

PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2022****Open to Public Inspection**

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|-------------------|--|--|--|------------|------------------------|------------|---|--|---|--|--|--|--|--|--------------------------------------|--|--|---|--|---|
| A For the 2022 calendar year, or tax year beginning , 2022 , and ending , 20 | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization PUBLIC HEALTH INSTITUTE</td> <td>D Employer identification number 94-1646278</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number (510) 285-5500</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>555 12TH STREET</td> <td>600</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94607-4046</td> <td rowspan="2">G Gross receipts \$ 256,663,773</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: DR. MARY A. PITTMAN SAME AS C ABOVE</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number </td> </tr> <tr> <td colspan="2">J Website: WWW.PHI.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 1964 M State of legal domicile: CA</td> </tr> </table> | C Name of organization PUBLIC HEALTH INSTITUTE | | D Employer identification number 94-1646278 | Doing business as | | E Telephone number (510) 285-5500 | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | 555 12TH STREET | 600 | City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94607-4046 | | G Gross receipts \$ 256,663,773 | F Name and address of principal officer: DR. MARY A. PITTMAN SAME AS C ABOVE | | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number | J Website: WWW.PHI.ORG | | | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1964 M State of legal domicile: CA |
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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 12 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) 4 10 |
| | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 1,353 |
| | 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) 154,496,751 150,367,058 |
| | 9 | Program service revenue (Part VIII, line 2g) 89,046,134 104,687,866 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 84,081 (76,666) |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 243,626,966 254,978,258 |
| | Expenses | 13 |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 126,162,567 116,482,184 |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) 0 0 |
| b | | Total fundraising expenses (Part IX, column (D), line 25) 2,022 |
| 17 | | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 39,434,798 58,836,155 |
| 18 | | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 253,145,928 252,798,870 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 (9,518,962) 2,179,388 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) 88,444,791 147,605,072 |
| | 21 | Total liabilities (Part X, line 26) 38,638,413 96,139,293 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 49,806,378 51,465,779 |

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 DERRICK BROWNING, INTERIM CHIEF FINANCIAL OFFICER | Date | | | |
| | Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name DIANE KIRMACI | Preparer's signature DIANE KIRMACI | Date 11/07/2023 | Check <input type="checkbox"/> if self-employed | PTIN P01578407 |
| | Firm's name CROWE LLP | Firm's EIN 35-0921680 | | | |
| | Firm's address 575 MARKET STREET, SUITE 3300, SAN FRANCISCO, CA 94105-5829 | Phone no. (415) 576-1100 | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2022)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 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 \$ 66,113,489 including grants of \$ 36,209,011) (Revenue \$ 66,113,489)
CHILDREN'S ONCOLOGY GROUP COORDINATING CENTER, MONROVIA, CA, AT THE PUBLIC HEALTH INSTITUTE,
SERVES AS THE CHILDREN'S ONCOLOGY GROUP COORDINATING CENTER (COGCC) IN MONROVIA, CALIFORNIA.
COGCC IS THE PRIMARY PROGRAM HEADQUARTERS FOR THE OPERATIONS OF THE CHILDREN'S ONCOLOGY GROUP
(COG), PROVIDING ADMINISTRATIVE AS WELL AS STATISTICAL AND DATA MANAGEMENT SUPPORT. THE
CHILDREN'S ONCOLOGY GROUP, A CLINICAL TRIALS GROUP SUPPORTED BY THE NATIONAL CANCER INSTITUTE,
IS THE WORLD'S LARGEST ORGANIZATION DEVOTED EXCLUSIVELY TO CHILDHOOD AND ADOLESCENT CANCER
RESEARCH. COG BRINGS TOGETHER MORE THAN 10,000 EXPERTS IN CHILDHOOD CANCER AT MORE THAN 200
INSTITUTIONS. THEY SUPPORT CLINICAL RESEARCH TRIALS THAT STUDY AND DETERMINE THE UNDERLYING
BIOLOGY OF CHILDHOOD CANCERS, EMERGING TREATMENTS, SUPPORTIVE CARE, AND SURVIVORSHIP, AND CARE
FOR 80-90% OF THE 13,500 CHILDREN AND ADOLESCENTS DIAGNOSED WITH CANCER EACH YEAR.
COG IS STRUCTURED TO MAXIMIZE EFFICIENCY, PROMOTE COLLABORATION, AND RETAIN THE FLEXIBILITY TO
(CONTINUED ON SCHEDULE O)
- 4b** (Code:) (Expenses \$ 29,410,262 including grants of \$ 1,677,742) (Revenue \$ 18,682,728)
SUSTAINING TECHNICAL AND ANALYTIC RESOURCES (STAR) IS A PROGRAM OF THE PUBLIC HEALTH INSTITUTE
IMPLEMENTED IN PARTNERSHIP WITH THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF) AND THE ASPEN
MANAGEMENT PARTNERSHIP FOR HEALTH (AMP HEALTH), AND SUPPORTED BY THE UNITED STATES AGENCY FOR
INTERNATIONAL DEVELOPMENT (USAID).
STAR OFFERS PAID FELLOWSHIPS AND INTERNSHIPS FOR DYNAMIC, MULTIDISCIPLINARY, MISSION-DRIVEN
LEADERS AT ALL CAREER LEVELS. STAR PROVIDES PARTICIPANTS WITH IMMERSIVE EXPERIENCES AT GLOBAL
HEALTH ORGANIZATIONS AND INSTITUTIONS TO BUILD CAPACITY AND CONTRIBUTE TECHNICAL EXPERTISE TO
ADDRESS HIGH-IMPACT NEEDS. STAR FELLOWS AND INTERNS PARTICIPATE IN CUSTOMIZED AND CURATED
LEARNING ACTIVITIES TO ENHANCE KNOWLEDGE AND SKILLS GROWTH, EXPAND PROFESSIONAL NETWORKS, AND
SUPPORT CAREER DEVELOPMENT.
STAR PARTICIPANTS ARE PLACED AT USAID HEADQUARTERS OFFICES AND FIELD MISSIONS, UNITED NATIONS
(CONTINUED ON SCHEDULE O)
- 4c** (Code:) (Expenses \$ 19,891,649 including grants of \$ 12,566,539) (Revenue \$ 19,891,649)
THE PUBLIC HEALTH INSTITUTE SERVES AS THE FISCAL SPONSOR AND PARTNER FOR THE CENTER FOR WELLNESS
AND NUTRITION (PHI CWN), WHICH IS HEADQUARTERED IN SACRAMENTO, CALIFORNIA.
PHI CWN IS A NATIONAL LEADER IN DEVELOPING CAMPAIGNS, PROGRAMS, AND PARTNERSHIPS TO PROMOTE
WELLNESS AND EQUITABLE HEALTH PRACTICES IN THE MOST VULNERABLE COMMUNITIES WORLDWIDE. PHI CWN
HAS ESTABLISHED RELATIONSHIPS WITH LOCAL, STATE, NATIONAL, AND INTERNATIONAL ORGANIZATIONS, AND
THROUGH EDUCATION, TRAINING, TECHNICAL ASSISTANCE, ADVOCACY, AND EVALUATION, WORKS TO MAKE
HEALTH ACCESSIBLE FOR ALL.
PHI CWN IS A REBRAND OF A PROGRAM THAT HAS BEEN INSTRUMENTAL FOR MORE THAN A DECADE IN ADVANCING
SNAP-ED ACROSS CALIFORNIA AND USDA FNS SOUTHEASTERN REGION AND HAS LED PROJECTS TO IMPROVE
PUBLIC HEALTH IN GLOBAL LOCATIONS SUCH AS PUERTO RICO, PALAU, CHEROKEE NATION, AFRICA, LATIN
AMERICA, AND ASIA. PHI CWN'S WORK IS SPREAD ACROSS 40 STATES, AND IT PARTNERS WITH 377
(CONTINUED ON SCHEDULE O)
- 4d** Other program services (Describe on Schedule O.)
 (Expenses \$ 109,007,323 including grants of \$ 27,027,239) (Revenue \$ 0)
- 4e** Total program service expenses 224,422,723

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | ✓ |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | ✓ |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | ✓ |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | ✓ |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | ✓ |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | ✓ |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | ✓ |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | ✓ |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | ✓ |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | ✓ |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | ✓ |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | ✓ |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | ✓ |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | ✓ |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | ✓ |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | ✓ |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ✓ |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | ✓ |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | ✓ |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | ✓ |

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

| | Yes | No |
|---|-----------|-----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 345 |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | ✓ |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | Yes | No |
|---|---|-----------------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 1,353 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 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 the 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 | | ✓ |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | | |

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

Section A. Governing Body and Management

| | | Yes | No |
|--|---|-------------------------------------|-------------------------------------|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 12 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1b 10 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | <input checked="" type="checkbox"/> |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | <input checked="" type="checkbox"/> |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | <input checked="" type="checkbox"/> |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | <input checked="" type="checkbox"/> |
| 6 Did the organization have members or stockholders? | 6 | | <input checked="" type="checkbox"/> |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | <input checked="" type="checkbox"/> |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | <input checked="" type="checkbox"/> |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | <input checked="" type="checkbox"/> | |
| b Each committee with authority to act on behalf of the governing body? | 8b | <input checked="" type="checkbox"/> | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | <input checked="" type="checkbox"/> |

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

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

Section C. Disclosure

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

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
DERRICK BROWNING, 555 12TH STREET, SUITE 600, OAKLAND, CA 94607-4046, (510) 285-5654

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (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 | ✓ | | ✓ | | | | 644,344 | 0 | 61,518 |
| (2) B. MELANGE MATTHEWS EXEC VP & CHIEF OPERATING OFFICER | 40.0 | | | | ✓ | | | 395,261 | 0 | 52,774 |
| (3) LEAH WILLIAMS CHIEF LEGAL OFFICER | 40.0 | | | | ✓ | | | 296,941 | 0 | 66,071 |
| (4) ISRAEL GHEBRETINSAE CHIEF FINANCIAL OFFICER | 40.0 | | | ✓ | | | | 302,617 | 0 | 57,056 |
| (5) BAKER MAGGWA EXPERT ADVISORY PROFESSIONAL | 40.0 | | | | | ✓ | | 276,929 | 0 | 61,888 |
| (6) VALERIE MCCANN WOODSON CHIEF HUMAN RESOURCES OFFICER | 40.0 | | | | ✓ | | | 282,939 | 0 | 52,047 |
| (7) MATTHEW MARSOM CHIEF OF PROGRAMS, POLICY & GOVT RELATIONS | 40.0 | | | | ✓ | | | 285,110 | 0 | 36,349 |
| (8) AMY BLOOM UNIQUELY SKILLED SR TECH EXPERT | 40.0 | | | | | ✓ | | 275,054 | 0 | 39,572 |
| (9) DORCAS MUTETEKE SENIOR TECHNICAL ADVISOR II | 40.0 | | | | | ✓ | | 277,051 | 0 | 27,938 |
| (10) RAZ STEVENSON SENIOR TECHNICAL ADVISOR II | 40.0 | | | | | ✓ | | 252,961 | 0 | 50,991 |
| (11) DAVID HAUSNER PROGRAM DIRECTOR IV | 40.0 | | | | ✓ | | | 207,985 | 0 | 55,876 |
| (12) DOUG JUTTE SR ENTERPRISE APPLICATIONS DIRECTOR | 40.0 | | | | | ✓ | | 236,095 | 0 | 25,091 |
| (13) SUSAN WATSON PROGRAM DIRECTOR IV | 40.0 | ✓ | | | | | | 202,320 | 0 | 31,814 |
| (14) ADAEZE ENEKWECHI VICE 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 BOARD CHAIR | 1.0 | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | 0 | 0 | 0 |
| (16) SANTIAGO MUÑOZ SECRETARY/TREASURER | 1.0 | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | 0 | 0 | 0 |
| (17) AFIA ASAMOAH BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (18) ANDREW PINES BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (19) ANTHONY BARRUETA BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (20) NICK MACCHIONE BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (21) PAUL KUEHNERT BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (22) RADHA MUTHIAH BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (23) SERGIO GAXIOLA BOARD MEMBER | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 3,935,607 | 0 | 618,985 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 3,935,607 | 0 | 618,985 |

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 **283**

| | 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 type="checkbox"/> | <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"/> | <input 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 type="checkbox"/> | <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 | 10,621,304 |
| VELOCITY GLOBAL, LLC, 1701 PLATTE STREET, SUITE 210, DENVER, CO 80202 | PROJECT CONSULTANT | 726,285 |
| SUJATA N CHAUDHURY, 4 CENTURY HILL DRIVE, LATHAM, NY 12110 | PROJECT CONSULTANT | 487,872 |
| DAVIDOFF COMMUNICATIONS, LLC, 816 MONTICELLO PLACE, EVANSTON, IL 60201 | TECHNICAL SUPPORT | 333,700 |
| O&G RACIAL EQUITY COLLABORATIVE, LLC, 624 TYVOLA ROAD, SUITE 103, #263, CHARLOTTE, NC 28217 | TECHNICAL SUPPORT | 253,606 |

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 **16**

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|--|---|------------|------------------------|--|--------------------------------------|---|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 112,791,955 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 37,575,103 | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 0 | | | |
| | h | Total. Add lines 1a-1f | | 150,367,058 | | | |
| Program Service Revenue | | | | Business Code | | | |
| | 2a | CONTRACTS | | 900099 | 104,687,866 | 104,687,866 | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue . . | | 0 | 0 | 0 | 0 |
| g | Total. Add lines 2a-2f | | | 104,687,866 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 142,944 | | 142,944 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross rents | 6a | (i) Real 945,422 | | | |
| | b | Less: rental expenses | 6b | 945,422 | | | |
| | c | Rental income or (loss) | 6c | 0 | 0 | | |
| | d | Net rental income or (loss) | | | 0 | | 0 |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Securities 520,483 | | | |
| | b | Less: cost or other basis and sales expenses . . | 7b | 740,093 | | | |
| | c | Gain or (loss) | 7c | (219,610) | 0 | | |
| | d | Net gain or (loss) | | | (219,610) | | (219,610) |
| | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| | b | Less: direct expenses | 8b | | | | |
| | c | Net income or (loss) from fundraising events | | | | | |
| | 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 | | | | |
| | b | Less: cost of goods sold | 10b | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | | | Business Code | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | 0 | 0 | 0 | 0 |
| e | Total. Add lines 11a-11d | | | 0 | | | |
| 12 | Total revenue. See instructions | | | 254,978,258 | 104,687,866 | 0 | (76,666) |

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 | 74,247,084 | 74,247,084 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 3,233,447 | 3,233,447 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,031,022 | 1,331,130 | 1,699,892 | 0 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 87,645,441 | 71,949,710 | 15,695,667 | 64 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 6,612,146 | 5,462,599 | 1,149,542 | 5 |
| 9 Other employee benefits | 12,716,218 | 10,808,785 | 1,907,433 | 0 |
| 10 Payroll taxes | 6,477,357 | 5,323,208 | 1,154,143 | 6 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 394,334 | | 394,334 | |
| c Accounting | 121,899 | | 121,899 | |
| d Lobbying | 135,188 | 37,464 | 97,724 | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 44,901,967 | 42,481,826 | 2,420,141 | 0 |
| 12 Advertising and promotion | 47,313 | 37,855 | 7,738 | 1,720 |
| 13 Office expenses | 4,603,624 | 3,401,069 | 1,202,555 | |
| 14 Information technology | 162,595 | 36,181 | 126,414 | |
| 15 Royalties | | | | |
| 16 Occupancy | 2,364,630 | 1,609,355 | 755,275 | |
| 17 Travel | 1,988,390 | 1,928,702 | 59,688 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 591,921 | 573,945 | 17,976 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 557,833 | | 557,833 | |
| 23 Insurance | 201,782 | 10,785 | 190,997 | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a TRAINING & DEVELOPMENT | 1,636,050 | 1,457,956 | 178,094 | |
| b OTHER EXPENSES | 1,128,629 | 491,622 | 636,780 | 227 |
| c | | | | |
| d | | | | |
| e All other expenses | 0 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 252,798,870 | 224,422,723 | 28,374,125 | 2,022 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 23,872,521 | 1 | 48,227,080 |
| | 2 Savings and temporary cash investments | 27,320,799 | 2 | 24,071,225 |
| | 3 Pledges and grants receivable, net | 31,829,241 | 3 | 59,294,306 |
| | 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 | 412,495 | 9 | 1,914,114 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,722,299 | | |
| | b Less: accumulated depreciation | 10b 4,030,022 | | |
| | 11 Investments—publicly traded securities | 984,615 | 10c 692,277 | |
| | 12 Investments—other securities. See Part IV, line 11 | 3,706,924 | 11 | 6,631,351 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 12 | 0 |
| | 14 Intangible assets | 0 | 13 | 0 |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 318,196 | 15 | 6,774,719 | |
| Liabilities | 17 Accounts payable and accrued expenses | 88,444,791 | 16 | 147,605,072 |
| | 18 Grants payable | 25,186,049 | 17 | 38,775,566 |
| | 19 Deferred revenue | | 18 | |
| | 20 Tax-exempt bond liabilities | 13,095,564 | 19 | 50,602,842 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 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 | 21 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 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 | | 24 | |
| | 26 Total liabilities. Add lines 17 through 25 | 356,800 | 25 | 6,760,885 |
| Net Assets or Fund Balances | 27 Net assets without donor restrictions | 38,638,413 | 26 | 96,139,293 |
| | 28 Net assets with donor restrictions | | 27 | 18,526,211 |
| | 29 Capital stock or trust principal, or current funds | | 28 | 32,939,568 |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 29 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 30 | |
| | 32 Total net assets or fund balances | 49,806,378 | 31 | 51,465,779 |
| | 33 Total liabilities and net assets/fund balances | 88,444,791 | 32 | 147,605,072 |
| | 33 Total liabilities and net assets/fund balances | | 33 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 254,978,258 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 252,798,870 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,179,388 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 49,806,378 |
| 5 | Net unrealized gains (losses) on investments | 5 | (519,987) |
| 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 | 51,465,779 |

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | ✓ | |
| 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)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|------------|------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 52,150,662 | 22,917,247 | 110,230,613 | 154,496,751 | 150,367,058 | 490,162,331 |
| 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 | 53,348,662 | 24,115,247 | 111,428,613 | 155,694,751 | 151,565,058 | 496,152,331 |
| 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) | | | | | | 84,531,057 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 411,621,274 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|------------|------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 53,348,662 | 24,115,247 | 111,428,613 | 155,694,751 | 151,565,058 | 496,152,331 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 0 | 181,157 | 84,103 | 84,081 | 1,088,366 | 1,437,707 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 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 | | | | | | 497,590,038 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 436,120,359 |
| 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 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 82.72 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 93.40 % |
| 16a 33¹/₃% support test—2022. 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 33¹/₃% support test—2021. 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—2022. 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—2021. 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 on 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 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . . | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2022. 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—2021. 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 on line 12 of 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? 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. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 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? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 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))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 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)? If "Yes," answer line 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described on line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described on 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 on 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. | | | |
| 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 on 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). | | |

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

| Section D—Distributions | | Current Year | |
|-------------------------|--|--------------|--|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 10 | |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 . . . | | | |
| b Excess from 2019 . . . | | | |
| c Excess from 2020 . . . | | | |
| d Excess from 2021 . . . | | | |
| e Excess from 2022 . . . | | | |

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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 | | \$ 47,966,767 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 28,823,270 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 19,799,235 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 14,120,176 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 11,298,697 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 4,171,141 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

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

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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) | 20,524 | 0 | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 114,664 | 0 | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 135,188 | 0 | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 224,287,535 | 0 | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 224,422,723 | 0 | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000 | 0 | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | 0 | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0 | 0 | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0 | 0 | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (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 | 80,373 | 93,223 | 80,966 | 135,188 | 389,750 |
| 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 | 8,918 | 40,883 | 71,914 | 20,524 | 142,239 |

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 expenditures next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | 5 | |

Part IV Supplemental Information

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

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

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

Part II Conservation Easements.

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

| | |
|---|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. | Held at the End of the Tax Year |
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | |
| 4 Number of states where property subject to conservation easement is located | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | |

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

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

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment

b Permanent endowment

c Term endowment

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 4,722,299 | 4,030,022 | 692,277 |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 692,277

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 | 87,902 |
| (3) OPERATING LEASE LIABILITY | 6,672,983 |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 6,760,885 |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 255,403,693 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | (519,987) |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | (519,987) |
| 3 | Subtract line 2e from line 1 | 3 | 255,923,680 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | (945,422) |
| c | Add lines 4a and 4b | 4c | (945,422) |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 254,978,258 |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 253,744,292 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 945,422 |
| e | Add lines 2a through 2d | 2e | 945,422 |
| 3 | Subtract line 2e from line 1 | 3 | 252,798,870 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 0 |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 252,798,870 |

Part XIII Supplemental Information.

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

SEE STATEMENT

Part XIII

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

| Return Reference - Identifier | Explanation | |
|--|-----------------|------------|
| SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE | (a) Description | (b) Amount |
| | RENTAL EXPENSES | - 945,422 |
| SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990 | (a) Description | (b) Amount |
| | RENTAL EXPENSES | 945,422 |

Part XIII

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

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE | <p>THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME AND FRANCHISE TAXES UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE, EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER INTERNAL REVENUE CODE SECTIONS 511 THROUGH 515. A PROVISION FOR INCOME TAXES HAS NOT BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE INSTITUTE IS NOT A PRIVATE FOUNDATION.</p> <p>FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, 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, 2022 AND 2021 NOR DOES IT EXPECT THERE WILL BE A MATERIAL CHANGE IN THE TWELVE MONTHS FOLLOWING THE YEAR ENDED DECEMBER 31, 2022. AS OF DECEMBER 31, 2022, THE INSTITUTE'S TAX YEARS ENDED DECEMBER 31, 2018 THROUGH DECEMBER 31, 2022 REMAIN SUBJECT TO EXAMINATION IN THE UNITED STATES FEDERAL TAX JURISDICTION AND THE TAX YEARS ENDED DECEMBER 31, 2017 THROUGH DECEMBER 31, 2022 REMAIN SUBJECT TO EXAMINATION IN THE CALIFORNIA STATE TAX JURISDICTION.</p> |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) SOUTH ASIA | 1 | 4 | PROGRAM SERVICES | TECHNICAL ASSISTANCE | 560,980 |
| (2) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | TECHNICAL ASSISTANCE | 79,144 |
| (3) EAST ASIA AND THE PACIFIC | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | TECHNICAL ASSISTANCE | 53,027 |
| (4) NORTH AMERICA (CANADA & MEXICO ONLY) | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | TECHNICAL ASSISTANCE | 12,000 |
| (5) SOUTH AMERICA | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | TECHNICAL ASSISTANCE | 119,707 |
| (6) SOUTH ASIA | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | TECHNICAL ASSISTANCE | 253,000 |
| (7) SUB-SAHARAN AFRICA | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | TECHNICAL ASSISTANCE | 330,404 |
| (8) EAST ASIA AND THE PACIFIC | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | RESEARCH | 765,182 |
| (9) NORTH AMERICA (CANADA & MEXICO ONLY) | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | RESEARCH | 1,620,983 |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 1 | 4 | | | 3,794,427 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 1 | 4 | | | 3,794,427 |

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) | | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 684,825 | WIRE | | | |
| (2) | | | EAST ASIA AND THE PACIFIC | RESEARCH | 195,212 | WIRE | | | |
| (3) | | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 157,630 | WIRE | | | |
| (4) | | | EAST ASIA AND THE PACIFIC | RESEARCH | 133,630 | WIRE | | | |
| (5) | | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 121,702 | WIRE | | | |
| (6) | | | SOUTH AMERICA | TECHNICAL ASSISTANCE | 119,707 | WIRE | | | |
| (7) | | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 115,510 | WIRE | | | |
| (8) | | | EAST ASIA AND THE PACIFIC | RESEARCH | 113,167 | WIRE | | | |
| (9) | | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 102,872 | WIRE | | | |
| (10) | | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 96,972 | WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 93,404 | WIRE | | | |
| (12) | | | SOUTH ASIA | TECHNICAL ASSISTANCE | 85,000 | WIRE | | | |
| (13) | | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 84,858 | WIRE | | | |
| (14) | | | EAST ASIA AND THE PACIFIC | RESEARCH | 65,862 | WIRE | | | |
| (15) | | | SOUTH ASIA | TECHNICAL ASSISTANCE | 64,000 | 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 . . . ▶

58

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) | | EAST ASIA AND THE PACIFIC | RESEARCH | 59,667 | WIRE | | | |
| (17) | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 57,978 | WIRE | | | |
| (18) | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 56,755 | WIRE | | | |
| (19) | | EAST ASIA AND THE PACIFIC | RESEARCH | 54,667 | WIRE | | | |
| (20) | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 54,625 | WIRE | | | |
| (21) | | EAST ASIA AND THE PACIFIC | TECHNICAL ASSISTANCE | 53,027 | WIRE | | | |
| (22) | | EAST ASIA AND THE PACIFIC | RESEARCH | 49,008 | WIRE | | | |
| (23) | | EAST ASIA AND THE PACIFIC | RESEARCH | 44,485 | WIRE | | | |
| (24) | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 39,452 | WIRE | | | |
| (25) | | EAST ASIA AND THE PACIFIC | RESEARCH | 30,842 | WIRE | | | |
| (26) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 30,000 | WIRE | | | |
| (27) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 30,000 | WIRE | | | |
| (28) | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 28,235 | WIRE | | | |
| (29) | | SOUTH ASIA | TECHNICAL ASSISTANCE | 20,000 | WIRE | | | |
| (30) | | SOUTH ASIA | TECHNICAL ASSISTANCE | 20,000 | WIRE | | | |
| (31) | | SOUTH ASIA | TECHNICAL ASSISTANCE | 20,000 | WIRE | | | |
| (32) | | SOUTH ASIA | TECHNICAL ASSISTANCE | 20,000 | WIRE | | | |
| (33) | | CENTRAL AMERICA AND THE CARIBBEAN | TECHNICAL ASSISTANCE | 19,144 | WIRE | | | |
| (34) | | EAST ASIA AND THE PACIFIC | RESEARCH | 18,642 | WIRE | | | |
| (35) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 15,000 | WIRE | | | |
| (36) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 15,000 | WIRE | | | |
| (37) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 15,000 | WIRE | | | |
| (38) | | NORTH AMERICA (CANADA & MEXICO ONLY) | RESEARCH | 13,867 | WIRE | | | |
| (39) | | NORTH AMERICA (CANADA & MEXICO ONLY) | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (40) | | SOUTH ASIA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (41) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (42) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (43) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (44) | | SOUTH ASIA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (45) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (46) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (47) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (48) | | SUB-SAHARAN | TECHNICAL | 12,000 | WIRE | | | |

| (a) Name of Organization | (b) IRS code section and EIN | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------------|---------------------------------------|---|-------------------------|--------------------------------|--|--|---|---|
| | | AFRICA | ASSISTANCE | | | | | |
| (49) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (50) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (51) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (52) | | SUB-SAHARAN AFRICA | TECHNICAL ASSISTANCE | 12,000 | WIRE | | | |
| (53) | | CENTRAL AMERICA AND THE CARIBBEAN | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (54) | | CENTRAL AMERICA AND THE CARIBBEAN | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (55) | | CENTRAL AMERICA AND THE CARIBBEAN | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (56) | | CENTRAL AMERICA AND THE CARIBBEAN | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (57) | | CENTRAL AMERICA AND THE CARIBBEAN | TECHNICAL ASSISTANCE | 10,000 | WIRE | | | |
| (58) | | CENTRAL AMERICA AND THE CARIBBEAN | TECHNICAL ASSISTANCE | 10,000 | 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 NORTH AMERICA (CANADA & MEXICO ONLY) -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 EAST ASIA AND THE PACIFIC -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL |

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) RESCUE AGENCY PUBLIC BENEFIT, LLC 2437 MORENA BLVD, SAN DIEGO, CA 92110 | 47-1335192 | | 1,189,235 | | | | TECHNICAL ASSISTANCE |
| (2) DRY POWDER WORKS 3120 GARDEN PARK WALK SW, ATLANTA, GA 30331 | 85-3345588 | | 2,079,132 | | | | CAPACITY BUILDING |
| (3) CHILDREN'S HOSPITAL OF PHILADELPHIA P.O. BOX 8500, PHILADELPHIA, PA 19178 | 23-1352166 | 501(C)(3) | 2,072,756 | | | | RESEARCH |
| (4) (SEE STATEMENT) | 91-0564748 | 501(C)(3) | 2,046,880 | | | | RESEARCH |
| (5) DANA-FARBER CANCER INSTITUTE, INC. P.O. BOX 412846, BOSTON, MA 02241-2846 | 04-2263040 | 501(C)(3) | 1,983,663 | | | | RESEARCH |
| (6) MIGRANT CLINICIANS NETWORK PO BOX 164285, AUSTIN, TX 78716 | 74-2662919 | 501(C)(3) | 1,929,354 | | | | CAPACITY BUILDING |
| (7) (SEE STATEMENT) | 95-1642394 | 501(C)(3) | 1,754,345 | | | | RESEARCH |
| (8) DIGNITY HEALTH 1400 E. CHURCH STREET, SANTA MARIA, CA 93454 | 94-1196203 | 501(C)(3) | 1,720,000 | | | | CAPACITY BUILDING |
| (9) BAYLOR COLLEGE OF MEDICINE P.O. BOX 301207, DALLAS, TX 75303-1207 | 74-1613878 | 501(C)(3) | 1,631,303 | | | | RESEARCH |
| (10) ADVENTIST HEALTH SYSTEM/WEST 1 ADVENTIST HEALTH WAY, ROSEVILLE, CA 95661 | 95-3484589 | 501(C)(3) | 1,475,000 | | | | TECHNICAL ASSISTANCE |
| (11) (SEE STATEMENT) | 84-0399006 | 501(C)(3) | 1,113,482 | | | | TECHNICAL ASSISTANCE |
| (12) (SEE STATEMENT) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 442

3 Enter total number of other organizations listed in the line 1 table 70

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 | | | | | |
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| Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. |
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(SEE STATEMENT)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (12) KAISER FOUNDATION HOSPITALS 1950 FRANKLIN STREET, 5TH FLOOR, OAKLAND, CA 94612 | 94-1105628 | 501(C)(3) | 1,071,075 | | | | RESEARCH |
| (13) NATIONAL COUNCIL ON AGING INC. 251 18TH ST. SOUTH, SUITE 500, ARLINGTON, VA 22202 | 13-1932384 | 501(C)(3) | 1,070,493 | | | | CAPACITY BUILDING |
| (14) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL P.O. BOX 78000, DETROIT, MI 48278-1653 | 31-6056230 | 501(C)(3) | 1,061,312 | | | | RESEARCH |
| (15) USAGING 1100 NEW JERSEY AVENUE SE, SUITE #350, WASHINGTON, DC 20003 | 52-1052345 | 501(C)(3) | 983,363 | | | | CAPACITY BUILDING |
| (16) PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. 650 UNIVERSITY AVE, SUITE 203, SACRAMENTO, CA 95825 | 95-2557063 | 501(C)(3) | 933,597 | | | | CAPACITY BUILDING |
| (17) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE, CINCINNATI, IL 45229 | 31-0833936 | 501(C)(3) | 841,431 | | | | RESEARCH |
| (18) PATHWAYS COMMUNITY HUB INSTITUTE, INC. 427 W DUSSEL DR., UNIT #117, MAUMEE, OH 43537 | 81-3738049 | 501(C)(3) | 840,000 | | | | TECHNICAL ASSISTANCE |
| (19) SUTTER BAY HOSPITALS 601 DUBOCE AVE., SUITE B109, B LEVEL SOUTH TOWER, SAN FRANCISCO, CA 94114 | 94-0562680 | 501(C)(3) | 830,000 | | | | TECHNICAL ASSISTANCE |
| (20) SUTTER VALLEY HOSPITALS PO BOX 619095, ROSEVILLE, CA 95661 | 94-1156621 | 501(C)(3) | 755,467 | | | | RESEARCH |
| (21) UNIVERSITY OF ALABAMA BIRMINGHAM 1600 7TH AVENUE SOUTH, LOWDER 608, BIRMINGHAM, AL 35233 | 63-6005396 | STATE OF AL | 731,797 | | | | RESEARCH |
| (22) THE REGENTS OF THE UNIVERSITY OF CA SAN FRANCISCO P.O. BOX 748872, LOS ANGELES, CA 90074- 4872 | 94-6036493 | STATE OF CA | 717,757 | | | | RESEARCH |
| (23) CHILDREN'S HOSPITAL COLORADO 13123 E. 16TH AVE., AURORA, CO 80045 | 84-0166760 | 501(C)(3) | 710,376 | | | | RESEARCH |
| (24) ANN & ROBERT H. LURIE CHILDREN'S 225 E. CHICAGO AVE , BOX 271, CHICAGO, IL 60611 | 36-2170833 | 501(C)(3) | 662,856 | | | | RESEARCH |
| (25) REGENTS OF UC SAN FRANCISCO P.O. BOX 748872, LOS ANGELES, CA 90074- 4872 | 94-6036493 | STATE OF CA | 596,385 | | | | RESEARCH |
| (26) UNIVERSITY OF FLORIDA 207 GRINTER HALL, GAINESVILLE, FL 32611 | 59-6002052 | STATE OF FL | 550,624 | | | | RESEARCH |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (27) PROVIDENCE ST. JOSEPH HEALTH FOUNDATION 440 NE HALSEY ST., SUITE 559, PORTLAND, OR 97213 | 94-3078543 | 501(C)(3) | 550,000 | | | | TECHNICAL ASSISTANCE |
| (28) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD, LOS ANGELES, CA 90027 | 95-1690977 | 501(C)(3) | 537,359 | | | | RESEARCH |
| (29) CHICAGO INTERNATIONAL SOCIAL CHANGE FILM FESTIVAL 23 E 26TH ST, UNIT 2, CHICAGO, IL 60616 | 90-0782008 | 501(C)(3) | 530,338 | | | | CAPACITY BUILDING |
| (30) ST JUDE CHILDREN'S RESEARCH HOSPITAL INC P.O. BOX 1000, DEPT. 949, MEMPHIS, TN 38148-0949 | 62-0646012 | 501(C)(3) | 528,367 | | | | RESEARCH |
| (31) CHILDREN'S RESEARCH INSTITUTE 1 INVENTA PLACE, WEST TOWER, 3RD FLOOR, SILVER SPRING, MD 20910 | 52-1654453 | 501(C)(3) | 521,212 | | | | RESEARCH |
| (32) REGENTS OF THE UNIVERSITY OF MINNESOTA P.O. BOX 1450, MINNEAPOLIS, MN 55485-5957 | 41-6007513 | STATE OF MN | 509,430 | | | | RESEARCH |
| (33) LATINO HEALTH ACCESS 450 W 4TH ST, SUITE 130, SANTA ANA, CA 92701-4562 | 33-0562943 | 501(C)(3) | 505,080 | | | | CAPACITY BUILDING |
| (34) UNITED WAY FOX CITIES, INC 1455 MIDWAY ROAD, MENASHA, WI 54915 | 39-0912895 | 501(C)(3) | 474,400 | | | | CAPACITY BUILDING |
| (35) NATIONAL INDIAN HEALTH BOARD 910 PENNSYLVANIA AVE SE, WASHINGTON, DC 20003 | 23-7226316 | 501(C)(3) | 469,488 | | | | CAPACITY BUILDING |
| (36) RIGHTS & DEMOCRACY EDUCATION FUND 70 S. WINOOSKI AVENUE, UNIT #205, BURLINGTON, VT 05401 | 47-5375511 | 501(C)(3) | 449,997 | | | | CAPACITY BUILDING |
| (37) CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 W. LA VETA AVENUE, ORANGE, CA 92868 | 95-2321786 | 501(C)(3) | 443,127 | | | | RESEARCH |
| (38) INDIANA UNIVERSITY P.O. BOX 78000, DETROIT, MI 48278-0867 | 35-6001673 | STATE OF IN | 426,392 | | | | RESEARCH |
| (39) FRESNO METROPOLITAN MINISTRY 1055 VAN NESS AVENUE , STE.H, FRESNO, CA 93718 | 94-2181848 | 501(C)(3) | 419,877 | | | | CAPACITY BUILDING |
| (40) THE MEDICAL COLLEGE OF WISCONSIN, INC 8701 WATERTOWN PLANK RD., MILWAUKEE, WI 53226-0509 | 39-0806261 | 501(C)(3) | 418,735 | | | | RESEARCH |
| (41) UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO, MSC 09-5225, ALBUQUERQUE, NM 87131-0001 | 85-6000642 | STATE OF NM | 401,798 | | | | RESEARCH |
| (42) MEALS ON WHEELS AMERICA 1550 CRYSTAL DRIVE, SUITE 1004, ARLINGTON, VA 22202 | 23-7447812 | 501(C)(3) | 400,362 | | | | CAPACITY BUILDING |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (43) COOK COUNTY FAMILY CONNECTION, INC. 303 S. COLLEGE STREET, SPARKS, GA 31647 | 58-2642722 | 501(C)(3) | 400,000 | | | | CAPACITY BUILDING |
| (44) NATIONAL COALITION OF 100 BLACK WOMEN OF CENTRAL FLORIDA 815 HILLS STREET, ORLANDO, FL 32805 | 27-3533062 | | 400,000 | | | | CAPACITY BUILDING |
| (45) CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE, BADER ONE-BA138, BOSTON, MA 02115 | 04-2774441 | 501(C)(3) | 379,749 | | | | RESEARCH |
| (46) ICF MACRO, INC. P.O. BOX 775367, CHICAGO, IL 60677-5367 | 52-0955232 | | 374,759 | | | | RESEARCH |
| (47) HEALTHFUL CARE, INC. 3031 TISCH WAY , STE 1093, SAN JOSE, CA 95128 | 87-2231800 | | 370,000 | | | | TECHNICAL ASSISTANCE |
| (48) EL SOL NEIGHBORHOOD EDUCATIONAL CENTER 1535 SOUTH D STREET, SAN BERNARDINO, CA 92408 | 33-0552297 | 501(C)(3) | 366,446 | | | | TECHNICAL ASSISTANCE |
| (49) TIDES CENTER P.O. BOX 889385, LOS ANGELES, CA 90088-9385 | 94-3213100 | 501(C)(3) | 355,500 | | | | TECHNICAL ASSISTANCE |
| (50) VANDERBILT UNIVERSITY MEDICAL CENTER P.O. BOX 121236, DALLAS, TX 75312-1236 | 35-2528741 | 501(C)(3) | 351,156 | | | | RESEARCH |
| (51) SCRIPPS HEALTH 10140 CAMPUS POINT ZONE, SAN DIEGO, CA 92121 | 95-1684089 | 501(C)(3) | 340,000 | | | | TECHNICAL ASSISTANCE |
| (52) REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131, PITTSBURGH, PA 15251-2131 | 38-6006309 | 501(C)(3) | 337,182 | | | | RESEARCH |
| (53) UNIVERSITY OF PITTSBURGH 500 ROSS STREET, 154-0455, PITTSBURGH, PA 15262-0001 | 25-0965591 | 501(C)(3) | 334,880 | | | | RESEARCH |
| (54) THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER P O BOX 841765, DALLAS, TX 75284-1765 | 75-6002868 | STATE OF TX | 334,459 | | | | RESEARCH |
| (55) UNIVERSITY OF UTAH 201 S PRESIDENTS CIR , RM 406, SALT LAKE CITY, UT 84112-9020 | 87-6000525 | 501(C)(3) | 334,434 | | | | RESEARCH |
| (56) FAMILY SUPPORT SERVICES OF AMARILLO PO BOX 31150, AMARILLO, TX 79120 | 75-0800642 | 501(C)(3) | 322,000 | | | | CAPACITY BUILDING |
| (57) CENTER FOR POPULAR DEMOCRACY, INC. 449 TROUTMAN STREET, SUITE A, BROOKLYN, NY 11237 | 45-3813436 | 501(C)(3) | 315,709 | | | | CAPACITY BUILDING |
| (58) MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVE, NEW YORK, NY 10065-6007 | 13-1924236 | 501(C)(3) | 300,127 | | | | RESEARCH |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (59) THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY PO BOX 884253, LOS ANGELES, CA 90088-4253 | 94-1156365 | 501(C)(3) | 299,999 | | | | RESEARCH |
| (60) CHILDREN'S HEALTH CARE 2525 CHICAGO AVE SOUTH, MINNEAPOLIS, MN 55404 | 41-1754276 | 501(C)(3) | 288,189 | | | | RESEARCH |
| (61) CURATIVE MEDICAL ASSOCIATES, INC. 279 E. ARROW HWY, STE. 201, SAN DIMAS, CA 91773 | 85-4098687 | | 284,751 | | | | CAPACITY BUILDING |
| (62) RESEARCH TRIANGLE INSTITUTE POST OFFICE BOX 896945, CHARLOTTE, NC 28289-6945 | 56-0686338 | 501(C)(3) | 284,388 | | | | RESEARCH |
| (63) VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDREN'S PLACE, MADERA, CA 93636 | 94-1294954 | 501(C)(3) | 271,293 | | | | RESEARCH |
| (64) KANSAS STATE UNIV RESEARCH FOUNDATION 2005 RESEARCH PARK CIRCLE, MANHATTAN, KS 66502-5020 | 48-6106237 | 501(C)(3) | 265,000 | | | | TECHNICAL ASSISTANCE |
| (65) MARIN COMMUNITY CLINIC 9 COMMERCIAL BLVD , STE 100, NOVATO, CA 94949 | 94-2237120 | 501(C)(3) | 255,507 | | | | CAPACITY BUILDING |
| (66) PIH HEALTH WHITTIER HOSPITAL 12401 WASHINGTON BLVD., WHITTIER, CA 90602 | 95-1934652 | 501(C)(3) | 255,000 | | | | TECHNICAL ASSISTANCE |
| (67) SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123 | 95-3492461 | 501(C)(3) | 255,000 | | | | TECHNICAL ASSISTANCE |
| (68) THE CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD, KANSAS CITY, MO 64108 | 44-0605373 | 501(C)(3) | 253,750 | | | | RESEARCH |
| (69) ST. JUDE CHILDREN'S RESEARCH HOSPITAL P.O. BOX 1000, MEMPHIS, TN 38148-0949 | 62-0646012 | 501(C)(3) | 252,859 | | | | RESEARCH |
| (70) NEW YORK UNIVERSITY P.O. BOX 415026, BOSTON, MA 02241-5026 | 13-5562308 | 501(C)(3) | 246,252 | | | | RESEARCH |
| (71) ASIAN RESOURCES, INC. 6270 ELDER CREEK ROAD, SACRAMENTO, CA 95824 | 94-2658135 | 501(C)(3) | 243,750 | | | | CAPACITY BUILDING |
| (72) COUNTY OF TULARE 5957 S. MOONEY BLVD., VISALIA, CA 93277 | 94-6000545 | TULARE COUNTY | 236,249 | | | | CAPACITY BUILDING |
| (73) WASHINGTON UNIVERSITY 660 S. EUCLID AVE, MSC 8208-0016-11, ST LOUIS, MO 63110-1010 | 43-0653611 | 501(C)(3) | 235,489 | | | | RESEARCH |
| (74) LOMA LINDA UNIVERSITY HEALTH 11234 ANDERSON STREET, LOMA LINDA, CA 92354 | 95-3804495 | 501(C)(3) | 228,750 | | | | RESEARCH |
| (75) FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024, SEATTLE, WA 98109-1024 | 23-7156071 | 501(C)(3) | 221,623 | | | | RESEARCH |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (76) KAREN ORGANIZATION OF SAN DIEGO 5354 UNIVERSITY AVENUE, SUITE 1, SAN DIEGO, CA 92105 | 27-2917644 | 501(C)(3) | 218,750 | | | | TECHNICAL ASSISTANCE |
| (77) THE REGENTS OF THE UNIVERSITY OF CA SACRAMENTO 4150 V STREET, SUITE 2100, SACRAMENTO, CA 95817 | 94-6036494 | STATE OF CA | 217,293 | | | | TECHNICAL ASSISTANCE |
| (78) THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK 35 STATE ST., ALBANY, NY 12207-2826 | 14-1368361 | 501(C)(3) | 215,084 | | | | RESEARCH |
| (79) OREGON HEALTH & SCIENCE UNIVERSITY PO BOX 3003, PORTLAND, OR 97208-3003 | 93-1176109 | STATE OF OR | 204,479 | | | | RESEARCH |
| (80) CONEJO HEALTH PO BOX 7741, WESTLAKE VILLAGE, CA 91359 | 83-3478457 | 501(C)(3) | 200,000 | | | | TECHNICAL ASSISTANCE |
| (81) CORE COMMUNITY ORGANIZED RELIEF EFFORT 6464 W. SUNSET BLVD, SUITE 530, LOS ANGELES, CA 90028 | 27-1703237 | 501(C)(3) | 200,000 | | | | CAPACITY BUILDING |
| (82) COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVE, FORT WORTH, TX 76104 | 75-2051646 | 501(C)(3) | 193,770 | | | | RESEARCH |
| (83) EMORY UNIVERSITY PO BOX 935084, ATLANTA, GA 31193 | 58-0566256 | 501(C)(3) | 184,099 | | | | RESEARCH |
| (84) REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES 10960 WILSHIRE BLVD, STE 1550, LOS ANGELES, CA 90024 | 95-6006143 | 501(C)(3) | 182,200 | | | | CAPACITY BUILDING |
| (85) THE REGENTS OF THE UNIVERSITY OF CA SAN DIEGO P.O. BOX 741539, LOS ANGELES, CA 90074-1539 | 95-6006144 | 501(C)(3) | 182,123 | | | | RESEARCH |
| (86) UNIVERSITY OF ILLINOIS AT CHICAGO 809 S MARSHFIELD AVE, CHICAGO, IL 60612-4305 | 37-6000511 | 501(C)(3) | 181,461 | | | | RESEARCH |
| (87) SKI TEAM PRODUCTIONS LLC 3328 N BARTLETT AVE, MILWAUKEE, WI 53211 | 86-2872873 | | 178,501 | | | | TECHNICAL ASSISTANCE |
| (88) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693 | 52-0595110 | 501(C)(3) | 175,681 | | | | RESEARCH |
| (89) LEVEL UP NORCAL 1681 E CYPRESS AVENUE, SUITE A, REDDING, CA 96002 | 83-2049794 | | 170,250 | | | | CAPACITY BUILDING |
| (90) FRESNO COMMUNITY HOSPITAL AND MEDICAL 1560 E. SHAW AVE, FRESNO, CA 93710 | 94-1156276 | 501(C)(3) | 170,000 | | | | TECHNICAL ASSISTANCE |
| (91) PHOENIX CHILDRENS HOSPITAL 1919 E. THOMAS ROAD, PHOENIX, AZ 85016-7710 | 86-0422559 | 501(C)(3) | 161,887 | | | | RESEARCH |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (92) NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE ROAD, VALHALLA, NY 10595 | 13-1099420 | 501(C)(3) | 158,823 | | | | RESEARCH |
| (93) STATE UNIVERSITY OF IOWA 200 HAWKINS DRIVE, IOWA CITY, IA 52242 | 42-6004813 | STATE OF IA | 158,533 | | | | RESEARCH |
| (94) EL CENTRO REGIONAL MEDICAL CENTER 1415 ROSS AVENUE, EL CENTRO, CA 92243 | 95-1915820 | | 154,000 | | | | TECHNICAL ASSISTANCE |
| (95) REGENTS OF THE UNIVERSITY OF COLORADO PO BOX 910238, DENVER, CO 80291-0238 | 84-6000555 | 501(C)(3) | 153,055 | | | | RESEARCH |
| (96) MAYO CLINIC P.O.BOX 4006, ROCHESTER, MN 55903-4006 | 41-6011702 | 501(C)(3) | 152,923 | | | | RESEARCH |
| (97) BIG VALLEY BAND OF POMO INDIANS 2726 MISSION RANCHERIA RD, LAKEPORT, CA 95453 | 68-0091190 | | 150,437 | | | | RESEARCH |
| (98) COUNTY OF SANTA CLARA PO BOX 888414, LOS ANGELES, CA 90088-8414 | 94-6000533 | SANTA CLARA COUNTY | 150,000 | | | | TECHNICAL ASSISTANCE |
| (99) EMANATE HEALTH 140 WEST COLLEGE STREET, COVINA, CA 91723-1515 | 95-3885523 | 501(C)(3) | 150,000 | | | | TECHNICAL ASSISTANCE |
| (100) HIV EDUCATION AND PREVENTION PROJECT PO BOX 7522, OAKLAND, CA 94601 | 94-3205535 | 501(C)(3) | 150,000 | | | | TECHNICAL ASSISTANCE |
| (101) SADDLEBACK MEMORIAL MEDICAL CENTER 24451 HEALTH CENTER DR, LAGUNA HILLS, CA 92653 | 95-2585792 | 501(C)(3) | 150,000 | | | | TECHNICAL ASSISTANCE |
| (102) ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC 1450 MEDICAL CENTER DRIVE, SUITE1, ROHNERT PARK, CA 94928 | 81-4791043 | 501(C)(3) | 150,000 | | | | TECHNICAL ASSISTANCE |
| (103) HERALD CHRISTIAN HEALTH CENTER 3401 AEROJET AVE., EL MONTE, CA 91731 | 20-3492620 | 501(C)(3) | 147,586 | | | | TECHNICAL ASSISTANCE |
| (104) CHILDREN'S PRIMARY CARE MEDICAL 3880 MURPHY CANYON ROAD, SUITE 201, SAN DIEGO, CA 92123 | 33-0662258 | | 142,959 | | | | CAPACITY BUILDING |
| (105) COUNTY OF CALAVERAS 891 MOUNTAIN RANCH ROAD, SAN ANDREAS, CA 95249 | 94-6000507 | CALAVERAS COUNTY | 142,117 | | | | CAPACITY BUILDING |
| (106) CALIFORNIA ASSOCIATION OF AFRICAN AMERICAN SUPERINTENDENTS AND ADMINISTRATORS 11856 BALBOA BLVD, UNIT #228, GRANADA HILLS, CA 91344 | 26-3944470 | 501(C)(3) | 141,637 | | | | TECHNICAL ASSISTANCE |
| (107) COMITE CIVICO DEL VALLE, INC. 235 MAIN STREET, BRAWLEY, CA 92227-1932 | 33-0411322 | 501(C)(3) | 141,500 | | | | TECHNICAL ASSISTANCE |
| (108) LITTLE MANILA FOUNDATION PO BOX 1356, STOCKTON, CA 95201 | 20-2661354 | 501(C)(3) | 141,000 | | | | CAPACITY BUILDING |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (109) MONTAGE HEALTH FOUNDATION 40 RYAN COURT, SUITE200, MONTEREY, CA 93940 | 81-2889645 | 501(C)(3) | 140,000 | | | | TECHNICAL ASSISTANCE |
| (110) CONSORTIUM OF UNIVERSITIES FOR GLOBAL 1608 RHODE ISLAND AVE, NW, STE 240, WASHINGTON, DC 20036 | 27-1481036 | 501(C)(3) | 139,993 | | | | RESEARCH |
| (111) BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN 21 N. PARK STREET, SUITE 6401, MADISON, WI 53715-1218 | 80-0770693 | 501(C)(3) | 139,768 | | | | RESEARCH |
| (112) STATE OF MISSISSIPPI 2500 NORTH STATE STREET, JACKSON, MS 39216-4505 | 64-6008520 | STATE OF MS | 136,251 | | | | RESEARCH |
| (113) CHILDREN'S HOSPITAL AND MEDICAL CENTER 8200 DODGE STREET, OMAHA, NE 68114-4114 | 47-0379754 | 501(C)(3) | 134,092 | | | | RESEARCH |
| (114) HMH HOSPITALS CORPORATION PO BOX 95000-7360, PHILADELPHIA, PA 19195-7360 | 22-1487576 | 501(C)(3) | 132,773 | | | | RESEARCH |
| (115) CHINATOWN SERVICE CENTER 767 N. HILL STREET, SUITE 400, LOS ANGELES, CA 90012 | 95-2918844 | 501(C)(3) | 132,066 | | | | CAPACITY BUILDING |
| (116) LEGACY EMANUEL HOSPITAL AND HEALTH 1919 NW LOVEJOY, PORTLAND, OR 97209 | 93-0386823 | 501(C)(3) | 130,686 | | | | RESEARCH |
| (117) HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY INC 343 SOQUEL AVENUE, #343, SANTA CRUZ, CA 95062 | 01-0826156 | | 130,087 | | | | CAPACITY BUILDING |
| (118) RANDOLPH COUNTY CARING COMMUNITY, INC 101 WEST COATES STREET, SUITE 201, MOBERLY, MO 65270 | 52-2199775 | 501(C)(3) | 130,000 | | | | CAPACITY BUILDING |
| (119) WEILL MEDICAL COLLEGE OF CORNELL PO BOX 22371, NEW YORK, NY 10087-2371 | 13-1623978 | | 125,139 | | | | RESEARCH |
| (120) COMMUNITY INITIATIVES 1000 BROADWAY, SUITE #480, OAKLAND, CA 94607 | 94-3255070 | 501(C)(3) | 123,750 | | | | CAPACITY BUILDING |
| (121) SCRIPT DEPOT LP 1619 FRANKLIN ROAD, YUBA CITY, CA 95993 | 81-1623813 | | 122,000 | | | | CAPACITY BUILDING |
| (122) MARSHALL MEDICAL CENTER 1100 MARSHALL WAY, PLACERVILLE, CA 95667 | 94-1450151 | 501(C)(3) | 121,667 | | | | TECHNICAL ASSISTANCE |
| (123) BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH SERVICES CENTER 865 RESEARCH PARKWAY, OKLAHOMA CITY, OK 73126-0901 | 73-1563627 | 501(C)(3) | 121,617 | | | | 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 |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (124) ILLINOIS INSTITUTE OF TECHNOLOGY 7562 SOLUTION CENTER, CHICAGO, IL 60677-7005 | 36-2170136 | 501(C)(3) | 121,028 | | | | RESEARCH |
| (125) PROVIDENCE HEALTH & SERVICES-WASHINGTON P.O. BOX 35143, SEATTLE, WA 98124 | 92-0016429 | | 120,012 | | | | RESEARCH |
| (126) WAKE FOREST UNIVERSITY HEALTH SCIENCES OFFICE OF SPONSORED PROGRAMS, WINSTON-SALEM, NC 27157 | 22-3849199 | 501(C)(3) | 119,388 | | | | RESEARCH |
| (127) TUFTS MEDICAL CENTER, INC. 800 WASHINGTON STREET, BOSTON, MA 02111 | 04-3400617 | 501(C)(3) | 118,427 | | | | RESEARCH |
| (128) CHRISTUS SANTA ROSA HEALTH CARE 315 N. SAN SABA ST., CHILDREN'S HOSPITAL OF SAN ANTONIO, SUITE #1135, SAN ANTONIO, TX 78207 | 74-1109665 | 501(C)(3) | 117,929 | | | | RESEARCH |
| (129) THE REGENTS OF THE UNIVERSITY OF CA DAVIS PO BOX 989062, WEST SACRAMENTO, CA 95798 | 94-6036494 | STATE OF CA | 115,000 | | | | TECHNICAL ASSISTANCE |
| (130) CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON STREET, HARTFORD, CT 06106 | 06-0646755 | 501(C)(3) | 114,549 | | | | RESEARCH |
| (131) PUEBLO Y SALUD, INC. 1024 NORTH MACLAY AVENUE, SUITE F, SAN FERNANDO, CA 91340 | 95-4348471 | 501(C)(3) | 112,900 | | | | TECHNICAL ASSISTANCE |
| (132) NANAEFUA AFOH-MANIN 10000 WASHINGTON BOULEVARD, STE 600, CULVER CITY, CA 90232 | 32-0556686 | 501(C)(3) | 112,210 | | | | TECHNICAL ASSISTANCE |
| (133) ST. JOHN'S WELL CHILD & FAMILY 808 W 58TH ST., LOS ANGELES, CA 90037 | 95-4067758 | 501(C)(3) | 111,864 | | | | TECHNICAL ASSISTANCE |
| (134) HUTRX PHARMACY INC. 737 COLUSA AVE, YUBA CITY, CA 95991 | 20-5686932 | | 111,551 | | | | CAPACITY BUILDING |
| (135) CIRCLE OF LIFE DEVELOPMENT FOUNDATION PO BOX 13153, BAKERSFIELD, CA 93389 | 84-4698001 | 501(C)(3) | 111,250 | | | | TECHNICAL ASSISTANCE |
| (136) THE FEINSTEIN INSTITUTES FOR MEDICAL RESEARCH PO BOX 95000-7530, PHILADELPHIA, PA 19195-7530 | 11-2673595 | 501(C)(3) | 111,060 | | | | RESEARCH |
| (137) ARROWHEAD REGIONAL MEDICAL CENTER 400 N PEPPER AVE., MOB, STE 107, COLTON, CA 92324 | 95-3213342 | 501(C)(3) | 110,000 | | | | TECHNICAL ASSISTANCE |
| (138) SANTA BARBARA NEIGHBORHOOD CLINICS 414 EAST COTA STREET, 1ST FLOOR, SANTA BARBARA, CA 93101 | 77-0496382 | 501(C)(3) | 110,000 | | | | CAPACITY BUILDING |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (139) ALL CHILDREN'S RESEARCH INSTITUTE, INC. 501 6TH AVENUE SOUTH, ST. PETERSBURG, FL 33701 | 59-2481742 | 501(C)(3) | 109,633 | | | | RESEARCH |
| (140) INSTITUTO FAMILIAR DE LA RAZA, INC. 2919 MISSION ST, SAN FRANCISCO, CA 94110 | 94-2523608 | 501(C)(3) | 109,372 | | | | TECHNICAL ASSISTANCE |
| (141) VALLEY CARE COMMUNITY CONSORITUM 7515 VAN NUYS BLVD., 5TH FLOOR, VAN NUYS, CA 91405 | 20-5569606 | 501(C)(3) | 109,195 | | | | TECHNICAL ASSISTANCE |
| (142) THE UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVENUE, SUITE 200, CHICAGO, IL 60637 | 36-2177139 | 501(C)(3) | 108,045 | | | | RESEARCH |
| (143) CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS 601 CHILDREN'S LANE, NORFOLK, VA 23507-1910 | 54-0506321 | 501(C)(3) | 107,885 | | | | RESEARCH |
| (144) NORTHERN CALIFORNIA CENTER FOR 500 DOYLE PARK , UNIT #304A, SANTA ROSA, CA 95404 | 93-1144835 | 501(C)(3) | 106,250 | | | | CAPACITY BUILDING |
| (145) BANNER HEALTH 901 E WILLET TA STREET, PHOENIX, AZ 85006 | 45-0233470 | 501(C)(3) | 105,266 | | | | RESEARCH |
| (146) UNIVERSITY OF NORTH CAROLINA PO BOX 402420, ATLANTA, GA 30384-2420 | 56-6001393 | 501(C)(3) | 105,011 | | | | RESEARCH |
| (147) COLUMBIA UNIVERSITY PO BOX 29789 GENERAL POST OFFICE, NEW YORK, NY 10087-9789 | 13-5598093 | 501(C)(3) | 104,712 | | | | RESEARCH |
| (148) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY PO BOX 601979, CHARLOTTE, NC 28260-1979 | 56-0529945 | | 103,942 | | | | RESEARCH |
| (149) INOVA HEALTH CARE SERVICES 8095 INNOVATION PARK DR, BLDG D, STE 705, FAIRFAX, VA 22031 | 54-0620889 | 501(C)(3) | 103,492 | | | | RESEARCH |
| (150) EARL HALL 4825 FERNWOOD COURT, FAIRFIELD, CA 94534 | 82-2740858 | 501(C)(3) | 102,500 | | | | CAPACITY BUILDING |
| (151) DUKE UNIVERSITY P.O. BOX 602651, CHARLOTTE, NC 28260-2651 | 56-0532129 | 501(C)(3) | 101,081 | | | | RESEARCH |
| (152) ASIAN YOUTH CENTER 100 CLARY AVENUE, SAN GABRIEL, CA 91776 | 33-0383691 | 501(C)(3) | 100,764 | | | | TECHNICAL ASSISTANCE |
| (153) ARKANSAS CHILDREN'S RESEARCH INSTITUTE 1 CHILDRENS WAY, SLOT 663, LITTLE ROCK, AR 72202-3159 | 71-0694931 | 501(C)(3) | 100,558 | | | | RESEARCH |
| (154) ALTAMED HEALTH SERVICES CORPORATION 2040 CAMFIELD AVENUE, LOS ANGELES, CA 90040 | 95-2810095 | 501(C)(3) | 100,000 | | | | CAPACITY BUILDING |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (155) CHICANO FEDERATION OF SAN DIEGO 3180 UNIVERSITY AVE., SUITE 400, SAN DIEGO, CA 92104 | 23-7085960 | 501(C)(3) | 100,000 | | | | CAPACITY BUILDING |
| (156) COMMUNITY FOUNDATION FOR MONTEREY COUNTY 2354 GARDEN ROAD, MONTEREY, CA 93940 | 94-1615897 | 501(C)(3) | 100,000 | | | | TECHNICAL ASSISTANCE |
| (157) EAST VALLEY COMMUNITY HEALTH CENTER, INC 420 S. GLENDORA AVE, WEST COVINA, CA 91790 | 23-7068586 | 501(C)(3) | 100,000 | | | | CAPACITY BUILDING |
| (158) LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL 11374 MOUNTAIN VIEW AVENUE, SUITE A, LOMA LINDA, CA 92354 | 46-3214504 | 501(C)(3) | 100,000 | | | | CAPACITY BUILDING |
| (159) PALOMAR HEALTH FOUNDATION 2125 CITRACADO PARKWAY, SUITE 340, ESCONDIDO, CA 92029 | 93-3573154 | 501(C)(3) | 100,000 | | | | TECHNICAL ASSISTANCE |
| (160) SCHOOL HEALTH CLINICS OF SANTA CLARA 6840 VIA DEL ORO, SUITE 210, SAN JOSE, CA 95119 | 77-0031679 | 501(C)(3) | 100,000 | | | | CAPACITY BUILDING |
| (161) VENTURA COUNTY COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD, STE A, CAMARILLO, CA 93012 | 77-0165029 | 501(C)(3) | 100,000 | | | | TECHNICAL ASSISTANCE |
| (162) WELLSPACE HEALTH 777 12TH STREET, SUITE 250, SACRAMENTO, CA 95814 | 94-1713704 | 501(C)(3) | 100,000 | | | | CAPACITY BUILDING |
| (163) COMMUNICARE HEALTH CENTERS PO BOX 1260, DAVIS, CA 95617 | 94-2188574 | 501(C)(3) | 99,928 | | | | CAPACITY BUILDING |
| (164) PENN STATE UNIVERSITY 500 UNIVERSITY DRIVE, HERSHEY, PA 17033-0850 | 24-6000376 | STATE OF PA | 99,367 | | | | RESEARCH |
| (165) SANTA BARBARA COTTAGE HOSPITAL P.O. BOX 689, SANTA BARBARA, CA 93102 | 95-1644629 | 501(C)(3) | 98,933 | | | | RESEARCH |
| (166) CONETOE FAMILY LIFE CENTER, INC 204 N RAILROAD STREET, P O BOX 203, CONETOE, NC 27819 | 56-2373189 | 501(C)(3) | 95,480 | | | | CAPACITY BUILDING |
| (167) MEMORIAL HEALTH SERVICES 17360 BROOKHURST STREET, FOUNTAIN VALLEY, CA 92708 | 95-1643381 | 501(C)(3) | 94,150 | | | | RESEARCH |
| (168) RADY CHILDREN'S HOSPITAL- SAN DIEGO 3020 CHILDREN'S WAY, MC 5149, SAN DIEGO, CA 92123 | 95-1691313 | 501(C)(3) | 90,060 | | | | CAPACITY BUILDING |
| (169) ALAMEDA HEALTH SYSTEM 2060 FAIRMONT DR, SAN LEANDRO, CA 94578 | 94-3302014 | | 90,000 | | | | TECHNICAL ASSISTANCE |
| (170) COUNTY OF SHASTA 2600 PARK MARINA DRIVE, REDDING, CA 96001 | 94-3002463 | SHASTA COUNTY | 90,000 | | | | CAPACITY BUILDING |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (171) NON-PROFIT HOUSING ASSOCIATION 369 PINE STREET, SUITE350, SAN FRANCISCO, CA 94104 | 94-2741597 | 501(C)(3) | 89,250 | | | | TECHNICAL ASSISTANCE |
| (172) ALBANY MEDICAL CENTER 47 NEW SCOTLAND AVE, MC 88, ALBANY, NY 12208-3479 | 14-1338310 | 501(C)(3) | 88,800 | | | | RESEARCH |
| (173) YALE UNIVERSITY P.O. BOX 1873, NEW HAVEN, CT 06508-1873 | 06-0646973 | 501(C)(3) | 88,081 | | | | RESEARCH |
| (174) UNIVERSITY OF KENTUCKY RESEARCH P.O. BOX 031113, CLEVELAND, OH 44193 | 61-6033693 | 501(C)(3) | 87,992 | | | | RESEARCH |
| (175) THE UNIVERSITY OF TEXAS P.O. BOX 4266, HOUSTON, TX 77210-4266 | 74-6001118 | STATE OF TX | 87,656 | | | | RESEARCH |
| (176) CA COALITION FOR RURAL HOUSING PROJECT 717 K STREET, STE. 400, SACRAMENTO, CA 95814 | 94-2832634 | 501(C)(3) | 85,000 | | | | TECHNICAL ASSISTANCE |
| (177) CFHS HOLDINGS, INC 4650 LINCOLN BLVD., MARINA DEL REY, CA 90292 | 20-1645949 | 501(C)(3) | 85,000 | | | | TECHNICAL ASSISTANCE |
| (178) COMMUNITY MEMORIAL HEALTH SYSTEM 147 N. BRENT STREET, HEALTH, MID-TOWN MEDICAL GROUP, VENTURA, CA 93003 | 95-1683892 | 501(C)(3) | 85,000 | | | | TECHNICAL ASSISTANCE |
| (179) OLIVE VIEW-UCLA EDUCATION & RESEARCH INS 14445 OLIVE VIEW DRIVE, SYLMAR, CA 91342-1495 | 95-2249539 | 501(C)(3) | 85,000 | | | | TECHNICAL ASSISTANCE |
| (180) POMONA VALLEY HOSPITAL MEDICAL CENTER 1798 N GAREY AVENUE, POMONA, CA 91767 | 95-1115230 | 501(C)(3) | 85,000 | | | | TECHNICAL ASSISTANCE |
| (181) SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE 733 CEDAR STREET, GARBerville, CA 95542 | 94-2664285 | | 85,000 | | | | TECHNICAL ASSISTANCE |
| (182) SUTTER COAST HOSPITAL PO BOX 619111, ROSEVILLE, CA 95661 | 94-2988520 | 501(C)(3) | 85,000 | | | | TECHNICAL ASSISTANCE |
| (183) TEMECULA VALLEY HOSPITAL 31700 TEMECULA PARKWAY, TEMECULA, CA 92592 | 46-1246570 | | 85,000 | | | | TECHNICAL ASSISTANCE |
| (184) UHS-CORONA INC 800 S MAIN ST, CORONA, CA 92882 | 52-1247839 | | 85,000 | | | | TECHNICAL ASSISTANCE |
| (185) USC ARCADIA HOSPITAL 300 W HUNTINGTON DR, ARCADIA, CA 91007 | 95-1643336 | 501(C)(3) | 85,000 | | | | TECHNICAL ASSISTANCE |
| (186) WATSONVILLE HOSPITAL HOLDINGS INC. 75 NIELSON STREET, WATSONVILLE, CA 95076 | 84-1941118 | | 85,000 | | | | TECHNICAL ASSISTANCE |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (187) YOUNG INVINCIBLES 1201 CONNECTICUT AVE NW., SUITE 600, WASHINGTON, DC 20036 | 46-2214021 | 501(C)(3) | 84,119 | | | | TECHNICAL ASSISTANCE |
| (188) SHASTA COUNTY CITIZENS AGAINST RACISM P.O. BOX 48, ANDERSON, CA 96007 | 68-0340000 | 501(C)(3) | 83,250 | | | | TECHNICAL ASSISTANCE |
| (189) ORLANDO HEALTH, INC. 1414 KUHL AVENUE, ORLANDO, FL 32806 | 59-1726273 | 501(C)(3) | 82,863 | | | | RESEARCH |
| (190) MULTICARE HEALTH SYSTEM PO BOX 5299,, MS: 1313-2-RS, TACOMA, WA 98415-0299 | 91-1352172 | 501(C)(3) | 82,377 | | | | RESEARCH |
| (191) NEWARK BETH ISRAEL MEDICAL CENTER, INC 201 LYONS AVE, NEWARK, NJ 07112 | 22-3452311 | 501(C)(3) | 80,983 | | | | RESEARCH |
| (192) COMMUNITIES CREATING OPPORTUNITY 2400 TROOST, SUITE 4600, KANSAS CITY, MO 64108 | 43-1127845 | 501(C)(3) | 80,011 | | | | TECHNICAL ASSISTANCE |
| (193) SPANISH SPEAKING UNITY COUNCIL 1900 FRUITVALE AVENUE, SUITE 2-A, OAKLAND, CA 94601 | 94-1670490 | 501(C)(3) | 78,860 | | | | TECHNICAL ASSISTANCE |
| (194) SOMALI FAMILY SERVICE OF SAN DIEGO 5348 UNIVERSITY AVENUE, SUITE 203, SAN DIEGO, CA 92105 | 91-2065038 | 501(C)(3) | 78,750 | | | | TECHNICAL ASSISTANCE |
| (195) LA FAMILIA SANA 233 N CLOVERDALE BLVD, CLOVERDALE, CA 95425 | 86-1711899 | 501(C)(3) | 77,250 | | | | CAPACITY BUILDING |
| (196) ST. MARY'S MEDICAL CENTER, INC 901 45TH STREET, WEST PALM BEACH, FL 33407 | 75-2932830 | | 76,759 | | | | RESEARCH |
| (197) BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 EAST DUARTE ROAD, DUARTE, CA 91010 | 95-3432210 | 501(C)(3) | 75,600 | | | | RESEARCH |
| (198) EISENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE, AHSB-SUITE 201, RANCHO MIRAGE, CA 92270 | 95-6130458 | 501(C)(3) | 75,000 | | | | TECHNICAL ASSISTANCE |
| (199) SPECIAL SERVICE FOR GROUPS, INC. 905 E. 8TH STREET, LOS ANGELES, CA 90021 | 95-1716914 | 501(C)(3) | 75,000 | | | | CAPACITY BUILDING |
| (200) ST. LUKE'S REGIONAL MEDICAL CENTER, LTD P.O. BOX 1663, BOISE, ID 83701-1663 | 82-0161600 | 501(C)(3) | 74,259 | | | | RESEARCH |
| (201) ST. JOSEPH'S UNIVERSITY MEDICAL CENTER 703 MAIN STREET, PATERSON, NJ 07503 | 22-1487602 | 501(C)(3) | 74,093 | | | | RESEARCH |
| (202) UNIVERSITY OF LOUISVILLE RESEARCH 300 E. MARKET STREET, SUITE 300, LOUISVILLE, KY 40202 | 61-1029626 | 501(C)(3) | 73,033 | | | | RESEARCH |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (203) THE AMELIA ANN ADAMS WHOLE LIFE CENTER 6702 INGLEWOOD AVE., SUITE K, STOCKTON, CA 95207 | 81-4694078 | 501(C)(3) | 72,500 | | | | CAPACITY BUILDING |
| (204) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 33 KNIGHTSBRIDGE RD, 2 EAST, PISCATAWAY, NJ 08854 | 22-6001086 | 501(C)(3) | 71,917 | | | | RESEARCH |
| (205) VALLEY ONWARD 3646 LOS ALTOS COURT, MERCED, CA 95348 | 85-3811059 | 501(C)(3) | 71,250 | | | | TECHNICAL ASSISTANCE |
| (206) CONTRA COSTA COUNTY 2500 BATES AVENUE, SUITE B, CONCORD, CA 94520 | 94-6000509 | CONTRA COSTA COUNTY | 70,000 | | | | TECHNICAL ASSISTANCE |
| (207) KAWEAH DELTA HOSPITAL FOUNDATION 216 SOUTH JOHNSON STREET, VISALIA, CA 93291 | 94-2675456 | 501(C)(3) | 70,000 | | | | TECHNICAL ASSISTANCE |
| (208) SAN FRANCISCO PUBLIC HEALTH FOUNDATION 1 HALLIDIE PLAZA , SUITE 808, SAN FRANCISCO, CA 94102 | 94-3117093 | 501(C)(3) | 70,000 | | | | TECHNICAL ASSISTANCE |
| (209) DAYTON CHILDRENS HOSPITAL ONE CHILDREN'S PLAZA, DAYTON, OH 45404 | 31-0672132 | 501(C)(3) | 69,235 | | | | RESEARCH |
| (210) NORTHEAST VALLEY HEALTH CORPORATION 1172 N. MACLAY AVENUE, SAN FERNANDO, CA 91340 | 23-7120632 | 501(C)(3) | 68,685 | | | | CAPACITY BUILDING |
| (211) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, CLEVELAND, OH 44106-7037 | 34-1018992 | 501(C)(3) | 67,818 | | | | RESEARCH |
| (212) EAST TENNESSEE CHILDRENS HOSPITAL 2018 CLINCH AVE, KNOXVILLE, TN 37916 | 62-6002604 | 501(C)(3) | 67,800 | | | | RESEARCH |
| (213) PRIME HEALTHCARE SERVICES-ST.FRANCIS,LLC 3630 EAST IMPERIAL HIGHWAY, LYNNWOOD, CA 90262 | 85-0737566 | | 67,500 | | | | TECHNICAL ASSISTANCE |
| (214) RACE FORWARD 145 E 57TH ST , 4TH FLOOR, NEW YORK, NY 10022 | 94-2759879 | 501(C)(3) | 66,000 | | | | CAPACITY BUILDING |
| (215) CENTRO BINACIONAL PARA EL DESARROLLO 2911 TULARE STREET, FRESNO, CA 93721 | 77-0337939 | 501(C)(3) | 63,750 | | | | CAPACITY BUILDING |
| (216) VISION Y COMPROMISO 1000 ALAMEDA STREET, SUITE350, LOS ANGELES, CA 90012 | 32-0071651 | 501(C)(3) | 63,346 | | | | TECHNICAL ASSISTANCE |
| (217) INDIANA UNIVERSITY PO.BOX 78000, DETROIT, MI 48278 | 35-6001673 | STATE OF IN | 62,902 | | | | RESEARCH |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (218) ADVENTIST HEALTH SYSTEM/SUNBELT, INC. 601 EAST ROLLINS STREET, ORLANDO, FL 32803-1248 | 59-0724459 | 501(C)(3) | 62,612 | | | | RESEARCH |
| (219) BARTON HEALTHCARE SYSTEM 2170 SOUTH AVENUE, SOUTH LAKE TAHOE, CA 96150 | 94-6050274 | 501(C)(3) | 61,667 | | | | CAPACITY BUILDING |
| (220) LEHIGH VALLEY HOSPITAL 2100 MACK BLVD, ALLENTOWN, PA 18103 | 23-1689692 | 501(C)(3) | 61,322 | | | | RESEARCH |
| (221) PROMEDICA RUSSELL J. EBEID CHILDREN'S 2142 N COVE BLVD., TOLEDO, OH 43606 | 34-4428256 | 501(C)(3) | 61,142 | | | | RESEARCH |
| (222) DREXEL UNIVERSITY PO BOX 95000-1090, PHILADELPHIA, PA 19195-1090 | 23-1352630 | 501(C)(3) | 60,825 | | | | RESEARCH |
| (223) SALVA 1224 E. AVE S, SUITE D, PALMDALE, CA 93550 | 83-0579527 | 501(C)(3) | 60,590 | | | | TECHNICAL ASSISTANCE |
| (224) BAYVIEW HUNTERS POINT COMMUNITY 2095 JERROLD AVENUE, SUITE 100, SAN FRANCISCO, CA 94124 | 94-3221152 | 501(C)(3) | 60,000 | | | | CAPACITY BUILDING |
| (225) LOS ANGELES COUNTY+USC MEDICAL CENTER 1200 N. STATE STREET, SUITE 1010, LOS ANGELES, CA 90033 | 95-4192908 | 501(C)(3) | 60,000 | | | | TECHNICAL ASSISTANCE |
| (226) WILLIAM BEAUMONT HOSPITAL 3811 WEST THIRTEEN MILE ROAD, SUITE 501, ROYAL OAK, MI 48073-6769 | 38-1459362 | 501(C)(3) | 59,834 | | | | RESEARCH |
| (227) DENVER YOUTH PROGRAM 1625 EAST 35TH AVE, DENVER, CO 80205 | 74-2486208 | 501(C)(3) | 58,625 | | | | CAPACITY BUILDING |
| (228) THE CLEVELAND CLINIC FOUNDATION P.O.BOX 931562, CLEVELAND, OH 44193 | 34-0714585 | 501(C)(3) | 58,435 | | | | RESEARCH |
| (229) COMMUNITY PARTNERS 425 ATLANTIC AVENUE, LONG BEACH, CA 90802 | 95-4302067 | 501(C)(3) | 57,500 | | | | CAPACITY BUILDING |
| (230) CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER 5250 AERO DR., SANTA ROSA, CA 95403 | 94-3244506 | 501(C)(3) | 57,250 | | | | TECHNICAL ASSISTANCE |
| (231) CENTRO DE UNIDAD POPULAR BENITO JUAREZ 9009 WEEDPATCH HWY, LAMONT, CA 93241 | 26-0525829 | | 56,250 | | | | CAPACITY BUILDING |
| (232) CULTIVA LA SALUD 2409 MERCED ST. SUITE 103, SUITE 103, FRESNO, CA 93721 | 84-3696370 | 501(C)(3) | 56,250 | | | | TECHNICAL ASSISTANCE |
| (233) METHODIST CHILDREN'S HOSPITAL LB 1132- PO BOX 35143, SEATTLE, WA 98124-5143 | 75-2428911 | 501(C)(3) | 56,244 | | | | RESEARCH |
| (234) COUNTY OF SAN JOAQUIN P O BOX 1020, STOCKTON, CA 95201 | 94-6000531 | SAN JOAQUIN COUNTY | 55,836 | | | | CAPACITY BUILDING |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (235) CATHOLIC CHARITIES OF THE DIOCESE OF STOCKTON 1106 N. EL DORADO STREET, STOCKTON, CA 95202 | 94-1629114 | 501(C)(3) | 55,500 | | | | CAPACITY BUILDING |
| (236) FAITH IN THE VALLEY 2027 E HARDING WAY, STOCKTON, CA 95205 | 77-0635938 | 501(C)(3) | 55,500 | | | | TECHNICAL ASSISTANCE |
| (237) THE GENERAL HOSPITAL CORPORATION 55 FRUIT ST, YAWKEY 8B-8893, BOSTON, MA 02114-2696 | 04-2697983 | 501(C)(3) | 55,342 | | | | RESEARCH |
| (238) SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS ROAD, SUITE 201, CALABASAS, CA 91302 | 95-4116679 | 501(C)(3) | 55,230 | | | | CAPACITY BUILDING |
| (239) SCOPA HAS A DREAM INC 16003 HEALDSBURG AVENUE, HEALDSBURG, CA 95448 | 27-3044487 | 501(C)(3) | 55,000 | | | | TECHNICAL ASSISTANCE |
| (240) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO P.O. BOX 1898, SAN ANTONIO, TX 78297-1898 | 74-1586031 | STATE OF TX | 54,849 | | | | RESEARCH |
| (241) ALMA FAMILY SERVICES 900 CORPORATE CENTER DRIVE, SUITE 350, MONTEREY PARK, CA 91754 | 95-2959331 | 501(C)(3) | 54,710 | | | | CAPACITY BUILDING |
| (242) SINAI HOSPITAL OF BALTIMORE, INC. 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215 | 52-0486540 | 501(C)(3) | 54,568 | | | | RESEARCH |
| (243) RHODE ISLAND HOSPITAL 167 POINT STREET, BOX 42, CORO EAST, SUITE 1A, ROOM 170, PROVIDENCE, RI 02903 | 05-0258954 | 501(C)(3) | 53,715 | | | | RESEARCH |
| (244) COLUMBIA HOSPITAL AT MEDICAL CITY DALLAS 7777 FOREST LANE, ATTN: RESEARCH, DALLAS, TX 75230 | 62-1682198 | | 53,500 | | | | RESEARCH |
| (245) URBAN LEAGUE OF METROPOLITAN ST. LOUIS 1408 NORTH KINGSHIGHWAY BLVD, SUITE 300, ST. LOUIS, MO 63113 | 43-0653605 | 501(C)(3) | 53,173 | | | | CAPACITY BUILDING |
| (246) EASTERN MAINE MEDICAL CENTER LFC1 33 WHITING HILL RD., BREWER, ME 04412 | 01-0211501 | 501(C)(3) | 52,738 | | | | RESEARCH |
| (247) UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING, ROCHESTER, NY 14627 | 16-0743209 | 501(C)(3) | 51,679 | | | | RESEARCH |
| (248) SARAH CANNON RESEARCH INSTITUTE LLC 250 25TH AVE N, , NASHVILLE, TN 37203 | 20-1557751 | | 51,050 | | | | RESEARCH |
| (249) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI BOX# 3500, ATTN: RAJ APPAVU, NEW YORK, NY 10029 | 13-6171197 | 501(C)(3) | 50,814 | | | | 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 |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (250) ACCE INSTITUTE 3655 S. GRAND AVENUE , STE 250, LOS ANGELES, CA 90007 | 27-1487442 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (251) BEAR VALLEY COMMUNITY HEALTHCARE 41870 GARSTIN DR., BIG BEAR LAKE, CA 92315 | 33-0294751 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (252) CALIFORNIA INDIAN MANPOWER CONSORTIUM 738 NORTH MARKET BOULEVARD, SACRAMENTO, CA 95834 | 94-2472564 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (253) CENTRO LA FAMILIA ADVOCACY SERVICES, INC. 302 FRESNO STREET, SUITE 102, FRESNO, CA 93706 | 77-0310310 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (254) CHARLES R. DREW UNIVERSITY OF MEDICINE 1721 EAST 120TH STREET, LOS ANGELES, CA 90059-3051 | 95-6151774 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (255) CHHP MANAGEMENT, LLC 2623 E. SLAUSON AVENUE, HUNTINGTON PARK, CA 90255 | 27-2104876 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (256) CHILDREN'S NETWORK OF SOLANO COUNTY 827 MISSOURI STREET, SUITE 5, FAIRFIELD, CA 94533 | 68-0014506 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (257) CHOICE IN AGING 490 GOLF CLUB ROAD, PLEASANT HILL, CA 94523 | 94-2822559 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (258) COALINGA MEDICAL CENTER, LLC 1191 PHELPS AVENUE, COALINGA, CA 93210 | 83-4525898 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (259) COALITION FOR ECONOMIC SURVIVAL 14320 VENTURA BLVD, PMB 537, SHERMAN OAKS, CA 91423 | 95-3216284 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (260) COLUSA MEDICAL CENTER, LLC 199 EAST WEBSTER STREET, COLUSA, CA 95932 | 81-4005462 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (261) CONGREGATIONS ORGANIZED FOR PROPHETIC ENGAGEMENT 1505 WEST HIGHLAND AVENUE, SUITE #1, SAN BERNARDINO, CA 92411 | 33-0938212 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (262) CPH HOSPITAL MANAGEMENT, LLC 13100 STUDEBAKER RD., NORWALK, CA 90650 | 45-1738512 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (263) DESERT VALLEY HOSPITAL, LLC 3480 EAST GUASTI ROAD, ONTARIO, CA 91761 | 33-0502805 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (264) ELADH, LP 4060 E. WHITTIER BLVD, LOS ANGELES, CA 90023 | 76-0594559 | | 50,000 | | | | 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 |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (265) FRESNO BUILDING HEALTHY COMMUNITIES 367 N FIRST STREET, FRESNO, CA 93702 | 81-3711032 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (266) GARDENA HOSPITAL LP 1145 W. REDONDO BEACH BLVD., GARDENA, CA 90247 | 76-0594558 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (267) GLENN MEDICAL CENTER INC 1133 W SYCAMORE ST, WILLOWS, CA 95988 | 20-0494719 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (268) HAYWARD SISTERS HOSPITAL 27200 CALAROGA AVENUE, HAYWARD, CA 94545-4383 | 94-1668344 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (269) KERN MEDICAL CENTER FOUNDATION 3511 UNION AVENUE, BAKERSFIELD, CA 93305 | 36-4642420 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (270) LONG BEACH FORWARD, INC. 425 ATLANTIC AVE., LONG BEACH, CA 90802 | 85-1047927 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (271) MADERA COMMUNITY HOSPITAL 1250 E. ALMOND AVE, MADERA, CA 93637 | 23-7429117 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (272) MARTIN LUTHER KING, JR.-LOS ANGELES 1680 E. 120TH STREET, LOS ANGELES, CA 90059 | 27-4658935 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (273) NATIVIDAD MEDICAL FOUNDATION 1441 CONSTITUTION BLVD, FLOOR 2, SALINAS, CA 93906 | 77-0194989 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (274) NEIGHBORHOOD WELLNESS FOUNDATION 7648 MARINA COVE, SACRAMENTO, CA 95831 | 47-4874487 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (275) NEW GEORGIA PROJECT, INC. 830 GLENWOOD AVENUE SE, SUITE 510-221, ATLANTA, GA 30316 | 82-1348307 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (276) NORCAL HEALTHCONNECT 1375 UNIVERSITY AVE, HEALDSBURG, CA 95448 | 85-2390012 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (277) NORTHERN INYO HEALTHCARE DISTRICT 150 PIONEER LN., BISHOP, CA 93514 | 95-6005449 | STATE OF CA | 50,000 | | | | TECHNICAL ASSISTANCE |
| (278) NORTHERN VALLEY INDIAN HEALTH, INC. 257 N. BUTTE ST., WILLOWS, CA 95988 | 94-1747220 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (279) PRIME HEALTHCARE ANAHEIM, LLC 3033 W. ORANGE AVE., ANAHEIM, CA 92804-3156 | 20-5245674 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (280) PRIME HEALTHCARE CENTINELA, LLC 555 EAST HARDY STREET, INGLEWOOD, CA 90301 | 26-1150758 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (281) PRIME HEALTHCARE FOUNDATION, INC. 4929 VAN NUYS BLVD, FILE 1026, SHERMAN OAKS, CA 91403 | 20-2546649 | | 50,000 | | | | TECHNICAL ASSISTANCE |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (282) PRIME HEALTHCARE FOUNDATION, INC. 16237 VENTURA BLVD, FILE 1152, ENCINO, CA 91436 | 26-2128507 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (283) PRIME HEALTHCARE HUNTINGTON BEACH, LLC 17772 BEACH BLVD., HUNTINGTON BEACH, CA 92647-6819 | 20-5252882 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (284) PRIME HEALTHCARE LA PALMA, LLC 7901 WALKER ST., LA PALMA, CA 90623-1722 | 20-5253134 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (285) PRIME HEALTHCARE SERVICES GARDEN GROVE 12601 GARDEN GROVE BLVD., GARDEN GROVE, CA 92843-1908 | 26-2583411 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (286) PRIME HEALTHCARE SERVICES-MONTCLAIR, LLC 5000 SAN BERNARDINO STREET, MONTCLAIR, CA 91763 | 20-2898771 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (287) QUEEN OF THE VALLEY FOUNDATION PO BOX 2069, NAPA, CA 94558 | 23-7081153 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (288) QUEENSCARE HEALTH CENTERS 950 SOUTH GRANDE AVE, 2ND FLOOR SOUTH, LOS ANGELES, CA 90015 | 95-3702136 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (289) RIDGECREST REGIONAL HOSPITAL 1081 N. CHINA LAKE BLVD., RIDGECREST, CA 93555 | 95-2082686 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (290) ROOTS COMMUNITY HEALTH CENTER 7272 MACARTHUR BLVD, OAKLAND, CA 94605 | 26-2583954 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (291) ROSE FAMILY CREATIVE EMPOWERMENT CENTER 7000 FRANKLIN BLVD, SUITE 1000, SACRAMENTO, CA 95823 | 80-0968840 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (292) SACRAMENTO NATIVE AMERICAN HEALTH CENTER 2020 J STREET, SACRAMENTO, CA 95811 | 20-4287737 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (293) SALINAS VALLEY MEMORIAL HEALTHCARE 450 E. ROMIE LANE, SALINAS, CA 93901 | 94-6004020 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (294) SAN BERNARDINO MOUNTAINS COMMUNITY 29101 HOSPITAL ROAD, LAKE ARROWHEAD, CA 92352 | 26-2201665 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (295) SOUTHERN INYO HEALTHCARE DISTRICT PO BOX 1009, LONE PINE, CA 93545-1009 | 95-6005450 | STATE OF CA | 50,000 | | | | TECHNICAL ASSISTANCE |
| (296) SOUTHERN MONO HEALTHCARE DISTRICT 85 SIERRA PARK RD., MAMMOTH LAKES, CA 93546 | 95-3154530 | 501(C)(3) | 50,000 | | | | 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 |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (297) STANFORD HEALTH CARE PO BOX 742835, LOS ANGELES, CA 90074-2835 | 94-6174066 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (298) STEP UP LOUISIANA ORGANIZING FUND 2022 ST. BERNARD AVE, UNIT #124B, NEW ORLEANS, LA 70116 | 85-1061102 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (299) STONE SOUP FRESNO 1345 E BULLDOG LANE, FRESNO, CA 93710 | 77-0430680 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (300) TABERNACLE COMMUNITY DEVELOPMENT 945 SO. 45TH, APT. C, RICHMOND, CA 94804 | 94-3402767 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (301) TAHOE FOREST HOSPITAL DISTRICT 10121 PINE AVE, TRUCKEE, CA 96161 | 94-6004062 | STATE OF CA | 50,000 | | | | TECHNICAL ASSISTANCE |
| (302) TENANTS TOGETHER P.O. BOX 410325, SAN FRANCISCO, CA 94141 | 26-1777917 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (303) VERTIAS HEALTH SERVICES, INC 5451 WALNUT AVE, CHINO, CA 91710 | 33-0928285 | | 50,000 | | | | TECHNICAL ASSISTANCE |
| (304) WEST OAKLAND HEALTH COUNCIL 700 ADELINE STREET, OAKLAND, CA 94607 | 94-1667294 | 501(C)(3) | 50,000 | | | | CAPACITY BUILDING |
| (305) YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE EAST BAY 263 S. 20TH STREET, RICHMOND, CA 94804 | 94-1156317 | 501(C)(3) | 50,000 | | | | TECHNICAL ASSISTANCE |
| (306) OPEN DOOR COMMUNITY HEALTH CENTERS 1275 8TH STREET, ARCATA, CA 95521 | 95-2671433 | 501(C)(3) | 49,994 | | | | CAPACITY BUILDING |
| (307) MAKE THE ROAD STATES, INC. 301 GROVE STREET, BROOKLYN, NY 11237 | 84-3988830 | 501(C)(3) | 49,980 | | | | CAPACITY BUILDING |
| (308) H. LEE MOFFITT CANCER CENTER AND P.O. BOX 742801, ATLANTA, GA 30374-2801 | 59-2451713 | 501(C)(3) | 49,974 | | | | RESEARCH |
| (309) LITTLE ROSES PRESCHOOL 1650 CROCKETT BLVD, CROCKETT, CA 94525 | 47-5223632 | 501(C)(3) | 49,850 | | | | TECHNICAL ASSISTANCE |
| (310) ARKANSAS COMMUNITY INSTITUTE 2101 S. MAIN STREET, LITTLE ROCK, AR 72206 | 72-1072223 | 501(C)(3) | 49,570 | | | | CAPACITY BUILDING |
| (311) MAINE PEOPLE'S RESOURCE CENTER 565 CONGRESS ST , UNIT #200, PORTLAND, ME 04101 | 22-2586108 | 501(C)(3) | 49,360 | | | | CAPACITY BUILDING |
| (312) UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD., AD 362, MOBILE, AL 36688 | 63-0477348 | 501(C)(3) | 49,165 | | | | RESEARCH |
| (313) ARIZONA CENTER FOR EMPOWERMENT 5716 N 19TH AVE, PHOENIX, AZ 85015 | 27-2366780 | 501(C)(3) | 48,000 | | | | CAPACITY BUILDING |
| (314) DARTMOUTH-HITCHCOCK CLINIC/MEDICAL CTR ONE MEDICAL CENTER DRIVE, ATTN: RESEARCH FINANCE, LEBANON, NH 03756 | 22-2519596 | 501(C)(3) | 47,602 | | | | RESEARCH |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (315) ACTION INSTITUTE NC 1817 CENTRAL AVE, CHARLOTTE, NC 28205 | 56-1088116 | 501(C)(3) | 47,375 | | | | CAPACITY BUILDING |
| (316) COMMUNITY MEDICAL CENTERS, INC 7210 MURRAY DRIVE, STOCKTON, CA 95210 | 94-2437106 | 501(C)(3) | 47,338 | | | | CAPACITY BUILDING |
| (317) PACOIMA BEAUTIFUL 12510 VAN NUYS BLVD, SUITE 302, PACOIMA, CA 91331 | 95-4770745 | 501(C)(3) | 46,321 | | | | TECHNICAL ASSISTANCE |
| (318) COUNTY OF SAN LUIS OBISPO 2180 JOHNSON AVE., SAN LUIS OBISPO, CA 93401 | 95-6000939 | SLO COUNTY | 45,000 | | | | CAPACITY BUILDING |
| (319) SOUTHERN CALIFORNIA GRANTMAKERS 1000 N ALAMEDA STREET , SUITE 230, LOS ANGELES, CA 90012 | 95-2831058 | 501(C)(3) | 42,500 | | | | TECHNICAL ASSISTANCE |
| (320) ONEFUTURE COACHELLA VALLEY 41-550 ECLECTIC STREET , SUITE 200E, PALM DESERT, CA 92260 | 81-3653698 | 501(C)(3) | 42,480 | | | | TECHNICAL ASSISTANCE |
| (321) NATIONAL CENTER FOR HEALTHY HOUSING INC. 10320 LITTLE PATUXENT PKWY, SUITE 200, COLUMBIA, MD 21044 | 52-1792579 | 501(C)(3) | 41,319 | | | | TECHNICAL ASSISTANCE |
| (322) HTI HOSPITAL HOLDING INC 4700 WATERS AVENUE, SAVANNAH, GA 31404 | 82-1969974 | | 41,317 | | | | RESEARCH |
| (323) NORTHWESTERN UNIVERSITY 633 CLARK STREET, ROOM G-547, EVANSTON, IL 60208-1112 | 36-2167817 | 501(C)(3) | 40,346 | | | | RESEARCH |
| (324) GREATER DAYTON UNION COOPERATIVE 33 1ST ST., DAYTON, OH 45402 | 81-3470466 | 501(C)(3) | 40,000 | | | | TECHNICAL ASSISTANCE |
| (325) REGENTS OF THE UNIVERSITY OF CALIFORNIA MERCED P.O. BOX 2450, MERCED, CA 95344 | 27-0093858 | STATE OF CA | 40,000 | | | | TECHNICAL ASSISTANCE |
| (326) THE PRESBYTERIAN HOSPITAL 2927 LYNDHURST AVENUE, SUITE B, WINSTON SALEM, NC 27103 | 56-0554230 | 501(C)(3) | 39,803 | | | | RESEARCH |
| (327) RICHMOND AREA MULTI-SERVICES, INC. 4355 GEARY BLVD, SAN FRANCISCO, CA 94118 | 23-7389436 | 501(C)(3) | 39,648 | | | | RESEARCH |
| (328) HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE 6720 A ROCKLEDGE DRIVE, BETHESDA, MD 20817 | 52-1317896 | 501(C)(3) | 39,189 | | | | RESEARCH |
| (329) EAST CAROLINA UNIVERSITY 1525 W.T. HARRIS BOULEVARD, CHARLOTTE, NC 28275-2162 | 56-6000403 | 501(C)(3) | 38,628 | | | | RESEARCH |
| (330) BERKELEY AIR MONITORING GROUP 1935 ADDISON ST , SUITE A, BERKELEY, CA 94704 | 26-3881064 | | 38,550 | | | | RESEARCH |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (331) DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E. VERNOR HIGHWAY, DETROIT, MI 48207 | 27-5106242 | 501(C)(3) | 37,905 | | | | CAPACITY BUILDING |
| (332) CENTRAL MICHIGAN UNIVERSITY 304 WARRINER HALL, MOUNT PLEASANT, MI 48859 | 38-6004447 | 501(C)(3) | 37,875 | | | | RESEARCH |
| (333) SOUTHWEST COMMUNITY CORPORATION 446 RANDOLPH STREET, SAN FRANCISCO, CA 94132 | 94-3297348 | 501(C)(3) | 37,500 | | | | TECHNICAL ASSISTANCE |
| (334) VALLEY CENTER FOR THE BLIND 3417 W. SHAW AVE, FRESNO, CA 93711 | 94-2255626 | 501(C)(3) | 37,500 | | | | CAPACITY BUILDING |
| (335) THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY, JACKSONVILLE, FL 32256-0532 | 59-0634433 | 501(C)(3) | 37,095 | | | | RESEARCH |
| (336) CALEXICO WELLNESS CENTER 420 HEFFERNAN AVE, SUITE D, CALEXICO, CA 92231 | 36-4880887 | 501(C)(3) | 37,000 | | | | CAPACITY BUILDING |
| (337) UNIVERSITY OF MIAMI PO BOX 405803, ATLANTA, GA 30384-5803 | 59-0624458 | 501(C)(3) | 36,000 | | | | RESEARCH |
| (338) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY 1608 FOURTH STREET, SUITE 201, BERKELEY, CA 94710-1103 | 94-6002123 | 501(C)(3) | 35,771 | | | | RESEARCH |
| (339) CHILDREN'S HOSPITAL MEDICAL CENTER ONE PERKINS SQUARE, AKRON, OH 44308-1062 | 34-0714357 | 501(C)(3) | 35,092 | | | | RESEARCH |
| (340) COUNTY OF MONO PO BOX 476, BRIDGEPORT, CA 93517 | 95-6005661 | MONO COUNTY | 35,000 | | | | CAPACITY BUILDING |
| (341) PENINSULA CONFLICT RESOLUTION CENTER 1670 S. AMPHLETT BLVD., SUITE 115, SAN MATEO, CA 94402 | 77-0144000 | 501(C)(3) | 35,000 | | | | CAPACITY BUILDING |
| (342) PILIPINO BAYANIHAN RESOURCE CENTER 200 NORTHGATE AVENUE, UNIT #5, DALY CITY, CA 94015 | 94-3129745 | 501(C)(3) | 35,000 | | | | CAPACITY BUILDING |
| (343) PLACER COMMUNITY FOUNDATION 219 MAPLE STREET, UNIT #200, AUBURN, CA 95603 | 20-1485011 | 501(C)(3) | 35,000 | | | | CAPACITY BUILDING |
| (344) RIDEOUT MEMORIAL HOSPITAL PO BOX 619002, ROSEVILLE, CA 95661-9002 | 94-1387866 | 501(C)(3) | 35,000 | | | | CAPACITY BUILDING |
| (345) SISKIYOU COMMUNITY RESOURCE P.O. BOX 206, YREKA, CA 96097 | 68-0191354 | 501(C)(3) | 35,000 | | | | CAPACITY BUILDING |
| (346) COUNTY OF MENDOCINO 1120 SOUTH DORA STREET, UKIAH, CA 95482 | 94-6000520 | MENDOCINO COUNTY | 34,999 | | | | CAPACITY BUILDING |
| (347) VENICE FAMILY CLINIC 604 ROSE AVE, VENICE, CA 90291 | 95-2769432 | 501(C)(3) | 34,581 | | | | CAPACITY BUILDING |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (348) PRISMA HEALTH - MIDLANDS P.O. BOX 748580, ATLANTA, GA 30374-8580 | 58-2296052 | 501(C)(3) | 33,651 | | | | RESEARCH |
| (349) COUNTY OF MARIPOSA P.O. BOX 99, MARIPOSA, CA 95338 | 94-6000880 | MARIPOSA COUNTY | 33,470 | | | | CAPACITY BUILDING |
| (350) TEXAS TECH UNIVERSITY HEALTH SCIENCES 1400 S. COULTER ST., AMARILLO, TX 79106 | 75-2668014 | STATE OF TX | 31,664 | | | | RESEARCH |
| (351) SAN DIEGO WORKFORCE PARTNERSHIP, INC. 9246 LIGHTWAVE AVENUE, SUITE 210, SAN DIEGO, CA 92123 | 33-0660504 | 501(C)(3) | 31,000 | | | | CAPACITY BUILDING |
| (352) UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 SOUTH PROSPECT STREET, BURLINGTON, VT 05405 | 03-0179440 | 501(C)(3) | 30,677 | | | | RESEARCH |
| (353) LOYOLA UNIVERSITY OF CHICAGO 820 N. MICHIGAN AVENUE, CHICAGO, IL 60611 | 36-1408475 | 501(C)(3) | 30,300 | | | | RESEARCH |
| (354) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 27728, ALBUQUERQUE, NM 87125 | 85-0105601 | 501(C)(3) | 30,042 | | | | RESEARCH |
| (355) CALIFORNIA HAWAII STATE CONFERENCE 1026 FLORIN ROAD, UNIT #331, SACRAMENTO, CA 95831 | 85-4382980 | | 30,000 | | | | CAPACITY BUILDING |
| (356) CENTRAL CALIFORNIA ENVIRONMENTAL JUSTICE NETWORK 2297 GOSHEN AVE., CLOVIS, CA 93611 | 87-1795259 | 501(C)(3) | 30,000 | | | | CAPACITY BUILDING |
| (357) ELANA NEEDLE 260 MADISON AVENUE, 8TH FLOOR, #6238, NEW YORK CITY, NY 10016 | 88-3864569 | | 30,000 | | | | TECHNICAL ASSISTANCE |
| (358) NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE P.O. BOX 1092, SANTA MARIA, CA 93456 | 77-0423554 | 501(C)(4) | 30,000 | | | | CAPACITY BUILDING |
| (359) NATIONAL COALITION AGAINST PRESCRIPTION P.O. BOX 87, SAN RAMON, CA 94583 | 90-0769605 | 501(C)(3) | 30,000 | | | | TECHNICAL ASSISTANCE |
| (360) TRAINING INSTITUTE FOR LEADERSHIP 920 PERALTA STREET, SUITE 2A, OAKLAND, CA 94607 | 68-0437852 | 501(C)(3) | 30,000 | | | | CAPACITY BUILDING |
| (361) ST LOUIS UNIVERSITY 3700 WEST PINE MALL, 3RD FLOOR FUSZ HALL, ST. LOUIS, MO 63108 | 43-0654872 | 501(C)(3) | 29,888 | | | | RESEARCH |
| (362) WESLEYAN UNIVERSITY 291 MAIN STREET, MIDDLETOWN, CT 06457 | 06-0646959 | 501(C)(3) | 29,811 | | | | TECHNICAL ASSISTANCE |
| (363) VARIETY CHILDREN'S HOSPITAL 3100 S.W. 62ND AVE, MIAMI, FL 33155 | 59-0638499 | 501(C)(3) | 29,803 | | | | RESEARCH |
| (364) PRISMA HEALTH - UPSTATE P.O. BOX 748580, ATLANTA, GA 30374-8580 | 81-1723202 | 501(C)(3) | 28,353 | | | | RESEARCH |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (365) CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 807012, KANSAS CITY, MO 64180-7012 | 43-6003859 | STATE OF MO | 27,789 | | | | RESEARCH |
| (366) SAINT FRANCIS HOSPITAL 6600 S YALE AVENUE , SUITE 400, TULSA, OK 74136 | 73-0700090 | 501(C)(3) | 27,735 | | | | RESEARCH |
| (367) CONTINUING EDUCATION OF THE BAR DBA REGENTS OF UNIVERSITY OF CA, 405 HILGARD AVE, LOS ANGELES, CA 90095-7089 | 95-6006143 | 501(C)(3) | 27,252 | | | | RESEARCH |
| (368) UNIVERSITY OF MASSACHUSETTS, WORCESTER 55 LAKE AVE. NORTH, WORCESTER, MA 01655 | 04-3167352 | STATE OF MA | 27,150 | | | | RESEARCH |
| (369) LOMPOC VALLEY MEDICAL CENTER 1515 E. OCEAN AVENUE, LOMPOC, CA 93436 | 95-6001880 | | 26,304 | | | | CAPACITY BUILDING |
| (370) BLACK WELLNESS & PROSPERITY CENTER 1133 S STREET, FRESNO, CA 93721 | 84-3848144 | 501(C)(3) | 25,000 | | | | TECHNICAL ASSISTANCE |
| (371) EL CAMINO HOSPITAL 2500 GRANT ROAD, MOUNTAIN VIEW, CA 94040 | 94-3167314 | 501(C)(3) | 25,000 | | | | TECHNICAL ASSISTANCE |
| (372) EXCEPTIONAL PARENTS UNLIMITED 4440 N. FIRST STREET, FRESNO, CA 93726 | 77-0263702 | 501(C)(3) | 25,000 | | | | CAPACITY BUILDING |
| (373) MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT 520 W. FIFTH STREET, SUITE B, OXNARD, CA 93030 | 30-0045901 | 501(C)(3) | 25,000 | | | | CAPACITY BUILDING |
| (374) YOUNG PEOPLE IN RECOVERY 201 E. 4TH STREET, LOVELAND, CO 80537 | 46-4109067 | 501(C)(3) | 25,000 | | | | TECHNICAL ASSISTANCE |
| (375) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, EAST LANSING, MI 48824 | 38-6005984 | 501(C)(3) | 24,858 | | | | RESEARCH |
| (376) BAYLOR RESEARCH INSTITUTE 3434 LIVE OAK, DALLAS, TX 75204 | 75-1921898 | 501(C)(3) | 24,575 | | | | RESEARCH |
| (377) SOUTH BROWARD HOSPITAL DISTRICT P.O. BOX 538514, ATLANTA, GA 30353 | 59-6014973 | 501(C)(3) | 24,367 | | | | RESEARCH |
| (378) MH MISSION HOSPITAL, LLLP 1 HOSPITAL DRIVE, SUITE 2600, ASHEVILLE, NC 28801 | 83-2048706 | | 24,092 | | | | RESEARCH |
| (379) ST. VINCENT HOSPITAL AND HEALTH CARE 835 S VAN BUREN STREET, GREEN BAY, WI 54301 | 35-0869066 | 501(C)(3) | 23,958 | | | | RESEARCH |
| (380) PURDUE UNIVERSITY 23510 NETWORK PLACE, CHICAGO, IL 60673-1235 | 13-5602041 | STATE OF IN | 23,514 | | | | TECHNICAL ASSISTANCE |
| (381) ORGANIZACION EN CALIFORNIA DE LIDERES PO BOX 20033, OXNARD, CA 93034 | 95-4611282 | 501(C)(3) | 23,500 | | | | TECHNICAL ASSISTANCE |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (382) MAIMONIDES MEDICAL CENTER 4802 TENTH AVENUE, BROOKLYN, NY 11219 | 11-1635081 | 501(C)(3) | 23,083 | | | | RESEARCH |
| (383) KAPIOLANI MEDICAL CENTER FOR WOMEN 55 MERCHANT STREET, HONOLULU, HI 96813 | 99-0177350 | 501(C)(3) | 22,101 | | | | RESEARCH |
| (384) COUNTY OF TEHAMA P.O. BOX 400, RED BLUFF, CA 96080 | 94-6000543 | TEHAMA COUNTY | 21,990 | | | | CAPACITY BUILDING |
| (385) EL DORADO COUNTY COMMUNITY HEALTH CENTER 4212 MISSOURI FLAT RD., PLACERVILLE, CA 95667 | 42-1533531 | 501(C)(3) | 21,666 | | | | CAPACITY BUILDING |
| (386) THE UNIVERSITY OF ARIZONA PO BOX 41867, TUCSON, AZ 85717 | 74-2652689 | STATE OF AZ | 21,592 | | | | RESEARCH |
| (387) CONTROLLER OF MARYLAND P.O. BOX 41428, BALTIMORE, MD 21203-6428 | 52-6002033 | STATE OF MD | 21,400 | | | | RESEARCH |
| (388) MOVIMIENTO CULTURAL DE LA UNION INDIGENA 135 CAMINO DORADO , SUITE 22, NAPA, CA 94558 | 46-1037804 | 501(C)(3) | 21,000 | | | | CAPACITY BUILDING |
| (389) RAIZES COLLECTIVE PO BOX 8606, SANTA ROSA, CA 95407 | 47-3129493 | 501(C)(3) | 21,000 | | | | CAPACITY BUILDING |
| (390) MAINEHEALTH ONE DANA COURT, ATTN: KAREN MARSH, WESTBROOK, ME 04092 | 01-0238552 | 501(C)(3) | 20,812 | | | | RESEARCH |
| (391) HAWAII PUBLIC HEALTH INSTITUTE 850 RICHARDS STREET, SUITE 202, HONOLULU, HI 96813 | 68-0637054 | 501(C)(3) | 20,681 | | | | CAPACITY BUILDING |
| (392) ADVENTIST HEALTH CLEARLAKE HOSPITAL INC P.O. 6701, CLEARLAKE, CA 95422 | 68-0395149 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (393) AFRICA HOUSE SACRAMENTO 9215 ROSE PARADE WAY, SACRAMENTO, CA 95826 | 84-2637035 | 501(C)(3) | 20,000 | | | | CAPACITY BUILDING |
| (394) AFRICAN ECONOMIC DEVELOPMENT SOLUTIONS 1821 UNIVERSITY AVE W, SUITE S-125, ST. PAUL, MN 55104 | 80-0345712 | 501(C)(3) | 20,000 | | | | CAPACITY BUILDING |
| (395) COMMUNITIES FIRST, INC. 415 W. COURT STREET, FLINT, MI 48503 | 27-3600343 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (396) DOLORES C. HUERTA FOUNDATION PO BOX 2087, BAKERSFIELD, CA 93303 | 91-2145992 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (397) FRESNO COUNTY ECONOMIC OPPORTUNITIES 1920 MARIPOSA MALL, STE. 300, FRESNO, CA 93721 | 94-1606519 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (398) INFINITE GIVING, INC. 3659 KIEKEBUSCH COURT, CARMICHAEL, CA 95608 | 86-3853195 | 501(C)(3) | 20,000 | | | | CAPACITY BUILDING |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (399) MARIA PARRA CANO 6427 S. CENTRAL AVE, STE 300, PHOENIX, AZ 85042 | 82-4846555 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (400) MIAMI WORKERS CENTER 10800 BISCAYNE BLVD., SUITE 1050, MIAMI, FL 33161 | 65-0942224 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (401) MQVN COMMUNITY DEVELOPMENT CONSORTIUM 4626 ALCEE FORTIER BLVD., SUITE 1B, NEW ORLEANS, LA 70129 | 89-2962186 | | 20,000 | | | | TECHNICAL ASSISTANCE |
| (402) POWER CENTER COMMUNITY DEVELOPMENT 6120 WINCHESTER RD, MEMPHIS, TN 38115 | 20-1578885 | 501(C)(3) | 20,000 | | | | CAPACITY BUILDING |
| (403) SANKOFA COMMUNITY DEVELOPMENT 5200 DAUPHINE ST, NEW ORLEANS, LA 70117 | 26-3471054 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (404) SPANISH LAKE COMMUNITY DEVELOPMENT 11840 BELLEFONTAINE RD., ST. LOUIS, MO 63138 | 46-4952594 | 501(C)(3) | 20,000 | | | | CAPACITY BUILDING |
| (405) VIRGINIA COMMUNITY VOICE P.O. BOX 26972, RICHMOND, VA 23261 | 83-3596756 | 501(C)(3) | 20,000 | | | | TECHNICAL ASSISTANCE |
| (406) AS ONE FOUNDATION 9575 ASHLEY OAKS DRIVE, JONESBORO, GA 30236 | 20-8431214 | 501(C)(3) | 19,000 | | | | RESEARCH |
| (407) BAYSTATE MEDICAL CENTER, INC. 759 CHESTNUT STREET, SPRINGFIELD, MA 01199-0001 | 04-2790311 | 501(C)(3) | 18,788 | | | | RESEARCH |
| (408) HUMANIDAD THERAPY AND EDUCATION SERVICES 1260 N. DUTTON AVENUE, SUITE 230, SANTA ROSA, CA 95401 | 46-3725156 | 501(C)(3) | 18,500 | | | | CAPACITY BUILDING |
| (409) PEDIATRIC AND FAMILY MEDICAL CENTER 1530 S. OLIVE STREET, 6TH FLOOR, LOS ANGELES, CA 90015 | 95-1690966 | 501(C)(3) | 17,669 | | | | CAPACITY BUILDING |
| (410) HCA-HEALTHONE LLC 1719 E. 19TH AVENUE, DENVER, CO 80218 | 84-1321373 | | 17,600 | | | | RESEARCH |
| (411) SACRAMENTO NAACP BRANCH 4540 FLORIN ROAD, UNIT E258, SACRAMENTO, CA 95823 | 94-6172654 | 501(C)(4) | 17,500 | | | | CAPACITY BUILDING |
| (412) SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE P.O. BOX 19607, SPRINGFIELD, IL 62794-9607 | 37-6005961 | 501(C)(3) | 17,075 | | | | RESEARCH |
| (413) TRI CITY HEALTHCARE DISTRICT 4002 VISTA WAY, OCEANSIDE, CA 92056 | 95-2126937 | STATE OF CA | 16,667 | | | | TECHNICAL ASSISTANCE |
| (414) STATE OF WEST VIRGINIA 886 CHESTNUT RIDGE ROAD, MORGANTOWN, WV 26506 | 55-6000842 | STATE OF WV | 16,367 | | | | 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 |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (415) ST. JOSEPH'S HOSPITAL, INC. 3001 W. DR. MARTIN LUTHER KING JR. , TAMPA, FL 33607 | 59-0774199 | 501(C)(3) | 16,325 | | | | RESEARCH |
| (416) SAN ANTONIO REGIONAL HOSPITAL 999 SAN BERNARDINO RD., UPLAND, CA 91786 | 95-1183919 | 501(C)(3) | 16,304 | | | | TECHNICAL ASSISTANCE |
| (417) CEDARS SINAI MEDICAL CENTER PO BOX 48955, LOS ANGELES, CA 90048 | 95-1644600 | 501(C)(3) | 15,400 | | | | RESEARCH |
| (418) ARIZONA CENTER FOR DISABILITY LAW 5025 EAST WASHINGTON ST., UNIT 202, PHOENIX, AZ 85034 | 23-7408586 | 501(C)(3) | 15,000 | | | | TECHNICAL ASSISTANCE |
| (419) BUILDING OPPORTUNITIES FOR SELF SUFFICIENCY 1918 UNIVERSITY AVENUE, SUITE 2A, BERKELEY, CA 94704 | 51-0173390 | 501(C)(3) | 15,000 | | | | CAPACITY BUILDING |
| (420) FIGHTING BACK SANTA MARIA VALLEY 201 SOUTH MILLER STREET, SUITE 107, SANTA MARIA, CA 93454 | 65-1234981 | 501(C)(3) | 15,000 | | | | CAPACITY BUILDING |
| (421) LA CLINICA DE LA RAZA, INC. PO.BOX 22210, OAKLAND, CA 94623-2210 | 94-1744108 | 501(C)(3) | 15,000 | | | | TECHNICAL ASSISTANCE |
| (422) ABILITY 360 5025 E WASHINGTON ST, STE 200, PHOENIX, AZ 85034-1101 | 86-0486447 | 501(C)(3) | 14,615 | | | | TECHNICAL ASSISTANCE |
| (423) ASCENSION ST. JOHN HOSPITAL 28000 DEQUINDRE RD, WARREN, MI 48092- 2468 | 38-1359063 | 501(C)(3) | 14,092 | | | | RESEARCH |
| (424) LEE MEMORIAL HEALTH SYSTEM 9981 HEALTH PARK DRIVE , 1ST FLOOR ADMINISTRATION, FORT MYERS, FL 33901 | 59-0714812 | 501(C)(3) | 14,029 | | | | RESEARCH |
| (425) INDEPENDENT LIVING CENTER OF SOUTHERN CA 14141 HAYNES STREET, VAN NUYS, CA 91401 | 95-3026060 | 501(C)(3) | 13,615 | | | | TECHNICAL ASSISTANCE |
| (426) DISABILITY COMMUNITY RESOURCE CENTER 12901 VENICE BLVD., LOS ANGELES, CA 90066 | 95-3013310 | 501(C)(3) | 13,530 | | | | TECHNICAL ASSISTANCE |
| (427) BROWN UNIVERSITY OF PROVIDENCE 69 BROWN STREET, 2ND FLOOR, PROVIDENCE, RI 02912 | 05-0258809 | 501(C)(3) | 13,429 | | | | RESEARCH |
| (428) RESEARCH FOUNDATION OF THE CITY 230 WEST 41ST STREET, 7TH FLOOR, NEW YORK, NY 10036 | 13-1988190 | 501(C)(3) | 12,375 | | | | RESEARCH |
| (429) AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE, AZUSA, CA 91702 | 95-1744369 | 501(C)(3) | 12,366 | | | | RESEARCH |
| (430) ZERO BREAST CANCER 30 N SAN PEDRO RD, STE 140, SAN RAFAEL, CA 94903 | 68-0386016 | 501(C)(3) | 12,356 | | | | 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 |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (431) THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA PO BOX 400195, CHARLOTTESVILLE, VA 22904-4195 | 54-6001796 | 501(C)(3) | 12,008 | | | | RESEARCH |
| (432) ASCENSION SETON P.O. BOX 204242, DALLAS, TX 75320 | 74-1109643 | 501(C)(3) | 12,000 | | | | RESEARCH |
| (433) COUNTY OF TUOLUMNE 20111 CEDAR RD, SONORA, CA 95370 | 94-6000547 | TUOLUMNE COUNTY | 12,000 | | | | CAPACITY BUILDING |
| (434) LOCAL INDIANS FOR EDUCATION, INC 1294 LAKE BLVD, REDDING, CA 96003 | 94-2376538 | 501(C)(3) | 12,000 | | | | CAPACITY BUILDING |
| (435) PLANNED PARENTHOOD GULF COAST 4600 GULF FREEWAY, SUITE 100, HOUSTON, TX 77023 | 74-1100163 | 501(C)(3) | 12,000 | | | | TECHNICAL ASSISTANCE |
| (436) BREASTFEEDING TASK FORCE OF GREATER LOS ANGELES 2851 WEST 120TH ST., SUITE E335, HAWTHORNE, CA 90250 | 95-4861413 | 501(C)(3) | 11,840 | | | | CAPACITY BUILDING |
| (437) SPECTRUM HEALTH HOSPITALS 100 MICHIGAN STREET NE , MC012, GRAND RAPIDS, MI 49503 | 38-1360529 | 501(C)(3) | 11,740 | | | | RESEARCH |
| (438) UNITED WAY OF NORTHERN CALIFORNIA 3300 CHURN CREEK ROAD, REDDING, CA 96002 | 94-1251675 | 501(C)(3) | 11,258 | | | | CAPACITY BUILDING |
| (439) CAMC HEALTH EDUCATION AND RESEARCH 3200 MACCORKLE AVENUE, S.E., CHARLESTON, WV 25304 | 55-0753754 | 501(C)(3) | 10,192 | | | | RESEARCH |
| (440) WEST VIRGINIA HEALTHY KIDS AND FAMILIES 1506 KANAWHA BLVD W, CHARLESTON, WV 25387 | 45-2857448 | 501(C)(3) | 10,053 | | | | TECHNICAL ASSISTANCE |
| (441) BUTTE-GLENN MEDICAL SOCIETY 1905 NOTRE DAME BLVD., CHICO, CA 95928 | 94-1449874 | 501(C)(6) | 10,000 | | | | TECHNICAL ASSISTANCE |
| (442) COMMUNITY SERVICE, EDUCATION & RESEARCH 5380 ELVAS AVE., SACRAMENTO, CA 95819 | 23-7003581 | 501(C)(3) | 10,000 | | | | TECHNICAL ASSISTANCE |
| (443) COUNTY OF LAKE PO BOX 1024, LUCERNE, CA 95458 | 94-6000825 | LAKE COUNTY | 10,000 | | | | TECHNICAL ASSISTANCE |
| (444) COUNTY OF PLUMAS PUBLIC HEALTH AGENCY 270 COUNTY HOSPITAL ROAD, SUITE 206, QUINCY, CA 95971 | 94-6000528 | PLUMAS COUNTY | 10,000 | | | | CAPACITY BUILDING |
| (445) DAVE PURCHASE PROJECT 535 DOCK STREET, SUITE 112 & 113, TACOMA, WA 98402 | 91-1435394 | 501(C)(3) | 10,000 | | | | TECHNICAL ASSISTANCE |
| (446) DEL NORTE MISSION POSSIBLE C/O 1765 NORTHCREST DRIVE, CRESCENT CITY, CA 95531 | 84-3538055 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (447) FIRST BAPTIST CHURCH OF MAYWOOD 3759 E. 57TH ST., MAYWOOD, CA 90270 | 95-6001190 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (448) FIRST UNITED METHODIST CHURCH OF RESEDA 18120 SATICOY ST, RESEDA, CA 91335 | 95-6005594 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (449) HEALTH ALLIANCE OF NORTHERN CALIFORNIA PO BOX 990834, REDDING, CA 96099-0834 | 31-1580642 | 501(C)(3) | 10,000 | | | | TECHNICAL ASSISTANCE |
| (450) HMONG CULTURAL CENTER OF DEL NORTE 1124 EL DORADO STREET, CRESCENT CITY, CA 95531 | 47-2989909 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (451) INDEPENDENT ARTS & MEDIA P.O. BOX 420442, SAN FRANCISCO, CA 94142 | 94-3355076 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (452) LAO FAMILY COMMUNITY DEVELOPMENT INC. 2325 E. 12TH STREET , STE 226, OAKLAND, CA 94601 | 94-3115164 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (453) MENDONOMA HEALTH ALLIANCE PO BOX 1196, GUALALA, CA 95445 | 82-1813874 | 501(C)(3) | 10,000 | | | | TECHNICAL ASSISTANCE |
| (454) NEW ANTIOCH COMMUNITY ASSISTANCE ACTION 7826 SOUTH VERMONT AVENUE, LOS ANGELES, CA 90044 | 83-3779674 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (455) NITO'S WINGS, INC 38 REGAL WAY, OROVILLE, CA 95966 | 81-2442349 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (456) PAJARO VALLEY PREVENTION AND STUDENT 335 EAST LAKE AVE, WATSONVILLE, CA 95076 | 77-0269322 | 501(C)(3) | 10,000 | | | | TECHNICAL ASSISTANCE |
| (457) PARKSIDE STUDIOS, L.P. 1400 PARKMOOR AVENUE, SUITE 190, SAN JOSE, CA 95126 | 46-2843300 | | 10,000 | | | | TECHNICAL ASSISTANCE |
| (458) RIVERHOUSE ASSOCIATES 22645 GRAND STREET, HAYWARD, CA 94541 | 77-0284021 | | 10,000 | | | | TECHNICAL ASSISTANCE |
| (459) ROBERTS FAMILY DEVELOPMENT CENTER 770 DARINA AVE, SACRAMENTO, CA 95815 | 68-0470557 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (460) SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH STREET, SACRAMENTO, CA 95811 | 94-2502229 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (461) SAINT ALBERT THE GREAT CHURCH 804 E. COMPTON BLVD, RANCHO DOMINGUEZ, CA 90220 | 95-3441035 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (462) SAN GABRIEL MISSION CATHOLIC CHURCH 428 S. MISSION DRIVE, SAN GABRIEL, CA 91776 | 95-6002795 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (463) SLAVIC-AMERICAN CHAMBER OF COMMERCE 3104 O STREET, SACRAMENTO, CA 95816 | 27-1304045 | 501(C)(6) | 10,000 | | | | CAPACITY BUILDING |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (464) SOUTH ASIAN NETWORK, INC. 1120 W. 6TH STREET , UNIT #1627, LOS ANGELES, CA 90017 | 33-0608166 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (465) ST. IGNATIUS OF LOYOLA CHURCH 6024 TERRACE DRIVE, LOS ANGELES, CA 90042 | 95-1643356 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (466) THAI COMMUNITY DEVELOPMENT CENTER 6376 YUCCA STREET, SUITE B, LOS ANGELES, CA 90028 | 95-4531770 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (467) TRUE NORTH ORGANIZING NETWORK 517 3RD ST. #16, EUREKA, CA 95501 | 47-2208314 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (468) UN MUNDO 873 SANTA CRUZ AVENUE, UNIT #202, MENLO PARK, CA 94025 | 91-2157711 | 501(C)(3) | 10,000 | | | | CAPACITY BUILDING |
| (469) YUOK TRIBE PO BOX 1027, KLAMATH, CA 95548 | 68-0178020 | | 10,000 | | | | TECHNICAL ASSISTANCE |
| (470) HEALTH RESEARCH, INC. 150 BROADWAY, MENANDS, NY 12204 | 14-1402155 | | 9,733 | | | | RESEARCH |
| (471) METHODIST HEALTHCARE SYSTEM OF 7700 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229 | 74-2730328 | | 9,442 | | | | RESEARCH |
| (472) CLINICAS DE SALUD DEL PUEBLO, INC. 852 E. DANENBERG DRIVE, 2ND FLOOR, EL CENTRO, CA 92243 | 95-2657324 | 501(C)(3) | 9,000 | | | | CAPACITY BUILDING |
| (473) PIONEERS MEMORIAL HEALTHCARE DISTRICT 207 WEST LEGION ROAD, BRAWLEY, CA 92227 | 95-6002430 | STATE OF CA | 9,000 | | | | CAPACITY BUILDING |
| (474) EL PASO CHILDREN'S HOSPITAL CORPORATION 4845 ALAMEDA AVENUE, EL PASO, TX 79905 | 26-3075429 | 501(C)(3) | 8,745 | | | | RESEARCH |
| (475) DAVE WALTE 6804 HENNEMAN WAY , #2071, MCKINNEY, TX 75070 | 86-1129133 | | 8,600 | | | | TECHNICAL ASSISTANCE |
| (476) AMADOR TUOLUMNE COMMUNITY ACTION 10590 HWY 88, JACKSON, CA 95642 | 94-2765408 | | 8,500 | | | | CAPACITY BUILDING |
| (477) HDMC HOLDINGS, LLC 6601 WHITE FEATHER ROAD, JOSHUA TREE, CA 92252 | 47-3550779 | | 8,333 | | | | TECHNICAL ASSISTANCE |
| (478) CENTRO MEDICO DEL TURABO, INC. 100 LUIS MUNOZ MARIN AVE, CAGUAS, PR 00725 | 66-0465905 | | 8,025 | | | | RESEARCH |
| (479) MIAMI CANCER INSTITUTE AT BAPTIST 8900 N. KENDALL DRIVE, MIAMI, FL 33176 | 47-3090066 | 501(C)(3) | 7,833 | | | | RESEARCH |
| (480) CARILION MEDICAL CENTER 213 S JEFFERSON STREET, SUITE 201, ROANOKE, VA 24011 | 54-0506332 | 501(C)(3) | 7,608 | | | | 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 |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (481) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA PO BOX 785541, PHILADELPHIA, PA 19178-5541 | 23-1352685 | 501(C)(3) | 7,519 | | | | RESEARCH |
| (482) 3-FOLD COMMUNICATIONS 1610 R COMMUNICATIONS , #300, SACRAMENTO, CA 95811 | 20-1119447 | | 7,500 | | | | CAPACITY BUILDING |
| (483) BLACK CULTURAL ZONE COMMUNITY 2032 SAN JOSE AVENUE, ALAMEDA, CA 94501 | 84-3885205 | 501(C)(3) | 7,500 | | | | CAPACITY BUILDING |
| (484) CALIFORNIA CONSORTIUM FOR URBAN INDIAN HEALTH 1016 LINCOLN BLVD, UNIT #111, SAN FRANCISCO, CA 94129 | 20-4878959 | 501(C)(3) | 7,500 | | | | TECHNICAL ASSISTANCE |
| (485) CALIFORNIA RURAL LEGAL ASSISTANCE 2210 K ST., STE. 201, SACRAMENTO, CA 95816 | 94-2800442 | 501(C)(3) | 7,500 | | | | TECHNICAL ASSISTANCE |
| (486) EDUCATION AND LEADERSHIP FOUNDATION 1308 E. OLIVE AVENUE, FRESNO, CA 93728 | 26-0417563 | 501(C)(3) | 7,500 | | | | TECHNICAL ASSISTANCE |
| (487) INDEPENDENT LIVING CENTER OF KERN COUNTY 5251 OFFICE PARK DRIVE , UNIT #200, BAKERSFIELD, CA 93309 | 77-0384453 | 501(C)(3) | 7,500 | | | | TECHNICAL ASSISTANCE |
| (488) JAKARA MOVEMENT 6089 N. 1ST ST. , UNIT #102, FRESNO, CA 93710 | 26-3225754 | 501(C)(3) | 7,500 | | | | CAPACITY BUILDING |
| (489) KUTTURAN CHAMORU FOUNDATION 3307 OREGON AVENUE, LONG BEACH, CA 90806 | 26-4564957 | 501(C)(3) | 7,500 | | | | TECHNICAL ASSISTANCE |
| (490) NEW HORIZONS DISABILITY EMPOWERMENT CENTER 9400 E VALLEY RD, PRESCOTT VALLEY, AZ 86314 | 86-0701189 | 501(C)(3) | 7,500 | | | | TECHNICAL ASSISTANCE |
| (491) NUESTRA ALIANZA DE WILLITS 291 SCHOOL STREET, UNIT #1, WILLITS, CA 95490 | 04-3732550 | 501(C)(3) | 7,500 | | | | CAPACITY BUILDING |
| (492) PLACER INDEPENDENT RESOURCE SERVICES 11768 ATWOOD ROAD, UNIT #129, AUBURN, CA 95603 | 94-3209861 | 501(C)(3) | 7,500 | | | | TECHNICAL ASSISTANCE |
| (493) SUCCESS IN CHALLENGES, INC. 4508 ATLANTIC AVE., UNIT #782, LONG BEACH, CA 90807 | 33-0936763 | 501(C)(3) | 7,500 | | | | TECHNICAL ASSISTANCE |
| (494) VALLEY VOICES PO BOX 903, HANFORD, CA 93230 | 84-3911625 | 501(C)(3) | 7,500 | | | | TECHNICAL ASSISTANCE |
| (495) CENTRAL IOWA HOSPITAL CORPORATION 1200 PLEASANT STREET, DES MOINES, IA 50309 | 42-0680452 | 501(C)(3) | 7,439 | | | | 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 |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (496) ATLANTIC HEALTH SYSTEMS INC 475 SOUTH STREET, MORRISTOWN, NJ 07960 | 52-1958352 | 501(C)(3) | 7,358 | | | | RESEARCH |
| (497) COMMUNITIES ACTIVELY LIVING INDEPENDENT & FREE 634 S. SPRING STREET, 2ND FLOOR, LOS ANGELES, CA 90014 | 95-4860169 | 501(C)(3) | 7,350 | | | | TECHNICAL ASSISTANCE |
| (498) INDEPENDENT LIVING RESOURCE CENTER 423 WEST VICTORIA STREET, SANTA BARBARA, CA 93101 | 95-3255012 | 501(C)(3) | 7,188 | | | | TECHNICAL ASSISTANCE |
| (499) RECOVERYPEOPLE 1210 N. AVENUE C, ELGIN, TX 78621 | 27-0804939 | 501(C)(3) | 7,056 | | | | RESEARCH |
| (500) COMMUNITY RESOURCES FOR INDEPENDENT LIVING 439 A STREET, HAYWARD, CA 94541 | 94-2598873 | 501(C)(3) | 6,924 | | | | TECHNICAL ASSISTANCE |
| (501) MONTEFIORE MEDICAL CENTER 3411 WAYNE AVE , 7TH FLOOR, BRONX, NY 10467 | 13-1740114 | 501(C)(3) | 6,567 | | | | RESEARCH |
| (502) THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-5100 | 47-0049123 | STATE OF NE | 6,500 | | | | RESEARCH |
| (503) MARCH OF DIMES, INC. 1550 CRYSTAL DRIVE, SUITE 1300, ARLINGTON, VA 22202 | 13-1846366 | 501(C)(3) | 6,484 | | | | CAPACITY BUILDING |
| (504) RURAL CENTER FOR INDEPENDENT LIVING, INC P.O. BOX 3177, CARSON CITY, NV 89702 | 88-0389130 | 501(C)(3) | 6,201 | | | | TECHNICAL ASSISTANCE |
| (505) SANFORD RESEARCH 2301 EAST 60TH STREET NORTH, SIOUX FALLS, SD 57104-0569 | 46-0450378 | | 6,185 | | | | RESEARCH |
| (506) OCHSNER CLINIC FOUNDATION PO BOX 54996, NEW ORLEANS, LA 70154-4996 | 72-0502505 | 501(C)(3) | 6,158 | | | | RESEARCH |
| (507) 55 LIBERTY TOWERS CHURCH OF THE NAZARENE 5132 ELKHORN BLVD, SACRAMENTO, CA 95842 | 44-0552034 | 501(C)(3) | 6,000 | | | | CAPACITY BUILDING |
| (508) CENTER FOR A NON VIOLENT COMMUNITY 542 W. STOCKTON ST., SONORA, CA 95370 | 77-0447369 | 501(C)(3) | 6,000 | | | | CAPACITY BUILDING |
| (509) NORTH BROWARD HOSPITAL DISTRICT 1608 SE 3RD AVENUE., ISC BLDG, 2ND FLOOR, FT LAUDERDALE, FL 33316 | 59-6012065 | 501(C)(3) | 5,859 | | | | RESEARCH |
| (510) EL CONCILIO CALIFORNIA 445 N. SAN JOAQUIN STREET, STOCKTON, CA 95202-2026 | 94-1677202 | 501(C)(3) | 5,500 | | | | CAPACITY BUILDING |
| (511) CENTER FOR INDEPENDENCE OF INDIVIDUALS 2001 WINWARD WAY, STE 103, SAN MATEO, CA 94404 | 94-2581080 | 501(C)(3) | 5,322 | | | | 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 |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|---|---|---------------------------------------|
| (512) LOUISIANA STATE UNIVERSITY HEALTH 433 BOLIVAR STREET, NEW ORLEANS, LA 70112 | 72-6087770 | STATE OF LA | 5,008 | | | | RESEARCH |

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. |
| (4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE, SEATTLE, WA 98105-3901 |
| (7) 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 |
| (11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | THE ASPEN INSTITUTE 2300 N ST NW STE 700, WASHINGTON, DC 20037-1122 |

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

2022

**Open to Public
Inspection**

Employer identification number

94-1646278

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </div> </div> | | |
| 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. | 1b | |
| 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? | 2 | |
| 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. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div> | | |
| 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? | 4a | ✓ |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | ✓ |
| 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. | 4c | ✓ |
| 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? | 5a | ✓ |
| b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. | 5b | ✓ |
| 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? | 6a | ✓ |
| b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. | 6b | ✓ |
| 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. | 7 | ✓ |
| 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. | 8 | ✓ |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 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 and/or 1099-NEC 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) | 503,520 | 99,039 | 41,785 | 30,500 | 31,018 | 705,862 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 B. MELANGE MATTHEWS EXEC VP & CHIEF OPERATING OFFICER | (i) | 351,113 | 34,897 | 9,251 | 30,500 | 22,274 | 448,035 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 LEAH WILLIAMS CHIEF LEGAL OFFICER | (i) | 267,350 | 28,119 | 1,472 | 28,742 | 37,329 | 363,012 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 ISRAEL GHEBRETINSAE CHIEF FINANCIAL OFFICER | (i) | 273,907 | 27,810 | 900 | 28,426 | 28,630 | 359,673 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 BAKER MAGGWA EXPERT ADVISORY PROFESSIONAL | (i) | 269,400 | 0 | 7,529 | 27,192 | 34,696 | 338,817 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 VALERIE MCCANN WOODSON CHIEF HUMAN RESOURCES OFFICER | (i) | 246,863 | 25,442 | 10,634 | 26,006 | 26,041 | 334,986 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 MATTHEW MARSOM CHIEF OF PROGRAMS, POLICY & GOVT RELATIONS | (i) | 258,848 | 25,442 | 820 | 26,006 | 10,343 | 321,459 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 AMY BLOOM UNIQUELY SKILLED SR TECH EXPERT | (i) | 267,647 | 0 | 7,407 | 26,793 | 12,779 | 314,626 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 DORCAS MUTETEKE SENIOR TECHNICAL ADVISOR II | (i) | 275,858 | 0 | 1,193 | 18,228 | 9,710 | 304,989 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 RAZ STEVENSON SENIOR TECHNICAL ADVISOR II | (i) | 247,743 | 4,000 | 1,218 | 18,010 | 32,981 | 303,952 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 DAVID HAUSNER PROGRAM DIRECTOR IV | (i) | 202,060 | 4,000 | 1,925 | 21,438 | 34,438 | 263,861 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 DOUG JUTTE SR ENTERPRISE APPLICATIONS DIRECTOR | (i) | 231,497 | 3,500 | 1,098 | 23,150 | 1,941 | 261,186 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 SUSAN WATSON PROGRAM DIRECTOR IV | (i) | 193,139 | 7,277 | 1,904 | 19,367 | 12,447 | 234,134 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | <p>THE ORGANIZATION'S CEO, MARY PITTMAN, RECEIVED A NON-FIXED PERFORMANCE-BASED PAYMENT IN 2022 THAT WAS AWARDED AT THE DISCRETION OF THE BOARD OF DIRECTORS.</p> <p>THE FOLLOWING INDIVIDUALS RECEIVED NON-FIXED PERFORMANCE-BASED PAYMENTS DURING 2022 THAT WERE DETERMINED BY THE ORGANIZATION'S CEO:</p> <ul style="list-style-type: none"> -B. MELANGE MATTHEWS -LEAH WILLIAMS -ISRAEL GHEBRETINSAE -VALERIE MCCANN WOODSON -MATTHEW MARSOM <p>THE FOLLOWING INDIVIDUALS RECEIVED NON-FIXED PERFORMANCE-BASED PAYMENTS DURING 2022 THAT WERE DETERMINED BY THE INDIVIDUAL'S RESPECTIVE PROGRAM DIRECTOR OR SUPERVISOR AND APPROVED BY HUMAN RESOURCES:</p> <ul style="list-style-type: none"> -DAVID HAUSNER -DOUG JUTTE -SUSAN WATSON -RAZ STEVENSON |

| | | |
|---|--|---|
| SCHEDULE O (Form 990) 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. <div style="display: flex; justify-content: center; gap: 20px; font-size: 0.9em;"> ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. </div> | OMB No. 1545-0047 <div style="text-align: center; font-size: 2em; font-weight: bold; margin-bottom: 5px;">2022</div> 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 4A - PROGRAM SERVICE DESCRIPTION | <p>FOCUS RESOURCES ON THE MOST PROMISING SCIENTIFIC ADVANCES. EXTENSIVE COLLABORATION AND INTEGRATION ARE FOUND THROUGHOUT COG'S ORGANIZATION. FOR EXAMPLE, THE STRATEGIC DECISION TO ESTABLISH THE FREESTANDING COG COORDINATING CENTER COMPOSED OF COG'S OPERATIONS AND 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 IS SUPPORTING APPROXIMATELY 50 STUDIES IN DEVELOPMENT, 80 STUDIES ACTIVELY ENROLLING NEW SUBJECTS, AND 100 STUDIES CLOSED TO ENROLLMENT FOR WHICH DATA COLLECTION IS COMPLETED AND DATA ANALYSIS IS IN PROCESS. ANNUALLY, THE COG COORDINATING CENTER FACILITATES APPROXIMATELY 3,200 ENROLLMENTS ONTO COG THERAPEUTIC STUDIES AND MORE THAN 9,000 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 32,000 CHILDREN ANNUALLY WHO CONTINUE TO BE EVALUATED AT COG MEMBER INSTITUTIONS FOR STUDIES ON WHICH THEY HAVE COMPLETED THERAPY. IN 2022, THE FOOD AND DRUG ADMINISTRATION (FDA) SOUGHT DATA AND FINDINGS FOR BRENTUXIMAB VEDOTIN(BV, A DRUG THAT COULD BE USED WITH CHEMOTHERAPY FOR PATIENTS WITH CLASSICAL HODGKIN LYMPHOMA). THE FDA UTILIZED DATA FROM THE CHILDREN'S ONCOLOGY GROUP RANDOMIZED TRIAL OF 600 PATIENTS WITH HIGH-RISK HODGKIN LYMPHOMA. RESEARCH FINDINGS INDICATED THAT BV WAS AN EFFECTIVE MEDICATION FOR TREATING CHILDREN WITH CANCER AND INFORMED THE FDA'S APPROVAL OF THE DRUG-EXPANDING ACCESS TO THIS EFFECTIVE MEDICATION FOR PEDIATRIC CANCER PATIENTS. 80% OF CHILDREN WITH CANCER NOW SURVIVE 5 YEARS OR MORE AS A RESULT OF EFFORTS OF THE CHILDREN'S ONCOLOGY GROUP AND ITS PREDECESSORS.</p> |
| FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION | <p>PROGRAMS, AND AT LOCAL MINISTRIES OF HEALTH. CUMULATIVELY, STAR HAS PLACED 143 FELLOWS AND 132 INTERNS, 72 OF WHICH ARE LOCAL COUNTRY NATIONALS AND 19 OF WHICH ARE THIRD COUNTRY NATIONALS, IN 34 COUNTRIES PLUS THE US. ADDITIONALLY, STAR IMPLEMENTS SPECIAL PARTNERSHIPS AND INITIATIVES TO SUPPORT USAID'S GOALS AND OBJECTIVES. ONE OF THESE IS PROMOTING AND ENHANCING DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY (DEIA) WITHIN THE GLOBAL HEALTH BUREAU OF USAID. A SECOND IS PROVIDING COVID-RELATED, GLOBAL TECHNICAL ASSISTANCE TO USAID PARTNERS THAT ARE IMPLEMENTING PATIENT MANAGEMENT SERVICES, SUCH AS OXYGEN THERAPY FOR PATIENTS WITH SEVERE COVID AND TESTING AND TREATMENT FOR PATIENTS WITH EARLY COVID INFECTIONS TO PREVENT SEVERE CASES. STAR IS ALSO REVIEWING THE IMPLEMENTATION OF THESE SERVICES BY USAID PARTNERS TO UNDERSTAND AND DISSEMINATE THE LEARNED LESSONS FOR IMPROVED SERVICE DELIVERY. FINALLY, STAR IS WORKING TO BUILD LEADERSHIP AND MANAGEMENT CAPACITY AMONG MALARIA AND TB TEAMS AT MINISTRIES OF HEALTH IN MULTIPLE COUNTRIES, BY EMBEDDING MANAGEMENT PARTNER CONSULTANTS WITHIN THE TEAMS TO HELP IMPROVE THEIR EFFICIENCY AND EFFECTIVENESS FOR GREATER RESULTS.</p> |
| FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION | <p>COMMUNITY-BASED ORGANIZATIONS WORLDWIDE TO INCREASE FOOD AND NUTRITION SECURITY AND REDUCE DIET-RELATED ILLNESSES AND CHRONIC DISEASES. PHI CWN PRIORITIZES CULTURALLY ROOTED PRACTICES. FOR EXAMPLE, IT CONVENES THE CALFRESH HEALTHY LIVING (CFHL) TRIBAL AMBASSADOR COMMITTEE THAT INCLUDES MEMBERS REPRESENTING DIVERSE TRIBAL PARTNERS FROM COMMUNITIES THROUGHOUT CALIFORNIA WHO PROVIDE FEEDBACK, GUIDANCE, AND SUGGESTIONS ON NUTRITION EDUCATION MATERIALS, HEALTHY TRADITIONAL RECIPES, AND PARTNERSHIPS DEVELOPMENT TO BETTER SERVE CALIFORNIA AMERICAN INDIAN ALASKAN NATIVE COMMUNITIES. THIS COMMITTEE HAS DEVELOPED A RANGE OF NEW CULTURALLY APPROPRIATE CFHL RESOURCES THAT PROMOTE HEALTHY LIVING AND TRADITIONAL FOODS.</p> <p>IN 2022, PHI CWN ORGANIZED A DATA EQUITY WEBINAR SERIES, "DECOLONIZING DATA PRACTICES THROUGH INDIGENOUS EVALUATION APPROACHES," FEATURING DR. ROSE JAMES, DIRECTOR OF RESEARCH AND EVALUATION AT THE URBAN INDIAN HEALTH INSTITUTE, ATTENDED BY 810 PUBLIC HEALTH PROFESSIONALS. PHI CWN ALSO COLLABORATED WITH ABBOTT FUND'S FUTURE WELL COMMUNITIES PARTNERS TO IMPLEMENT AND EVALUATE THE HEALTHY FOOD RX PROGRAM, PROVIDING FOOD BOXES TO 760 LOW-INCOME PEOPLE DIAGNOSED WITH DIABETES IN STOCKTON, CA.</p> <p>IN THE SAME YEAR, PHI CWN HOSTED 32 TRAINING EVENTS WITH 1,415 ATTENDEES AND LAUNCHED THE GLOBAL NUTRITION AND PARTNERSHIPS PROGRAM TO IMPROVE HEALTH GLOBALLY. THROUGH THIS PROGRAM, PHI CWN COLLABORATES ACROSS SECTORS IN RESEARCH, EDUCATION, AND PROGRAM IMPLEMENTATION TO COMBAT MALNUTRITION BY INCREASING ACCESS TO BETTER HEALTHCARE AS WELL AS NUTRITIOUS, AFFORDABLE, AND CLIMATE-SMART FOODS</p> <p>PHI CWN PARTNERED WITH 27 RETAILERS AND FARMERS MARKETS, RESULTING IN THE INDIRECT SUPPORT OF 37,512 INDIVIDUALS CONNECTED TO ACCESSIBLE, AFFORDABLE FRUITS AND VEGETABLES. THE TEAM ALSO CONTRIBUTED TO THE FIELD THROUGH 16 CONFERENCE PRESENTATIONS AND THE PUBLICATION OF FIVE PEER-REVIEWED JOURNAL ARTICLES. ROOTS OF CHANGE (ROC), ALSO A PROGRAM OF PHI, PARTNERED WITH PHI CWN IN 2022 TO JOINTLY WORK ON ENSURING A HEALTHY AND ACCESSIBLE FOOD SUPPLY CHAIN. THEY ARE PART OF A COALITION THAT WILL RECEIVE \$35 MILLION OVER FIVE YEARS TO DEVELOP A SYSTEM FOR TRANSPARENT CONFIRMATION OF REGENERATIVE PRACTICES BY BEEF AND BISON PRODUCERS WORLDWIDE. ROC ALSO ADVOCATED SUCCESSFULLY WITH ITS FOOD AND FARM RESILIENCE COALITION PARTNERS FOR OVER \$700 MILLION IN THE 2022-23 CALIFORNIA BUDGET, INCLUDING \$15 MILLION EACH FOR THE CALIFORNIA NUTRITION INCENTIVE PROGRAM, THE HEALTHY REFRIGERATION GRANT PROGRAM, AND WEATHERIZATION OF FARMWORKER HOMES.</p> |

| Return Reference - Identifier | Explanation |
|--|---|
| FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES | <p>(EXPENSES \$109,007,323 INCLUDING GRANTS OF \$27,027,239)(REVENUE)</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 OVER 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> |
| 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;</p> <p>(B) THE AMENDMENT OR REPEAL OF BYLAWS OR THE ADOPTION OF NEW BYLAWS;</p> <p>(C) THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE;</p> <p>(D) THE APPOINTMENT OF OTHER COMMITTEES OF THE BOARD OR THE MEMBERS THEREOF; AND</p> <p>(E) THE APPROVAL OF ANY SELF-DEALING TRANSACTION, EXCEPT AS PERMITTED BY STATE LAW.</p> |
| 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 OFFICE, WITH THE CEO HAVING 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 NOVEMBER 2022.</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 NOVEMBER 2022.</p> |

| Return Reference - Identifier | Explanation | | | | |
|---|--|--------------------|------------------------------|-------------------------------------|--------------------------|
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE CALIFORNIA SECRETARY OF STATE AND THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. THEY ARE PROVIDED TO INTERESTED PARTIES (I.E. GOVERNMENT AND PRIVATE FUNDING AGENCIES) UPON REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES ARE PROVIDED UPON REQUEST. FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. | | | | |
| FORM 990, PART VII, SECTION A - COMPENSATION | 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. | | | | |
| FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES | (a) Description | (b) Total Expenses | (c) Program Service Expenses | (d) Management and General Expenses | (e) Fundraising Expenses |
| | OTHER FEES FOR SERVICES | 34,141,451 | 31,764,357 | 2,377,094 | |
| | PROJECT CONSULTANT | 10,621,304 | 10,621,304 | | |
| | SUB CONTRACTORS | 96,165 | 96,165 | | |
| | TEMPORARY HELP | 43,047 | | 43,047 | |
| | Total | 44,901,967 | 42,481,826 | 2,420,141 | 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

2022

**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 | 103,794 | PUBLIC HEALTH INSTITUTE |
| (2) | | | | | |
| (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) | | | | | | | | | | | | | |