTANCE |
| (38) CONTRA COSTA COUNTY 2500 BATES AVENUE, SUITE B, CONCORD, CA 94520 | 94-6000509 | CONTRA COSTA COUNTY | 80,000 | | | | RESEARCH |
| (39) DIGNITY HEALTH 1400 E. CHURCH STREET, SANTA MARIA, CA 93454 | 94-1196203 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (40) LAC/HARBOR-UCLA MEDICAL CENTER 1000 WEST CARSON STREET, BOX 479, TORRANCE, CA 90509 | 95-6000927 | LOS ANGELES COUNTY | 80,000 | | | | RESEARCH |
| (41) LOS ANGELES COUNTY-UNIV OF SOUTHERN CA 1200 NORTH STATE STREET, SUITE 1008, LOS ANGELES, CA 90033 | 95-4192908 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (42) MARSHALL MEDICAL CENTER 1100 MARSHALL WAY, PLACERVILLE, CA 95667 | 94-1450151 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (43) OLIVE VIEW-UCLA EDUCATION & RESEARCH INS 14445 OLIVE VIEW DRIVE, SYLMAR, CA 91342-1495 | 95-2249539 | 501(C)(3) | 80,000 | | | | RESEARCH |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (44) PORT CITY OPERATING COMPANY, LLC 1800 N. CALIFORNIA STREET, STOCKTON, CA 95204 | 46-5322209 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (45) ROOTS COMMUNITY HEALTH CENTER 7272 MACARTHUR BLVD, OAKLAND, CA 94605 | 26-2583954 | 501(C)(3) | 80,000 | | | | TECHNICAL ASSISTANCE |
| (46) SANTA BARBARA COTTAGE HOSPITAL 400 W. PUEBLO ST, SANTA BARBARA, CA 93105 | 95-1644629 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (47) THE REGENTS OF THE UC IRVINE CAMPUS 120 THEORY, SUITE 200, IRVINE, CA 92697 | 95-2226406 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (48) THE REGENTS OF THE UC SAN DIEGO CAMPUS P.O. BOX 741539, LOS ANGELES, CA 90074-1539 | 95-6006144 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (49) THE REGENTS OF THE UC SAN FRANCISCO P.O. BOX 748872, LOS ANGELES, CA 90074-4872 | 94-6036493 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (50) THE REGENTS OF THE UNIVERSITY OF PO BOX 989062, WEST SACRAMENTO, CA 95798 | 94-6036494 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (51) UNIVERSITY FACULTY ASSOCIATES, INC. 2625 E. DIVISADERO STREET, FRESNO, CA 93721 | 46-3969536 | 501(C)(3) | 80,000 | | | | RESEARCH |
| (52) COLUMBIA UNIVERSITY PO BOX 29789 GENERAL POST OFFICE, NEW YORK, NY 10087-9789 | 13-5598093 | 501(C)(3) | 69,911 | | | | TECHNICAL ASSISTANCE |
| (53) VIETNAMESE AMERICAN COMMUNITY CENTER OF 655 INTERNATIONAL BLVD, OAKLAND, CA 94606 | 20-5358946 | 501(C)(3) | 68,697 | | | | TECHNICAL ASSISTANCE |
| (54) CERES UNIFIED SCHOOL DISTRICT P. O. BOX 307, CERES, CA 95307 | 38-3945601 | 501(C)(3) | 68,046 | | | | TECHNICAL ASSISTANCE |
| (55) ICF MACRO, INC. P.O. BOX 775367, CHICAGO, IL 60677-5367 | 52-0955232 | | 67,878 | | | | TECHNICAL ASSISTANCE |
| (56) MERCED COUNTY OFFICE OF EDUCATION 632 W 13TH STREET, MERCED, CA 95341 | 94-6002379 | MERCED COUNTY | 65,609 | | | | TECHNICAL ASSISTANCE |
| (57) CATHOLIC CHARITIES DIOCESE OF SAN DIEGO 3888 PADUCAH DRIVE, SAN DIEGO, CA 92112 | 94-2677202 | 501(C)(3) | 60,000 | | | | TECHNICAL ASSISTANCE |
| (58) CLINICAS DE SALUD DEL PUEBLO, INC. 852 E. DANENBERG DRIVE, 2ND FLOOR, EL CENTRO, CA 92243 | 95-2657324 | 501(C)(3) | 60,000 | | | | TECHNICAL ASSISTANCE |
| (59) COMITE CIVICO DEL VALLE, INC. 235 MAIN STREET, BRAWLEY, CA 92227-1932 | 33-0411322 | 501(C)(3) | 60,000 | | | | TECHNICAL ASSISTANCE |
| (60) DAY ONE INC. 175 N. EUCLID AVE., PASADENA, CA 91101 | 95-4172246 | 501(C)(3) | 60,000 | | | | TECHNICAL ASSISTANCE |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (61) EL CENTRO REGIONAL MEDICAL CENTER 1250 W MAIN ST., EL CENTRO, CA 92243 | 95-1915820 | 501(C)(3) | 60,000 | | | | TECHNICAL ASSISTANCE |
| (62) IMPERIAL VALLEY LGBT RESOURCE CENTER 1073 ROSS AVE., STE. E, EL CENTRO, CA 92243 | 47-3799558 | 501(C)(3) | 60,000 | | | | TECHNICAL ASSISTANCE |
| (63) YOUNG & HEALTHY 136 W. PEORIA ST., PASADENA, CA 91702 | 95-4527969 | 501(C)(3) | 60,000 | | | | TECHNICAL ASSISTANCE |
| (64) GOLD COUNTRY COMMUNITY SERVICES PO BOX 968, GRASS VALLEY, CA 95945 | 94-2436273 | 501(C)(3) | 59,340 | | | | TECHNICAL ASSISTANCE |
| (65) FRIENDS OF CHILDREN WITH SPECIAL NEEDS 2300 PERALTA BLVD, FREMONT, CA 94536 | 77-0446853 | 501(C)(3) | 57,023 | | | | TECHNICAL ASSISTANCE |
| (66) ANTELOPE VALLEY HEALTHCARE DISTRICT 1600 WEST AVENUE J, LANCASTER, CA 93534 | 95-6005217 | 501(C)(3) | 55,250 | | | | RESEARCH |
| (67) DIGNITY HEALTH-ST.BERNARDINE'S 2101 N WATERMAN AVE, SAN BERNARDINO, CA 92404 | 94-1196203 | 501(C)(3) | 55,000 | | | | RESEARCH |
| (68) PLUMAS DISTRICT HOSPITAL 1065 BUCKS LAKE ROAD, QUINCY, CA 95971 | 94-6036992 | 501(C)(3) | 55,000 | | | | RESEARCH |
| (69) POMONA VALLEY HOSPITAL MEDICAL CENTER 1798 N GAREY AVENUE, POMONA, CA 91767 | 95-1115230 | 501(C)(3) | 55,000 | | | | RESEARCH |
| (70) SAN GORGONIO MEMORIAL HOSPITAL 600 N. HIGHLAND SPRINGS AVE., BANNING, CA 92220 | 33-0420041 | 501(C)(3) | 55,000 | | | | RESEARCH |
| (71) DIGNITY HEALTH-ST. MARY LONG BEACH 1050 LINDEN AVE, LONG BEACH, CA 90813 | 94-1196203 | 501(C)(3) | 54,750 | | | | RESEARCH |
| (72) SOUTHERN MONO HEALTHCARE DISTRICT PO BOX 660, MAMMOTH LAKES, CA 93546 | 95-3154530 | 501(C)(3) | 54,500 | | | | RESEARCH |
| (73) COMMUNITY HOSPITAL OF THE MONTEREY 23625 HOLMAN HWY., MONTEREY, CA 93940 | 94-0760193 | 501(C)(3) | 52,750 | | | | RESEARCH |
| (74) DIGNITY HEALTH MERCY MERCED MEDICAL 333 MERCY AVENUE, MERCED, CA 95340 | 94-1196203 | 501(C)(3) | 52,500 | | | | RESEARCH |
| (75) ADVENTIST HEALTH CLEARLAKE HOSPITAL INC P.O. 6701, CLEARLAKE, CA 95422 | 68-0395149 | 501(C)(3) | 52,000 | | | | RESEARCH |
| (76) HAZEL HAWKINS HOSPITAL FOUNDATION 911 SUNSET DRIVE, HOLLISTER, CA 95023 | 94-2497062 | 501(C)(3) | 52,000 | | | | RESEARCH |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (77) DIGNITY HEALTH-DOMINICAN SANTA CRUZ 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95062 | 94-1196203 | 501(C)(3) | 51,750 | | | | RESEARCH |
| (78) COUNTY OF SANTA CLARA P.O.BOX 398414, SAN FRANCISCO, CA 94139-8414 | 94-6000533 | SANTA CLARA COUNTY | 51,500 | | | | RESEARCH |
| (79) COUNTY OF SAN JOAQUIN 500 WEST HOSPITAL ROAD, FRENCH CAMP, CA 95231 | 94-6000531 | SAN JOAQUIN COUNTY | 51,250 | | | | RESEARCH |
| (80) MERCY FOUNDATION 3400 DATA DRIVE, RANCHO CORDOVA, CA 95670 | 23-7072762 | 501(C)(3) | 51,250 | | | | RESEARCH |
| (81) DIGNITY HEALTH SAINT FRANCIS MEMORIAL 900 HYDE STREET, SAN FRANCISCO, CA 94109 | 94-1156295 | 501(C)(3) | 50,750 | | | | RESEARCH |
| (82) SUTTER BAY HOSPITALS 350 HAWTHORNE AVENUE, OAKLAND, CA 94609 | 94-0562680 | 501(C)(3) | 50,750 | | | | RESEARCH |
| (83) REGENTS OF UC SAN FRANCISCO P.O. BOX 748872, LOS ANGELES, CA 90074-4872 | 94-6036493 | 501(C)(3) | 50,750 | | | | RESEARCH |
| (84) CALIFORNIA INDIAN MUSEUM & CULTURAL 5250 AERO DR., SANTA ROSA, CA 95403 | 94-3244506 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (85) CALIFORNIA LIBRARY ASSOCIATION 1055 EAST COLORADO BLVD STE 500, PASADENA, CA 91106 | 94-1337634 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (86) FREMONT FAMILY RESOURCE CENTER 39550 LIBERTY STREET, FREMONT, CA 94538 | 94-3333831 | 501(C)(3) | 49,390 | | | | TECHNICAL ASSISTANCE |
| (87) COMFORT HOMESAKE 6955 FOOTHILL BLVD., SUITE 123, OAKLAND, CA 94605 | 56-2471878 | 501(C)(3) | 48,492 | | | | TECHNICAL ASSISTANCE |
| (88) STANISLAUS MULTI CULTURAL HEALTH 601 MARTIN LUTHER KING DRIVE, MODESTO, CA 95351 | 31-1751288 | 501(C)(3) | 47,080 | | | | TECHNICAL ASSISTANCE |
| (89) BROWN UNIVERSITY 69 BROWN STREET 2ND FLOOR, PROVIDENCE, RI 02912 | 05-0258809 | 501(C)(3) | 45,998 | | | | RESEARCH |
| (90) AXIS MAPS LLC P. O. BOX 421, HEWITT, TX 76643 | 20-5162757 | 501(C)(3) | 45,000 | | | | TECHNICAL ASSISTANCE |
| (91) BREAST CANCER ACTION 548 MARKET ST., PMB 17179, SAN FRANCISCO, CA 94104-5401 | 94-3138992 | 501(C)(3) | 45,000 | | | | RESEARCH |
| (92) REGENTS OF THE UNIVERSITY OF CA 6052 ARLINGTON BLVD, RICHMOND, CA 94805 | 94-6002123 | 501(C)(3) | 43,987 | | | | TECHNICAL ASSISTANCE |
| (93) OCCIDENTAL COLLEGE 1600 CAMPUS ROAD M-1, LOS ANGELES, CA 90041-3314 | 95-1667177 | 501(C)(3) | 41,250 | | | | RESEARCH |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (94) UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR, TWAMLEY HALL, GRAND FORKS, ND 58202-7306 | 45-6002491 | 501(C)(3) | 40,707 | | | | TECHNICAL ASSISTANCE |
| (95) MOVEMENT STRATEGY CENTER 436 14TH ST, 5TH FLOOR, OAKLAND, CA 94612 | 20-1037643 | 501(C)(3) | 40,410 | | | | TECHNICAL ASSISTANCE |
| (96) BERKELEY AIR MONITORING GROUP 1935 ADDISON ST SUITE A, BERKELEY, CA 94704 | 26-3881064 | 501(C)(3) | 40,000 | | | | TECHNICAL ASSISTANCE |
| (97) DIMAGI, INC 585 MASSACHUSETTS AVE SUITE 3, CAMBRIDGE, MA 02139 | 83-0343298 | | 39,000 | | | | TECHNICAL ASSISTANCE |
| (98) HUMAN IMPACT PARTNERS 304 12TH STREET SUITE 2B, OAKLAND, CA 94607 | 27-0193587 | 501(C)(3) | 38,125 | | | | RESEARCH |
| (99) FREED CENTER FOR INDEPENDENT LIVING 435 SUTTON WAY, GRASS VALLEY, CA 95945 | 68-0085639 | 501(C)(3) | 37,000 | | | | TECHNICAL ASSISTANCE |
| (100) SEQUOIA FOUNDATION 2166-D AVENIDA DE LA PLAYA, LA JOLLA, CA 92037 | 33-0100208 | 501(C)(3) | 36,168 | | | | RESEARCH |
| (101) DIGNITY HEALTH BAKERSFIELD MEMORIAL 420 34TH STREET, BAKERSFIELD, CA 93301 | 94-1196203 | 501(C)(3) | 35,000 | | | | RESEARCH |
| (102) DIGNITY HEALTH MERCY REDDING 2175 ROSALINE AVENUE, REDDING, CA 96001 | 94-1196203 | 501(C)(3) | 35,000 | | | | RESEARCH |
| (103) EL CENTRO REGIONAL MEDICAL CENTER 1415 ROSS AVE, EL CENTRO, CA 92243 | 95-1915820 | 501(C)(3) | 35,000 | | | | RESEARCH |
| (104) HANFORD COMMUNITY HOSPITAL 115 MALL DRIVE, HANFORD, CA 93230 | 94-0535360 | 501(C)(3) | 35,000 | | | | RESEARCH |
| (105) KAWEAH DELTA HOSPITAL FOUNDATION 216 S. JOHNSON ST., VISALIA, CA 93291 | 94-2675456 | 501(C)(3) | 35,000 | | | | RESEARCH |
| (106) NORTHERN INYO HEALTHCARE DISTRICT 150 PIONEER LN., BISHOP, CA 93514 | 95-6005449 | 501(C)(3) | 35,000 | | | | RESEARCH |
| (107) SAN FRANCISCO EMERGENCY MEDICAL 2351 CLAY STREET, SUITE 501, SAN FRANCISCO, CA 94115 | 94-3278555 | 501(C)(3) | 35,000 | | | | RESEARCH |
| (108) SIERRA NEVADA MEMORIAL HOSPITAL 140 LITTON DRIVE, SUITE 220, GRASS VALLEY, CA 95945 | 68-0005939 | 501(C)(3) | 35,000 | | | | RESEARCH |
| (109) WILLITS HOSPITAL INC ONE MARCELA DRIVE, WILLITS, CA 95482 | 68-0108919 | 501(C)(3) | 35,000 | | | | RESEARCH |
| (110) TEMPLE UNIVERSITY - OF THE COMMONWEALTH P.O. BOX 824242, PHILADELPHIA, PA 19182- 4242 | 23-1365971 | 501(C)(3) | 34,632 | | | | RESEARCH |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (111) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S.FIGUEROA ST. SUITE 102, LOS ANGELES, CA 90089 | 95-1642394 | 501(C)(3) | 33,121 | | | | TECHNICAL ASSISTANCE |
| (112) THROUGH THE LOOKING GLASS 3075 ADELINE STREET, STE 120, BERKELEY, CA 94703 | 94-2823116 | 501(C)(3) | 30,970 | | | | TECHNICAL ASSISTANCE |
| (113) REGENTS OF UC SAN FRANCISCO P.O. BOX 748872, LOS ANGELES, CA 90074-4872 | 94-6036493 | 501(C)(3) | 30,257 | | | | RESEARCH |
| (114) EDEN I&R, INC. 570 B STREET, HAYWARD, CA 94541 | 94-2339050 | 501(C)(3) | 28,746 | | | | TECHNICAL ASSISTANCE |
| (115) PURDUE UNIVERSITY 23510 NETWORK PLACE, CHICAGO, IL 60673-1235 | 35-6002041 | 501(C)(3) | 26,681 | | | | TECHNICAL ASSISTANCE |
| (116) NEIGHBORHOOD CENTER OF THE ARTS 200 LITTON DR., STE. 212, GRASS VALLEY, CA 95945 | 68-0049004 | 501(C)(3) | 26,393 | | | | TECHNICAL ASSISTANCE |
| (117) SJSU RESEARCH FOUNDATION 210 N. 4TH ST., 3RD FLOOR, SAN JOSE, CA 95112 | 94-6017638 | 501(C)(3) | 26,376 | | | | TECHNICAL ASSISTANCE |
| (118) WORLD INSTITUTE ON DISABILITY 3075 ADELINE STREET, SUITE #155, BERKELEY, CA 94703 | 94-2911623 | 501(C)(3) | 26,267 | | | | TECHNICAL ASSISTANCE |
| (119) SENIOR SUPPORT PROGRAM OF THE TRI-VALLEY 5353 SUNOL BLVD, PLEASANTON, CA 94566 | 20-3225569 | 501(C)(3) | 25,746 | | | | TECHNICAL ASSISTANCE |
| (120) NORTH VALLEY COMMUNITY FOUNDATION 208 SUTTON WAY, GRASS VALLEY, CA 95945 | 68-0161455 | 501(C)(3) | 24,840 | | | | TECHNICAL ASSISTANCE |
| (121) SIERRA FOOTHILLS VILLAGE PO BOX 1010, NEVADA CITY, CA 95959 | 38-4028858 | 501(C)(3) | 24,840 | | | | TECHNICAL ASSISTANCE |
| (122) THE FOOD BANK OF NEVADA COUNTY 578 SUTTON WAY #187, GRASS VALLEY, CA 95945 | 68-0083105 | 501(C)(3) | 24,840 | | | | TECHNICAL ASSISTANCE |
| (123) DEAF PLUS ADULT COMMUNITY 5437 CENTRAL AVE SUITE 4, NEWARK, CA 94560 | 47-3687686 | 501(C)(3) | 24,660 | | | | TECHNICAL ASSISTANCE |
| (124) JAKARA MOVEMENT 6089 N. 1ST ST. #102, FRESNO, CA 93710 | 26-3225754 | 501(C)(3) | 24,000 | | | | TECHNICAL ASSISTANCE |
| (125) LOS ANGELES COUNTY-UNIV OF SOUTHERN CA 1200 N. STATE STREET, SUITE 1010, LOS ANGELES, CA 90033 | 95-4192908 | 501(C)(3) | 23,000 | | | | TECHNICAL ASSISTANCE |
| (126) UNIVERSITY OF KANSAS CENTER. 2385 IRVING HILL ROAD, LAWRENCE, KS 66045 | 48-0680117 | 501(C)(3) | 20,540 | | | | RESEARCH |
| (127) APANO COMMUNITIES UNITED FUND 8188 S E DIVISION STREET, PORTLAND, OR 97206-1068 | 80-0252850 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (128) COUNTY OF MERCED 1900 AIRDROME ENTRY WAY, ATWATER, CA 95301 | 94-6000521 | MERCED COUNTY | 20,000 | | | | TECHNICAL ASSISTANCE |
| (129) HOPE COMMUNITY, INC. 611 E. FRANKLIN AVENUE, MINNEAPOLIS, MN 55417 | 41-1292817 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (130) LA FAMILIA COUNSELING CENTER, INC. 5523 - 34TH STREET, SACRAMENTO, CA 95820-4725 | 94-2270786 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (131) NEW DIRECTIONS HOUSING CORPORATION 1617 MAPLE STREET, LOUISVILLE, KY 40210 | 61-0715630 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (132) PROJECT NEW VILLAGE 5106 FEDERAL BLVD, SUITE 103, SAN DIEGO, CA 92105 | 27-1306157 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (133) SOMOS FAMILIA 2323 BROADWAY, OAKLAND, CA 94612 | 81-4019488 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (134) STEPS COALITION 11975 SEAWAY ROAD, SUITE A240, GULFPORT, MS 39503 | 11-3790429 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (135) BERKELEY DISASTER PREP NEIGHBORHOOD 1791 SOLANO AVE, #D03, BERKELEY, CA 94707 | 46-2664414 | 501(C)(3) | 17,894 | | | | TECHNICAL ASSISTANCE |
| (136) TRANSFORM HEALTH LLC 1001 G STREET, SUITE 200, SACRAMENTO, CA 95814 | 81-1418444 | 501(C)(3) | 17,500 | | | | TECHNICAL ASSISTANCE |
| (137) ZERO BREAST CANCER 30 N SAN PEDRO RD STE 140, SAN RAFAEL, CA 94903 | 68-0386016 | 501(C)(3) | 17,462 | | | | RESEARCH |
| (138) SAN FRANCISCO GENERAL HOSPITAL PO BOX 410836, SAN FRANCISCO, CA 94141 | 94-3189424 | 501(C)(3) | 17,250 | | | | TECHNICAL ASSISTANCE |
| (139) ARIZONA CENTER FOR DISABILITY LAW 5025 EAST WASHINGTON ST. #202, PHOENIX, AZ 85034 | 23-7408586 | 501(C)(3) | 14,881 | | | | TECHNICAL ASSISTANCE |
| (140) COMMUNITY RESOURCES FOR INDEPENDENT 439 A STREET, HAYWARD, CA 94541 | 94-2598873 | 501(C)(3) | 13,730 | | | | TECHNICAL ASSISTANCE |
| (141) REGENTS OF UC SAN FRANCISCO P.O. BOX 748872, LOS ANGELES, CA 90074-4872 | 94-6036493 | 501(C)(3) | 13,686 | | | | COMMUNITY DEVELOPMENT |
| (142) WORLD PULSE VOICES 401 NE 19TH AVE ,SUITE200, PORTLAND, OR 97232 | 41-2065177 | 501(C)(3) | 12,500 | | | | LEADERSHIP DEVELOPMENT |
| (143) A SAFE PLACE PO BOX 23006, OAKLAND, CA 94623 | 94-2491881 | 501(C)(3) | 12,124 | | | | TECHNICAL ASSISTANCE |
| (144) LGBTQ PLUS COLLABORATIVE 209 SEMPLE ST., MODESTO, CA 95354 | 85-1911056 | 501(C)(3) | 12,000 | | | | TECHNICAL ASSISTANCE |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (145) CLEAN WATER FUND 23885 DENTON, SUITE B, CLINTON TOWNSHIP, MI 48036 | 52-1043444 | 501(C)(3) | 11,923 | | | | RESEARCH |
| (146) REGENTS OF UC SAN FRANCISCO P.O. BOX 748872, LOS ANGELES, CA 90074-4872 | 94-6036493 | 501(C)(3) | 11,370 | | | | TECHNICAL ASSISTANCE |
| (147) DINERRAL SHAVERS EDUCATIONAL PO BOX 6832, NEW ORLEANS, LA 70114 | 20-8749943 | 501(C)(3) | 10,000 | | | | LEADERSHIP DEVELOPMENT |
| (148) PLANNED PARENTHOOD SOUTHEAST, INC. 241 PEACHTREE STREET, SUITE 400, ATLANTA, GA 30303 | 58-6045874 | 501(C)(3) | 10,000 | | | | LEADERSHIP DEVELOPMENT |
| (149) UN MUNDO 873 SANTA CRUZ AVENUE #202, MENLO PARK, CA 94025 | 91-2157711 | 501(C)(3) | 10,000 | | | | TECHNICAL ASSISTANCE |
| (150) WOMEN WITH A VISION, INC 1226 NORTH BROAD STREET, NEW ORLEANS, LA 70119 | 72-1202185 | 501(C)(3) | 10,000 | | | | LEADERSHIP DEVELOPMENT |
| (151) BROWN MILLER COMMUNICATIONS 1114 JONES STREET, MARTINEZ, CA 94553-1814 | 36-4517722 | 501(C)(3) | 9,975 | | | | TECHNICAL ASSISTANCE |
| (152) SOBERHOOD PO BOX 4616, AUSTIN, TX 78765 | 27-0804939 | 501(C)(3) | 9,301 | | | | TECHNICAL ASSISTANCE |
| (153) ABILITY 360 5025 E WASHINGTON ST, STE 200, PHOENIX, AZ 85034-1101 | 86-0486447 | 501(C)(3) | 9,048 | | | | TECHNICAL ASSISTANCE |
| (154) SJSU RESEARCH FOUNDATION 210 N. 4TH ST., 3RD FLOOR, SAN JOSE, CA 95112 | 94-6017638 | 501(C)(3) | 9,023 | | | | RESEARCH |
| (155) INDEPENDENT LIVING CENTER OF SOUTHERN CA 14141 HAYNES STREET, VAN NUYS, CA 91401 | 95-3026060 | 501(C)(3) | 8,755 | | | | TECHNICAL ASSISTANCE |
| (156) CENTER FOR ELDER'S INDEPENDENCE 510 17TH STREET, #400, OAKLAND, CA 94612 | 94-3123446 | 501(C)(3) | 8,306 | | | | TECHNICAL ASSISTANCE |
| (157) THE TRUSTEES OF INDIANA UNIVERSITY PO.BOX 78000, DETROIT, MI 48278 | 35-6001673 | 501(C)(3) | 8,057 | | | | RESEARCH |
| (158) BLACK WELLNESS & PROSPERITY CENTER 1133 S STREET, FRESNO, CA 93721 | 84-3848144 | 501(C)(3) | 7,500 | | | | COMMUNITY DEVELOPMENT |
| (159) BLACK WOMEN FOR WELLNESS 4340 11TH AVE, LOS ANGELES, CA 90008 | 95-4624707 | 501(C)(3) | 7,500 | | | | COMMUNITY DEVELOPMENT |
| (160) HARM REDUCTION COALITION 243 5TH AVE #529, NEW YORK, NY 10001 | 94-3204958 | 501(C)(3) | 7,500 | | | | COMMUNITY DEVELOPMENT |
| (161) HEALINGS IN MOTION, INC. PO BOX 730, FRENCH CAMP, CA 95231 | 26-1950010 | 501(C)(3) | 7,500 | | | | COMMUNITY DEVELOPMENT |
| (162) MENTAL HEALTH SYSTEMS, INC 9465 FARNHAM STREET, SAN DIEGO, CA 92123 | 95-3302967 | 501(C)(3) | 7,500 | | | | COMMUNITY DEVELOPMENT |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (163) NATIONAL COALITION OF 100 BLACK WOMEN P.O. BOX 7814, CITRUS HEIGHTS, CA 95621 | 30-0021458 | 501(C)(3) | 7,500 | | | | COMMUNITY DEVELOPMENT |
| (164) NEWSTART MEDICAL GROUP INC. 20601 WEST PAOLI LANE, WEIMAR, CA 95736 | 47-1442328 | 501(C)(3) | 7,500 | | | | COMMUNITY DEVELOPMENT |
| (165) PIVOT SAC 4625 44TH STREET, ROOM 3, SACRAMENTO, CA 95820 | 65-1280171 | 501(C)(3) | 7,500 | | | | COMMUNITY DEVELOPMENT |
| (166) SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH STREET, SACRAMENTO, CA 95811 | 94-2502229 | 501(C)(3) | 7,500 | | | | COMMUNITY DEVELOPMENT |
| (167) YOUNG WOMEN'S EMPOWERMENT FOUNDATION YWE 5941 LAURA LANE, SAN BERNARDINO, CA 92407 | 11-3760478 | 501(C)(3) | 7,500 | | | | COMMUNITY DEVELOPMENT |
| (168) SCHOOL-BASED HEALTH ALLIANCE 1010 VERMONT AVE. NW SUITE 600, WASHINGTON, DC 20005 | 54-1752058 | 501(C)(3) | 6,800 | | | | TECHNICAL ASSISTANCE |
| (169) FUTURES EXPLORED, INC. P.O. BOX 418, CONCORD, CA 94522 | 94-1567161 | 501(C)(3) | 6,592 | | | | TECHNICAL ASSISTANCE |
| (170) PLACER INDEPENDENT RESOURCE SERVICES 11768 ATWOOD ROAD, #29, AUBURN, CA 95603 | 94-3209861 | 501(C)(3) | 6,450 | | | | TECHNICAL ASSISTANCE |
| (171) CENTER FOR HUMAN SERVICES 1317 GRANDVIEW AVENUE, CERES, CA 95307 | 94-1725620 | 501(C)(3) | 6,037 | | | | TECHNICAL ASSISTANCE |
| (172) STATE OF HAWAII, DEPARTMENT OF HEALTH 1010 RICHARDS STREET, ROOM 118, HONOLULU, HI 96813 | 99-6000449 | STATE OF HAWAII | 5,897 | | | | TECHNICAL ASSISTANCE |

Part IV

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

| Return Reference - Identifier | Explanation |
|--|--|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS. | PRIOR TO MAKING AN AWARD, PHI EVALUATES THE CAPABILITY OF THE GRANTEE TO CARRY OUT GRANT AWARD TERMS AND CONDITIONS, INCLUDING EXERCISING RESPONSIBLE FINANCIAL MANAGEMENT. PHI NOTIFIES THE GRANTEE ABOUT COMPLIANCE REQUIREMENTS AND INCORPORATES COMPLIANCE, AUDIT AND ENFORCEMENT PROVISIONS INTO AWARD DOCUMENTS, INCLUDING OMB UNIFORM GUIDANCE REQUIREMENTS WHERE APPLICABLE. PHI EMPLOYEES MAINTAIN REGULAR CONTACT WITH THE GRANTEE, REVIEW FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE GRANTEE, AND MAKE APPROPRIATE INQUIRIES. |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | INTEND, INC. 550 W MERRILL ST., STE. 100, BIRMINGHAM, MI 48009 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S.FIGUEROA ST. SUITE 102, LOS ANGELES, CA 90089 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | ST. JUDE CHILDREN'S RESEARCH HOSPITAL P.O. BOX 1000, DEPARTMENT 949, MEMPHIS, TN 38148-0949 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | KAISER FOUNDATION HOSPITALS 3505 BROADWAY 14TH FLOOR, OAKLAND, CA 94611 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | CALIFORNIA HEALTH M R C 30251 GOLDEN LANTERN. STE-E, #431, LAGUNA NIGUEL, CA 92677 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | DESERT HEALTHCARE FOUNDATION 1140 NORTH INDIAN CANYON DRIVE, PALM SPRINGS, CA 92262 |

**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

2020

Open to Public Inspection

Employer identification number

94-1646278

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | ✓ |
| 4b | | ✓ |
| 4c | | ✓ |
| 5a | | ✓ |
| 5b | | ✓ |
| 6a | | ✓ |
| 6b | | ✓ |
| 7 | ✓ | |
| 8 | | ✓ |
| 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) | 434,853 | 130,686 | 33,737 | 28,500 | 30,231 | 658,007 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 B. MELANGE MATTHEWS CHIEF OF STAFF / COO | (i) | 310,725 | 12,000 | 5,443 | 28,500 | 25,449 | 382,117 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 LEAH WILLIAMS CHIEF LEGAL COUNSEL | (i) | 247,965 | 12,000 | 1,360 | 26,800 | 37,710 | 325,835 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 BAKER MAGGWA TECHNICAL ADVISOR IV | (i) | 241,673 | 500 | 6,782 | 25,671 | 35,072 | 309,698 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 AMY BLOOM TECHNICAL ADVISOR - USSTA | (i) | 255,247 | 0 | 6,751 | 25,577 | 13,300 | 300,875 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 RAZ STEVENSON SENIOR TECH ADVISOR - OVERSEAS | (i) | 158,307 | 0 | 81,676 | 16,075 | 39,959 | 296,017 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 ELIZABETH O'CONNOR PI PROGRAM DIRECTOR IV | (i) | 203,440 | 0 | 20,172 | 22,347 | 12,716 | 258,675 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 MATTHEW MARSOM SR VP PUBLIC POLICY & PROGRAMS | (i) | 212,641 | 12,000 | 670 | 21,574 | 10,218 | 257,103 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 CARMEN NEVAREZ SENIOR VP EXTERNAL RELATIONS | (i) | 206,969 | 5,375 | 5,751 | 20,957 | 11,044 | 250,096 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 DAVID HAUSNER PROGRAM DIRECTOR IV | (i) | 188,466 | 1,000 | 1,742 | 20,075 | 34,694 | 245,977 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 TAMAR DORFMAN CHIEF FINANCIAL OFFICER THROUGH AUGUST 2020 | (i) | 161,024 | 12,148 | 20,239 | 14,888 | 17,367 | 225,666 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 SUSAN WATSON BOARD MEMBER, PI PROGRAM DIRECTOR | (i) | 129,316 | 9,000 | 545 | 13,034 | 12,680 | 164,575 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 2020: MARY PITTMAN B. MELANGE MATTHEWS LEAH WILLIAMS BAKER MAGGWA MATTHEW MARSOM CARMEN NEVAREZ DAVID HAUSNER TAMAR DORFMAN ISRAEL GHEBRETINSAE SUSAN WATSON |

**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

2020

Open to Public Inspection

Name of the Organization
PUBLIC HEALTH INSTITUTE

Employer 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 4C - CENTER FOR WELLNESS AND NUTRITION (CWN) PROGRAM |
| FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION | <p>EFFICIENT, HIGH IMPACT RESEARCH FOR CHILDREN WITH CANCER. 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.</p> <p>THE COG COORDINATING CENTER STAFF COMPRISE A NUMBER OF MULTI-DISCIPLINARY TEAMS SUPPORTING CLINICAL TRIAL OPERATIONS. COGCC'S FULL STAFF INCLUDES ABOUT 110 TEAM MEMBERS, WITH ABOUT 7 ADDITIONAL FACULTY STATISTICIANS, EMPLOYED BY THE UNIVERSITY OF SOUTHERN CALIFORNIA, WORKING OUT OF COGCC'S MONROVIA OFFICE. 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 - THIS ENSURES THAT WE CAN RAPIDLY AND EFFICIENTLY RESPOND TO COG NEEDS.</p> <p>COG IS 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. 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>IN 2020, CWN HOSTED 127 TRAINING SESSIONS REACHING 124 COMMUNITY BASED ORGANIZATIONS AND 1,764 INDIVIDUAL ATTENDEES. CWN PUBLISHED SIX STUDIES AND SHARED PROMISING PRACTICES THROUGH NINE CONFERENCE PRESENTATIONS. CWN HAD THREE PILOT STUDIES UNDERWAY RELATED TO INCREASING FRUIT AND VEGETABLES CONSUMPTION AND REDUCING SUGAR SWEETENED BEVERAGE INTAKE. WE ALSO ADAPTED 42 EVENTS TO MEET COVID-19 GUIDELINES, REACHING 9,000 INDIVIDUALS THROUGH EDUCATIONAL PROGRAMING VIA IN-PERSON ACTIVITIES, VIRTUAL OFFERINGS AND POINT OF SALE SOCIAL MARKETING EFFORTS AT RETAIL STORES AND FARMERS MARKETS.</p> <p>IN 2020, CWN LED A COVID-RESPONSE FOOD SECURITY PROJECT WITH LOS ANGELES COUNTY USING LOCAL CARES ACT FUNDING. CWN COORDINATED WITH 19 COMMUNITY-BASED ORGANIZATIONS, THE LOCAL GOVERNMENT, A TECH COMPANY, GROCERY STORES, AND A NON-PROFIT PARTNER TO PROVIDE GROCERY VOUCHERS AND/OR HOME DELIVERY GROCERY SERVICES THROUGH APP ORDERING TO FAMILIES MOST IMPACTED BY COVID-19, INCLUDING COLLEGE STUDENTS, IMMIGRANT HOUSEHOLDS, AND OTHER FAMILIES WHO DO NOT TYPICALLY QUALIFY FOR OR WHO ARE UNABLE TO ACCESS FEDERAL FOOD PROGRAMS LIKE CALFRESH/SNAP. IN LESS THAN TWO MONTHS, THE PROJECT DISTRIBUTED NEARLY \$22 MILLION WORTH OF FOOD CASH BENEFITS TO NEARLY 30,000 HOUSEHOLDS OR INDIVIDUALS, REPRESENTING 100,000 PEOPLE ALTOGETHER AND RESULTING IN A 15% REDUCTION IN FOOD INSECURITY.</p> |

| Return Reference - Identifier | Explanation |
|--|---|
| <p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p> | <p>IN ADDITION TO THE STANDARD PLACEMENT OF FELLOWS AND INTERNS AT USAID HQ AND FIELD MISSIONS, STAR HAS A UNIQUE ADVANTAGE OF RECRUITING LOCAL COUNTRY OR THIRD COUNTRY NATIONALS AND PLACING THEM AT LOCAL MINISTRIES OF HEALTH FOR TWO-YEAR FELLOWSHIPS FOR UP TO 12 MONTHS INTERNSHIPS. CUMULATIVELY, STAR HAS PLACED 90 FELLOWS AND 62 INTERNS, 40 OF WHOM ARE LOCAL COUNTRY NATIONALS AND 10 OF WHOM ARE THIRD COUNTRY NATIONALS, IN 23 COUNTRIES PLUS THE US.</p> <p>THE CONSORTIUM FOR UNIVERSITIES IN GLOBAL HEALTH SUPPORTS STAR'S ACADEMIC PARTNERSHIPS PROGRAM THROUGH THE COLLABORATION LABORATORY (CL). THROUGH THE GRANT-SUPPORTED CL, ACADEMIC INSTITUTIONS TAKE A STRATEGIC APPROACH TO FACILITATING KNOWLEDGE-SHARING EXPERIMENTS, WHEREIN THEY WORK TO ACHIEVE A CONCRETE GOAL OR OBJECTIVE THAT ADVANCES THEIR WORK IN GLOBAL HEALTH. THROUGH OUR CL, STAR HAS ESTABLISHED FOUR COLLABORATION LABORATORY PARTNERSHIPS ACROSS FIVE LOW- AND MIDDLE-INCOME COUNTRY ACADEMIC INSTITUTIONS WITH THREE AMERICAN ACADEMIC INSTITUTIONS. THE FOUR CL COLLABORATIONS ARE BEING MONITORED BY THE STAR TEAM TO EXAMINE THEIR SUCCESSES, CHALLENGES, AND LESSONS LEARNED THROUGHOUT THEIR PARTNERSHIPS.</p> <p>TO MAXIMIZE LEARNING OPPORTUNITIES FOR STAR PARTICIPANTS, JHU FACILITATES ACADEMIC SUPPORT, TRAINING, AND MENTORSHIPS. JHU ALSO PROVIDES 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.</p> <p>THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FACILITATES STAR PARTICIPANTS' ACCESS TO RELEVANT CURRICULUM, TRAINING, AND MENTORING OPPORTUNITIES WITHIN ITS NETWORK OF SCHOOLS, INSTITUTES, AND CENTERS. UCSF ALSO MANAGES A TECHNICAL ADVISORY GROUP (TAG), WHICH ENGAGES MINISTRIES OF HEALTH AND NATIONAL ACADEMIC RESEARCH PARTNERS IN AN ONGOING DIALOGUE ABOUT GLOBAL HEALTH WORKFORCE NEEDS AND GAPS.</p> <p>WITH THE ONSET OF THE COVID-19 PANDEMIC, THE STAR PROJECT PIVOTED WITH ITS PARTNERSHIP WITH UCSF AND FOCUSED HEAVILY ON COVID-19 GLOBAL TECHNICAL ASSISTANCE. THROUGH UCSF, STAR CONTINUED TO SUPPORT USAID RECIPIENT COUNTRIES' RESPONSES TO THE COVID-19 PANDEMIC BY PROVIDING TECHNICAL ASSISTANCE FOCUSED ON VENTILATOR DEPLOYMENT, CRITICAL CARE CAPACITY ASSESSMENTS, AND CRITICAL CARE EDUCATION. RESOURCE-VARIABLE COUNTRIES OFTEN LACK TECHNICAL AND EDUCATIONAL MATERIALS HEALTHCARE PROVIDERS NEED TO APPROPRIATELY USE VENTILATORS, PROVIDE RESPIRATORY CARE, AND ENSURE NEEDED OXYGEN SUPPLY FOR CRITICALLY ILL COVID-19 PATIENTS. TO PROVIDE SUPPORT AND EDUCATION, STAR AND ITS PARTNERS CO-CREATED TWO NEW WEBSITES, THE OPENCRITICALCARE.ORG PORTAL, WITH 29,124 TOTAL USERS FROM 179 COUNTRIES, AND THE WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS (WFSA) ANAESTHESIA TUTORIAL OF THE WEEK (ATOTW) WEBSITE, WITH 59,591 TOTAL USERS FROM 210 COUNTRIES. UCSF PROVIDED REMOTE TECHNICAL ASSISTANCE TO USAID IMPLEMENTING PARTNERS AND IN-COUNTRY PARTNERS BY EXPANDING THE FAQ TO ADDRESS KEY QUESTIONS AND HOSTING HOUR-LONG, BI-WEEKLY CALLS WITH OXYGEN ECOSYSTEM IMPLEMENTING PARTNERS. UCSF EXPANDED THE TAG TO INCLUDE MORE THAN 30 RESPIRATORY AND CRITICAL CARE SUBJECT MATTER EXPERTS. IN ADDITION, STAR ORGANIZED AND HOSTED A COVID-19 CLINICAL TA WEBINAR SERIES THAT INCLUDED FIVE WEBINARS WITH MORE THAN 651 PARTICIPANTS.</p> |
| <p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p> | <p>(EXPENSES \$60,521,586 INCLUDING GRANTS OF \$10,066,549)(REVENUE \$8,137,235)</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 1000 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> |

| Return Reference - Identifier | Explanation | | | | | | | | | | | | | | | |
|--|--|------------------------------|-------------------------------------|------------------------------|-------------------------------------|--------------------------|-------------------------|------------|------------|---------|--|--------------|-------------------|-------------------|----------------|----------|
| 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> <p>(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.</p> | | | | | | | | | | | | | | | |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | <p>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.</p> | | | | | | | | | | | | | | | |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY | <p>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.</p> | | | | | | | | | | | | | | | |
| 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 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 SEPTEMBER 2020.</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 OFFICERS 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 OFFICERS AND KEY EMPLOYEES, BASED UPON GUIDELINES ESTABLISHED UNDER PHI'S COMPENSATION POLICIES AND PROCEDURES. THE LAST OFFICER/KEY EMPLOYEE COMPENSATION REVIEW TOOK PLACE IN MAY 2020.</p> | | | | | | | | | | | | | | | |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | <p>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.</p> | | | | | | | | | | | | | | | |
| FORM 990, PART VII, SECTION A - COMPENSATION | <p>SUSAN WATSON 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.</p> | | | | | | | | | | | | | | | |
| FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES | <table border="1"> <thead> <tr> <th data-bbox="467 1602 751 1671">(a) Description</th> <th data-bbox="760 1602 946 1671">(b) Total Expenses</th> <th data-bbox="954 1602 1133 1671">(c) Program Service Expenses</th> <th data-bbox="1141 1602 1320 1671">(d) Management and General Expenses</th> <th data-bbox="1328 1602 1513 1671">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1675 751 1724">OTHER FEES FOR SERVICES</td> <td data-bbox="760 1675 946 1724">17,423,591</td> <td data-bbox="954 1675 1133 1724">17,094,426</td> <td data-bbox="1141 1675 1320 1724">329,165</td> <td data-bbox="1328 1675 1513 1724"></td> </tr> <tr> <td data-bbox="467 1728 751 1759">Total</td> <td data-bbox="760 1728 946 1759">17,423,591</td> <td data-bbox="954 1728 1133 1759">17,094,426</td> <td data-bbox="1141 1728 1320 1759">329,165</td> <td data-bbox="1328 1728 1513 1759">0</td> </tr> </tbody> </table> | (a) Description | (b) Total Expenses | (c) Program Service Expenses | (d) Management and General Expenses | (e) Fundraising Expenses | OTHER FEES FOR SERVICES | 17,423,591 | 17,094,426 | 329,165 | | Total | 17,423,591 | 17,094,426 | 329,165 | 0 |
| (a) Description | (b) Total Expenses | (c) Program Service Expenses | (d) Management and General Expenses | (e) Fundraising Expenses | | | | | | | | | | | | |
| OTHER FEES FOR SERVICES | 17,423,591 | 17,094,426 | 329,165 | | | | | | | | | | | | | |
| Total | 17,423,591 | 17,094,426 | 329,165 | 0 | | | | | | | | | | | | |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
PUBLIC HEALTH INSTITUTE

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

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 | 68,298 | PUBLIC HEALTH INSTITUTE |
| (2) INSTITUTO DE SAUDE PUBLICA DO BRASIL (94-1646278) AVIENDA ENGENGEREIRO LUIZ CARLOS BERRINI, N 1748, 22ND FL, SAO PAULO, 04571, BR | HEALTH SERVICES | BRAZIL | 0 | 0 | PUBLIC HEALTH INSTITUTE |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

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

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) | | | | | | | | | | | | | |