

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.**2021****Open to Public Inspection**

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>PUBLIC HEALTH INSTITUTE</u> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>555 12TH STREET</u> <u>600</u> City or town, state or province, country, and ZIP or foreign postal code <u>OAKLAND, CA 94607-4046</u> F Name and address of principal officer: <u>DR. MARY A. PITTMAN</u> <u>SAME AS C ABOVE</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number <u>94-1646278</u>
J Website: ▶ <u>WWW.PHI.ORG</u>	E Telephone number <u>(510) 285-5500</u>
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	G Gross receipts \$ <u>243,626,966</u>
L Year of formation: <u>1964</u>	M State of legal domicile: <u>CA</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PUBLIC HEALTH INSTITUTE GENERATES AND PROMOTES RESEARCH, LEADERSHIP AND PARTNERSHIPS TO BUILD CAPACITY FOR STRONG PUBLIC HEALTH POLICY, PROGRAMS, SYSTEMS AND PRACTICES.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1,541
	6 Total number of volunteers (estimate if necessary)	6	8
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>110,230,613</u>	<u>154,496,751</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>84,171,226</u>	<u>89,046,134</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>84,103</u>	<u>84,081</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>194,485,942</u>	<u>243,626,966</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>27,219,242</u>	<u>87,548,563</u>
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>84,510,924</u>	<u>126,162,567</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,068</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>42,798,011</u>	<u>39,434,798</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>154,528,177</u>	<u>253,145,928</u>
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	<u>39,957,765</u>	<u>(9,518,962)</u>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>92,707,393</u>	<u>88,444,791</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>33,767,028</u>	<u>38,638,413</u>
		<u>58,940,365</u>	<u>49,806,378</u>

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	<u>ISRAEL GHEBRETINSAE, CHIEF FINANCIAL OFFICER</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>DIANE KIRMACI</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P01578407</u>
	Firm's name ▶ <u>CROWE LLP</u>	Firm's EIN ▶ <u>35-0921680</u>			
	Firm's address ▶ <u>575 MARKET STREET, SUITE 3300, SAN FRANCISCO, CA 94105-5829</u>	Phone no. <u>(415) 576-1100</u>			

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** (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 1** Briefly describe the organization's mission:
PUBLIC HEALTH INSTITUTE GENERATES AND PROMOTES RESEARCH, LEADERSHIP AND PARTNERSHIPS TO BUILD CAPACITY FOR STRONG PUBLIC HEALTH POLICY, PROGRAMS, SYSTEMS AND PRACTICES.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 53,556,081 including grants of \$ 1,685,000) (Revenue \$ 51,871,081)
TRACING HEALTH IS A COVID-19 RESPONSE AND PUBLIC HEALTH WORKFORCE DEVELOPMENT PROGRAM SERVING PUBLIC HEALTH DEPARTMENTS AND HEALTHCARE ORGANIZATIONS. IN 2021, TRACING HEALTH SUPPORTED PUBLIC HEALTH DEPARTMENTS AND HEALTHCARE ORGANIZATIONS IN WASHINGTON, OREGON, AND CALIFORNIA. SERVICES INCLUDED COVID-19 CASE INVESTIGATION AND CONTACT TRACING; RESOURCE REFERRALS AND CASE MANAGEMENT; EPIDEMIOLOGY AND DATA ANALYSIS; VACCINE CALL CENTERS; FIELD-BASED VACCINE OUTREACH AND NON-CLINICAL STAFFING; AND CONSULTING ON COVID-19 RESPONSE APPROACHES. FUNDING SOURCES INCLUDE FOUNDATIONS AND GOVERNMENT SOURCES.

TRACING HEALTH UTILIZES PUBLIC HEALTH INSTITUTE'S ROBUST OPERATIONAL INFRASTRUCTURE TO RECRUIT, TRAIN, AND DEPLOY HIGHLY QUALIFIED STAFF, QUICKLY REACHING REQUIRED STAFFING LEVELS AND RESPONDING TO EMERGING NEEDS. LANGUAGE ACCESS AND CULTURAL RESPONSIVENESS IS A KEY ELEMENT OF
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 33,537,377 including grants of \$ 28,051,429) (Revenue \$ 5,485,948)
TOGETHER TOWARD HEALTH (TTH), A PROGRAM OF THE PUBLIC HEALTH INSTITUTE, WORKS TO SLOW AND STOP THE SPREAD OF COVID-19 IN CALIFORNIA, WITH A FOCUS ON BLACK, LATINX, NATIVE AMERICAN, IMMIGRANT AND LOW-INCOME COMMUNITIES WHO HAVE BEEN HIT HARDEST BY THE PANDEMIC. WE SUPPORT COVID RECOVERY EFFORTS THAT ARE ROOTED IN HOW COMMUNITY MEMBERS LIVE, WHERE THEY ARE, ORGANIZED BY PEOPLE THEY TRUST AND OFFERED IN THE LANGUAGES THEY SPEAK. LAUNCHED IN SEPTEMBER 2020, TTH IS A DYNAMIC POOLED FUND, CREATED AND SUPPORTED BY MAJOR PHILANTHROPIES TO ADDRESS THE DISPROPORTIONATE IMPACT OF COVID-19 IN CALIFORNIA'S MOST VULNERABLE COMMUNITIES. THROUGH CAREFUL COORDINATION WITH COMMUNITY PARTNERS, LOCAL HEALTH DEPARTMENTS AND STATE GOVERNMENT AGENCIES, TTH RESOURCES HAVE WORKED TO SUPPORT EDUCATION, AWARENESS AND OUTREACH TO MITIGATE THE SPREAD OF COVID-19, INCREASE VACCINE AWARENESS AND ACCESS, AND PROVIDE WORKFORCE DEVELOPMENT STRATEGIES TO STRENGTHEN LOCAL ECONOMIC RESILIENCE. AS A FISCAL INTERMEDIARY, TTH PROVIDED PHILANTHROPIC
(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 32,861,312 including grants of \$ 10,781,966) (Revenue \$ 22,079,346)
CHILDREN'S ONCOLOGY GROUP COORDINATING CENTER: MONROVIA, CA: THE PUBLIC HEALTH INSTITUTE SERVES AS THE CHILDREN'S ONCOLOGY GROUP COORDINATING CENTER (COGCC) IN MONROVIA, CALIFORNIA. COGCC IS THE PRIMARY HEADQUARTERS FOR THE OPERATIONS OF THE CHILDREN'S ONCOLOGY GROUP (COG), PROVIDING ADMINISTRATIVE AS WELL AS STATISTICAL AND DATA MANAGEMENT SUPPORT. COG, A NATIONAL CANCER INSTITUTE (NCI) SUPPORTED CLINICAL TRIALS GROUP, IS THE WORLD'S LARGEST ORGANIZATION DEVOTED EXCLUSIVELY TO CHILDHOOD AND ADOLESCENT CANCER RESEARCH. THE NCI COOPERATIVE GROUP SYSTEM FOR CLINICAL RESEARCH BEGAN IN 1955 WITH A CONSORTIUM FOCUSED ON CHILDHOOD CANCER RESEARCH. BY THE END OF THE 1990S THERE WERE NINE GROUPS FUNDED BY THE NCI TO CONDUCT RESEARCH IN ADULTS WITH CANCER, AND FOUR COOPERATIVE GROUPS FUNDED WITH A FOCUS ON CHILDHOOD CANCER RESEARCH. IN 2000, THE FOUR PEDIATRIC GROUPS VOLUNTARILY MERGED EFFORTS TO CREATE THE CHILDREN'S ONCOLOGY GROUP. TOGETHER, COG AND COGCC HAVE TWENTY-TWO YEARS OF EXPERIENCE IN CARRYING OUT EFFICIENT, HIGH
(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 110,394,715 including grants of \$ 47,030,168) (Revenue \$ 9,609,759)

4e Total program service expenses **230,349,485**

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 305	
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 1,541		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓	
b	If "Yes," enter the name of the foreign country ► IN 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, any disqualified person, or mine operator 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 10		
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 8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
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		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Did the organization have members or stockholders?	6		✓
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		✓
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		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓

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	✓
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	✓
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	✓
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
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	✓
13 Did the organization have a written whistleblower policy?	13	✓
14 Did the organization have a written document retention and destruction policy?	14	✓
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	✓
b Other officers or key employees of the organization	15b	✓
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	✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► [CA](#)

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
[ISRAEL GHEBRETINSAE, 555 12TH STREET, SUITE 290, OAKLAND, CA 94607-4046, \(510\) 285-5654](#)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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, 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	✓		✓				525,949	0	60,730
(2) B. MELANGE MATTHEWS EXEC VP & CHIEF OPERATING OFFICER	40.0				✓			393,390	0	54,122
(3) LEAH WILLIAMS CHIEF LEGAL OFFICER	40.0				✓			303,528	0	68,504
(4) ISRAEL GHEBRETINSAE CHIEF FINANCIAL OFFICER	40.0			✓				297,541	0	53,196
(5) VALERIE MCCANN WOODSON SENIOR VP HUMAN RESOURCES	40.0				✓			285,945	0	49,296
(6) BAKER MAGGWA TECHNICAL ADVISOR IV	40.0					✓		265,683	0	64,608
(7) MATTHEW MARSOM SR VP PUBLIC POLICY & PROGRAMS	40.0				✓			289,522	0	36,204
(8) RAZ STEVENSON SENIOR TECH ADVISOR - OVERSEAS	40.0					✓		266,480	0	50,262
(9) AMY BLOOM UNIQUELY SKILLED SR TECH EXPERT	40.0					✓		274,487	0	40,691
(10) LALIT SALUJA SR ENTERPRISE APPLICATIONS DIRECTOR	40.0					✓		240,536	0	58,054
(11) CARMEN NEVAREZ PROGRAM DIRECTOR IV	40.0					✓		246,737	0	31,802
(12) DAVID HAUSNER PROGRAM DIRECTOR IV	40.0				✓			216,059	0	57,501
(13) SUSAN WATSON PROGRAM DIRECTOR II	40.0	✓						208,150	0	30,128
(14) ADAEZE ENEKWECHI SECRETARY/TREASURER	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) ANDREW PINES BOARD CHAIR	1.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) DARA JOHNSON TRESEDER, MBA VICE CHAIR	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) ANTHONY BARRUETA BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) NICK MACCHIONE BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) PAUL KUEHNERT BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) RADHA MUTHIAH BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) SANTIAGO MUÑOZ 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								3,814,007	0	655,098
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,814,007	0	655,098

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 **▶** 251

	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
JANE O, LLC, 12602 VENTURA BLVD, STUDIO CITY, CA 91604	PROJECT CONSULTANT	300,000
MICHELE THOMAS PHOTOGRAPHY, LLC, 525 N. SPAULDING AVE, LOS ANGELES, CA 90036	PROJECT CONSULTANT	230,141
CONNELLY PARTNERS LLC, 46 WALTHAM STREET, BOSTON, MA 02118	PROJECT CONSULTANT	212,000
BROWN MILLER COMMUNICATIONS, 1114 JONES STREET, MARTINEZ, CA 94553	PROJECT CONSULTANT	197,047
TANGIBLE DEVELOPMENT, LLC, 4 CENTURY HILL DR, LATHAM, NY 12110	PROJECT CONSULTANT	188,286

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 **▶** 17

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	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c					
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	82,187,010				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	72,309,741				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0				
	h	Total. Add lines 1a-1f		154,496,751				
	Program Service Revenue	2a	CONTRACTS	Business Code				900099
b								
c								
d								
e								
f		All other program service revenue		0	0	0	0	
g		Total. Add lines 2a-2f		89,046,134				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		84,081			84,081
		4	Income from investment of tax-exempt bond proceeds					
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)	0	0				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	b	Less: direct expenses						
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19						
	b	Less: direct expenses						
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances						
	b	Less: cost of goods sold						
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d	All other revenue		0	0	0	0	
	e	Total. Add lines 11a-11d		0				
	12	Total revenue. See instructions		243,626,966	89,046,134	0	84,081	

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	85,463,545	85,463,545		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	462,982	462,982		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,622,036	1,622,036		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	3,240,485	577,920	2,662,565	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)	0	0	0	0
7 Other salaries and wages	93,715,955	83,511,597	10,202,650	1,708
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,420,924	5,457,785	963,139	0
9 Other employee benefits	15,614,731	13,405,850	2,208,283	598
10 Payroll taxes	7,170,472	6,094,901	1,075,571	0
11 Fees for services (nonemployees):				
a Management				
b Legal	286,000	13,610	272,390	
c Accounting	89,771		89,771	
d Lobbying	80,966	8,097	72,869	
e Professional fundraising services. See Part IV, line 17	0			0
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.)	26,255,913	25,110,054	1,145,859	0
12 Advertising and promotion	35,403	35,047	356	
13 Office expenses	5,135,143	3,790,554	1,343,197	1,392
14 Information technology	27,420	6,529	20,891	
15 Royalties				
16 Occupancy	3,733,283	2,815,377	917,906	
17 Travel	257,997	251,868	6,129	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	367,071	357,384	9,687	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	549,780		549,780	
23 Insurance	394,633	70,116	324,517	
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	1,095,220	936,660	158,560	
b OTHER EXPENSES	1,126,198	357,573	768,255	370
c	0			0
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	253,145,928	230,349,485	22,792,375	4,068
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	53,316,189	1	23,872,521
	2 Savings and temporary cash investments	7,728,919	2	27,320,799
	3 Pledges and grants receivable, net	25,653,836	3	31,829,241
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,480,349	9	412,495
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,456,804		
	b Less: accumulated depreciation	10b 3,472,189	10c	984,615
	11 Investments—publicly traded securities	2,867,974	11	3,706,924
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	125,731	15	318,196
16 Total assets. Add lines 1 through 15 (must equal line 33)	92,707,393	16	88,444,791	
Liabilities	17 Accounts payable and accrued expenses	25,982,934	17	25,186,049
	18 Grants payable		18	
	19 Deferred revenue	7,213,812	19	13,095,564
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	570,282	25	356,800
	26 Total liabilities. Add lines 17 through 25	33,767,028	26	38,638,413
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,469,363	27	18,795,664
	28 Net assets with donor restrictions	49,471,002	28	31,010,714
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	58,940,365	32	49,806,378
33 Total liabilities and net assets/fund balances	92,707,393	33	88,444,791	

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	243,626,966
2	Total expenses (must equal Part IX, column (A), line 25)	2	253,145,928
3	Revenue less expenses. Subtract line 2 from line 1	3	(9,518,962)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,940,365
5	Net unrealized gains (losses) on investments	5	384,975
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	49,806,378

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 Single Audit Act and OMB Circular A-133?	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	✓	

**SCHEDULE A
(Form 990)**

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

2021

**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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,183,500	52,150,662	22,917,247	110,230,613	154,496,751	393,978,773
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	55,381,500	53,348,662	24,115,247	111,428,613	155,694,751	399,968,773
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)						26,064,698
6 Public support. Subtract line 5 from line 4						373,904,075

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	55,381,500	53,348,662	24,115,247	111,428,613	155,694,751	399,968,773
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	181,157	84,103	84,081	349,341
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						400,318,114
12 Gross receipts from related activities, etc. (see instructions)					12	389,429,238
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 2021 (line 6, column (f), divided by line 11, column (f))	14	93.40 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	90.08 %
16a 33¹/₃% support test—2021. 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—2020. 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—2021. 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—2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 . . .			
b Excess from 2018 . . .			
c Excess from 2019 . . .			
d Excess from 2020 . . .			
e Excess from 2021 . . .			

**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

2021Name of the organization
PUBLIC HEALTH INSTITUTEEmployer identification number
94-1646278**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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		\$ 26,893,856	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 24,913,496	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 15,041,458	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 14,405,476	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 11,930,801	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,750,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 9,377,782	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 3,950,980	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
	----- ----- -----	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(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

2021

**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)	71,914													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	9,052													
c	Total lobbying expenditures (add lines 1a and 1b)	80,966													
d	Other exempt purpose expenditures	230,268,519	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	230,349,485	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) 2018	(b) 2019	(c) 2020	(d) 2021	(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	62,620	80,373	93,223	80,966	317,182
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	865	8,918	40,883	71,914	122,580

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

**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.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

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

a ☐ Public exhibition

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		4,456,804	3,472,189	984,615
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 984,615

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	356,800
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	356,800

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	244,011,941
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	384,975
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	384,975
3	Subtract line 2e from line 1	3	243,626,966
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	243,626,966

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	253,145,928
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	253,145,928
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	253,145,928

Part XIII Supplemental Information.

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

[SEE STATEMENT](#)

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME AND FRANCHISE TAXES UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE, EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER INTERNAL REVENUE CODE SECTIONS 511 THROUGH 515. A PROVISION FOR INCOME TAXES HAS NOT BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE INSTITUTE IS NOT A PRIVATE FOUNDATION.</p> <p>FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, 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, 2021 AND 2020 NOR DOES IT EXPECT THERE WILL BE A MATERIAL CHANGE IN THE TWELVE MONTHS FOLLOWING THE YEAR ENDED DECEMBER 31, 2021. AS OF DECEMBER 31, 2021, THE INSTITUTE'S TAX YEARS ENDED DECEMBER 31, 2017 THROUGH DECEMBER 31, 2021 REMAIN SUBJECT TO EXAMINATION IN THE UNITED STATES FEDERAL TAX JURISDICTION AND THE TAX YEARS ENDED DECEMBER 31, 2016 THROUGH DECEMBER 31, 2021 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

2021

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) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	3,563,255
(2) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LEADERSHIP DEVELOPMENT	292,591
(3) SOUTH ASIA	1	4	PROGRAM SERVICES	TECHNICAL ASSISTANCE	687,382
(4) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CAPACITY BUILDING	114,128
(5) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	TECHNICAL ASSISTANCE	69,139
(6) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	POLICY DEVELOPMENT	23,923
(7) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	RESEARCH	321,200
(8) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	POLICY DEVELOPMENT	39,219
(9) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	RESEARCH	653,327
(10) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	TECHNICAL ASSISTANCE	132,000
(11) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	TECHNICAL ASSISTANCE	136,000
(12) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	TECHNICAL ASSISTANCE	247,228
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	4			6,279,392
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	4			6,279,392

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	15,000	WIRE			
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	48,500	WIRE			
(3)			NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	12,000	WIRE			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(5)			CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(6)			CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(7)			CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(8)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	22,000	WIRE			
(9)			EAST ASIA AND THE PACIFIC	RESEARCH	18,500	WIRE			
(10)			SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	15,000	WIRE			
(11)			SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	30,000	WIRE			
(12)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	14,000	WIRE			
(13)			EAST ASIA AND THE PACIFIC	RESEARCH	68,000	WIRE			
(14)			EAST ASIA AND THE PACIFIC	RESEARCH	84,700	WIRE			
(15)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	109,767	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 . . . ▶

55

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)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	6,800	WIRE			
(17)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,000	WIRE			
(18)		SOUTH ASIA	TECHNICAL ASSISTANCE	12,000	WIRE			
(19)		SOUTH ASIA	TECHNICAL ASSISTANCE	12,000	WIRE			
(20)		NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	24,000	WIRE			
(21)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	19,139	WIRE			
(22)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	65,800	WIRE			
(23)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,000	WIRE			
(24)		SOUTH ASIA	TECHNICAL ASSISTANCE	40,000	WIRE			
(25)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	29,800	WIRE			
(26)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	6,350	WIRE			
(27)		EAST ASIA AND THE PACIFIC	RESEARCH	19,700	WIRE			
(28)		SOUTH ASIA	TECHNICAL ASSISTANCE	12,000	WIRE			
(29)		EAST ASIA AND THE PACIFIC	POLICY DEVELOPMENT	23,923	WIRE			
(30)		NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	12,000	WIRE			
(31)		EAST ASIA AND THE PACIFIC	RESEARCH	30,400	WIRE			
(32)		NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	12,000	WIRE			
(33)		NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	12,000	WIRE			
(34)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	103,228	WIRE			
(35)		SOUTH ASIA	TECHNICAL ASSISTANCE	12,000	WIRE			
(36)		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,000	WIRE			
(37)		NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	12,000	WIRE			
(38)		NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	12,000	WIRE			
(39)		SOUTH ASIA	TECHNICAL ASSISTANCE	12,000	WIRE			
(40)		EAST ASIA AND THE PACIFIC	RESEARCH	5,900	WIRE			
(41)		SOUTH ASIA	TECHNICAL ASSISTANCE	12,000	WIRE			
(42)		NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	12,000	WIRE			
(43)		SOUTH ASIA	TECHNICAL ASSISTANCE	12,000	WIRE			
(44)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	30,000	WIRE			
(45)		EAST ASIA AND THE PACIFIC	RESEARCH	54,200	WIRE			
(46)		EAST ASIA AND THE PACIFIC	RESEARCH	23,300	WIRE			
(47)		NORTH AMERICA (CANADA &	RESEARCH	291,610	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)
		MEXICO ONLY)						
(48)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	20,100	WIRE			
(49)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	38,600	WIRE			
(50)		NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	24,000	WIRE			
(51)		EUROPE (INCLUDING ICELAND AND GREENLAND)	POLICY DEVELOPMENT	39,219	WIRE			
(52)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	15,000	WIRE			
(53)		EAST ASIA AND THE PACIFIC	RESEARCH	16,500	WIRE			
(54)		SOUTH ASIA	TECHNICAL ASSISTANCE	12,000	WIRE			
(55)		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	15,000	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 EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -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

2021

**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		5,270,037				TECHNICAL ASSISTANCE
(2) COMMUNITY PARTNERS 425 ATLANTIC AVENUE, LONG BEACH, CA 90802	95-4302067	501(C)(3)	2,497,500				TECHNICAL ASSISTANCE
(3) UNIVERSITY OF FLORIDA 207 GRINTER HALL, GAINESVILLE, FL 32611	59-6002052	STATE OF FL	1,778,856				RESEARCH
(4) THE REGENTS OF THE UNIVERSITY OF CA, SF P.O. BOX 748872, LOS ANGELES, CA 90074-4872	94-6036493	STATE OF CA	1,759,394				CAPACITY BUILDING
(5) DRY POWDER WORKS 3120 GARDEN PARK WALK SW, ATLANTA, GA 30331	85-3345588		1,600,000				CAPACITY BUILDING
(6) MIGRANT CLINICIANS NETWORK PO BOX 164285, AUSTIN, TX 78716	74-2662919	501(C)(3)	1,574,690				CAPACITY BUILDING
(7) (SEE STATEMENT)	95-2831058	501(C)(3)	1,292,750				TECHNICAL ASSISTANCE
(8) (SEE STATEMENT)	94-3215565	501(C)(3)	1,185,000				RESEARCH
(9) (SEE STATEMENT)	95-1642394	STATE OF CA	1,136,501				RESEARCH
(10) (SEE STATEMENT)	95-2557063	501(C)(3)	1,141,044				CAPACITY BUILDING
(11) (SEE STATEMENT)	13-1932384	501(C)(3)	899,940				CAPACITY BUILDING
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 445

3 Enter total number of other organizations listed in the line 1 table ▶ 26

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

Cat. No. 50055P

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 TECHNICAL ASSISTANCE	4	462,982			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN STREET, 2ND FLOOR, LONGMONT, CO 80501	54-1254491	501(C)(3)	850,000				TECHNICAL ASSISTANCE
(13) FRESNO BUILDING HEALTHY COMMUNITIES 367 N FIRST STREET, FRESNO, CA 93702	81-3711032	501(C)(3)	850,000				TECHNICAL ASSISTANCE
(14) TIDES CENTER P.O. BOX 889385, LOS ANGELES, CA 90088-9385	94-3213100	501(C)(3)	834,205				TECHNICAL ASSISTANCE
(15) WORKER EDUCATION & RESOURCE CENTER, INC. 1545 WILSHIRE BLVD, SUITE 500, LOS ANGELES, CA 90017	95-4888539	501(C)(3)	770,000				TECHNICAL ASSISTANCE
(16) MEALS ON WHEELS AMERICA 1550 CRYSTAL DRIVE, SUITE 1004, ARLINGTON, VA 22202	23-7447812	501(C)(3)	744,188				CAPACITY BUILDING
(17) VISION Y COMPROMISO 1000 ALAMEDA STREET, THIRD FLOOR, LOS ANGELES, CA 90012	32-0071651	501(C)(3)	716,787				TECHNICAL ASSISTANCE
(18) CONTRA COSTA REGIONAL HEALTH FOUNDATION 50 DOUGLAS DRIVE STE 310, MARTINEZ, CA 94553	20-0555977	501(C)(3)	625,000				TECHNICAL ASSISTANCE
(19) PLACER COMMUNITY FOUNDATION 219 MAPLE STREET #200, AUBURN, CA 95603	20-1485011	501(C)(3)	590,000				TECHNICAL ASSISTANCE
(20) USAGING 1100 NEW JERSEY AVENUE SE, SUITE #350, WASHINGTON, DC 20003	52-1052345	501(C)(3)	590,000				CAPACITY BUILDING
(21) ST. JUDE CHILDREN'S RESEARCH HOSPITAL P.O. BOX 1000, DEPARTMENT 949, MEMPHIS, TN 38148-0949	16-2064601	501(C)(3)	588,399				RESEARCH
(22) DOLORES C. HUERTA FOUNDATION PO BOX 2087, BAKERSFIELD, CA 93303	91-2145992	501(C)(3)	581,428				TECHNICAL ASSISTANCE
(23) CORE COMMUNITY ORGANIZED RELIEF EFFORT 6464 W. SUNSET BLVD. SUITE 530, LOS ANGELES, CA 90028	27-1703237	501(C)(3)	575,000				TECHNICAL ASSISTANCE
(24) CALIFORNIA INDIAN MANPOWER CONSORTIUM 738 NORTH MARKET BOULEVARD, SACRAMENTO, CA 95834	94-2472564	501(C)(3)	555,000				TECHNICAL ASSISTANCE
(25) ANCHOR HEALTHCARE, LLC 280 ATLANTIC AVENUE, LONG BEACH, CA 90802	81-4591714		500,007				TECHNICAL ASSISTANCE
(26) MENS HEALTH FOUNDATION 9201 W SUNSET BLVD SUITE 812, LOS ANGELES, CA 90069	47-0989142	501(C)(3)	500,000				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
(27) CALIFORNIA HEALTH M R C 30251 GOLDEN LANTERN. STE-E, #431, LAGUNA NIGUEL, CA 92677	47-4432518	501(C)(3)	500,000				TECHNICAL ASSISTANCE
(28) FALCK MOBILE HEALTH CORP. 1517 W. BRADEN COURT, ORANGE, CA 92868	33-0285453		500,000				TECHNICAL ASSISTANCE
(29) KEDREN COMMUNITY HEALTH CENTER 4211 S. AVALON BLVD., LOS ANGELES, CA 90011	95-2459796	501(C)(3)	500,000				TECHNICAL ASSISTANCE
(30) PEDIATRIC AND FAMILY MEDICAL CENTER 1530 S. OLIVE STREET, LOS ANGELES, CA 90015	95-1690966	501(C)(3)	500,000				TECHNICAL ASSISTANCE
(31) PLANNED PARENTHOOD LOS ANGELES 400 WEST 30TH STREET, LOS ANGELES, CA 90007	95-2408623	501(C)(3)	500,000				TECHNICAL ASSISTANCE
(32) PLANNED PARENTHOOD PASADENA 2333 LAKE AVE 2ND FLOOR, ALTADENA, CA 91001	95-1916050	501(C)(3)	500,000				TECHNICAL ASSISTANCE
(33) REMEDIA CARE MEDICAL CORPORATION 5482 WILSHIRE BLVD PMB 1559, LOS ANGELES, CA 90036	86-1952913		500,000				TECHNICAL ASSISTANCE
(34) TOTAL TESTING SOLUTIONS, LLC 1700 E. CESAR E. CHAVEZ AVE, STE 2500, LOS ANGELES, CA 90033	85-2134069		500,000				TECHNICAL ASSISTANCE
(35) THE RESEARCH INSTITUTE AT NATIONWIDE P.O. BOX 781653, DETROIT, MI 48278-1653	31-6056230	501(C)(3)	493,710				RESEARCH
(36) BUILDING OPPORTUNITIES FOR SELF SUFFICIENCY 1918 UNIVERSITY AVENUE, SUITE 2A, BERKELEY, CA 94704	51-0173390	501(C)(3)	492,250				TECHNICAL ASSISTANCE
(37) SAN FRANCISCO PUBLIC HEALTH FOUNDATION 1 HALLIDIE PLAZA , SUITE 808, SAN FRANCISCO, CA 94102	94-3117093	501(C)(3)	484,000				TECHNICAL ASSISTANCE
(38) KUTTURAN CHAMORU FOUNDATION 3307 OREGON AVENUE, LONG BEACH, CA 90806	26-4564957	501(C)(3)	467,500				TECHNICAL ASSISTANCE
(39) HAWAII PUBLIC HEALTH INSTITUTE 850 RICHARDS STREET, SUITE 202, HONOLULU, HI 96813	68-0637054	501(C)(3)	464,697				CAPACITY BUILDING
(40) KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA, OAKLAND, CA 94612	94-1105628	501(C)(3)	455,320				RESEARCH
(41) SAN DIEGO WORKFORCE PARTNERSHIP, INC. 9246 LIGHTWAVE AVENUE, SUITE 210, SAN DIEGO, CA 92123	33-0660504	501(C)(3)	454,000				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
(42) CENTRO LA FAMILIA ADVOCACY SERVICES, INC. 302 FRESNO STREET, SUITE 102, FRESNO, CA 93706	77-0310310	501(C)(3)	450,000				TECHNICAL ASSISTANCE
(43) CHARLES R. DREW UNIVERSITY OF MEDICINE 1721 EAST 120TH STREET, LOS ANGELES, CA 90059-3051	95-6151774	501(C)(3)	450,000				TECHNICAL ASSISTANCE
(44) COMMUNITY COALITION FOR SUBSTANCE ABUSE 8101 S VERMONT AVENUE, LOS ANGELES, CA 90044	95-4298811	501(C)(3)	450,000				TECHNICAL ASSISTANCE
(45) FAMILIES IN SCHOOLS 1541 WILSHIRE BLVD., SUITE #430, LOS ANGELES, CA 90017	95-4818894	501(C)(3)	450,000				TECHNICAL ASSISTANCE
(46) LOS ANGELES COUNTY-USC MEDICAL CENTER FOUNDATION 1200 N. STATE STREET, SUITE 1010, LOS ANGELES, CA 90033	95-4192908	501(C)(3)	440,000				TECHNICAL ASSISTANCE
(47) CENTER FOR POPULAR DEMOCRACY, INC. 449 TROUTMAN STREET, SUITE A, BROOKLYN, NY 11237	45-3813436	501(C)(3)	414,001				CAPACITY BUILDING
(48) EL SOL NEIGHBORHOOD EDUCATIONAL CENTER 766 NORTH WATERMAN AVE, SAN BERNARDINO, CA 92410	33-0552297	501(C)(3)	401,446				CAPACITY BUILDING
(49) MARTIN LUTHER KING, JR.-LOS ANGELES 1680 E. 120TH STREET, LOS ANGELES, CA 90059	27-4658935	501(C)(3)	400,000				TECHNICAL ASSISTANCE
(50) UFW FOUNDATION 3002 WHITTIER BLVD, LOS ANGELES, CA 90023	95-2703575	501(C)(3)	400,000				TECHNICAL ASSISTANCE
(51) BLACK WELLNESS & PROSPERITY CENTER 1133 S STREET, FRESNO, CA 93721	84-3848144	501(C)(3)	395,000				TECHNICAL ASSISTANCE
(52) VALLEY ONWARD 3646 LOS ALTOS COURT, MERCED, CA 95348	85-3811059		380,000				TECHNICAL ASSISTANCE
(53) ASIAN PACIFIC POLICY & PLANNING COUNCIL 905 E 8TH STREET, LOS ANGELES, CA 90021	71-0879827	501(C)(3)	350,000				TECHNICAL ASSISTANCE
(54) COMMUNITY BUILD, INC. 4305 DEGNAN BOULEVARD, SUITE #102, LOS ANGELES, CA 90008	95-4375255	501(C)(3)	350,000				TECHNICAL ASSISTANCE
(55) LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET, SUITE 1160, SAN FRANCISCO, CA 94104	81-0564400	501(C)(3)	350,000				TECHNICAL ASSISTANCE
(56) MEALS ON WHEELS WEST 1823-A MICHIGAN AVE, SANTA MONICA, CA 90404	95-4613280	501(C)(3)	350,000				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
(57) MEND-MEET EACH NEED WITH DIGNITY 10641 SAN FERNANDO ROAD, PACOIMA, CA 91331	23-7306337	501(C)(3)	350,000				TECHNICAL ASSISTANCE
(58) SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS 340 E. 2ND STREET, SUITE 406, LOS ANGELES, CA 90012	95-4019655	501(C)(3)	350,000				TECHNICAL ASSISTANCE
(59) SOUTHERN CALIFORNIA REHABILITATION 2023 LINCOLN AVE, PASADENA, CA 91103	95-3411383	501(C)(3)	350,000				TECHNICAL ASSISTANCE
(60) WHITE MEMORIAL MEDICAL CENTER CHARITABLE 1720 E. CESAR E. CHAVEZ AVENUE, LOS ANGELES, CA 90033	95-3760201	501(C)(3)	350,000				TECHNICAL ASSISTANCE
(61) VALLEY CENTER FOR THE BLIND 3417 W. SHAW AVE, FRESNO, CA 93711	94-2255626	501(C)(3)	347,500				TECHNICAL ASSISTANCE
(62) CALEXICO WELLNESS CENTER 420 HEFFERNAN AVE SUITE D, CALEXICO, CA 92231	36-4880887	501(C)(3)	333,000				TECHNICAL ASSISTANCE
(63) JAKARA MOVEMENT 6089 N. 1ST ST. #102, FRESNO, CA 93710	26-3225754	501(C)(3)	327,786				TECHNICAL ASSISTANCE
(64) DESERT HEALTHCARE FOUNDATION 1140 NORTH INDIAN CANYON DRIVE, PALM SPRINGS, CA 92262	95-2567237	501(C)(3)	325,000				TECHNICAL ASSISTANCE
(65) NATIONAL ASIAN PACIFIC CENTER ON AGING 1511 THIRD AVENUE, SUITE 914, SEATTLE, WA 98101	52-1266741	501(C)(3)	320,030				TECHNICAL ASSISTANCE
(66) CALIFORNIA CONSORTIUM FOR URBAN INDIAN 1016 LINCOLN BLVD #111, SAN FRANCISCO, CA 94129	20-4878959	501(C)(3)	317,500				TECHNICAL ASSISTANCE
(67) ALMA FAMILY SERVICES 900 CORPORATE CTR DR 350, MONTEREY PARK, CA 91754	95-2959331	501(C)(3)	315,000				TECHNICAL ASSISTANCE
(68) COUNTY OF MONO PO BOX 476, BRIDGEPORT, CA 93517	95-6005661	MONO COUNTY	315,000				TECHNICAL ASSISTANCE
(69) COUNTY OF LASSEN 220 SOUTH ROOP STREET, SUSANVILLE, CA 96130	94-6000517	LASSEN COUNTY	315,000				TECHNICAL ASSISTANCE
(70) COUNTY OF MENDOCINO 1120 SOUTH DORA STREET, UKIAH, CA 95482	94-6000520	MENDOCINO COUNTY	315,000				TECHNICAL ASSISTANCE
(71) COUNTY OF SAN LUIS OBISPO 2180 JOHNSON AVE., SAN LUIS OBISPO, CA 93401	95-6000939	SAN LUIS OBISPO CTY	315,000				TECHNICAL ASSISTANCE
(72) COUNTY OF TRINITY PO BOX 1470, WEAVERVILLE, CA 96093	94-6000544	TRINITY COUNTY	315,000				TECHNICAL ASSISTANCE
(73) HOLLISTER YOUTH ALLIANCE P.O. BOX 1291, HOLLISTER, CA 95024	77-0377245	501(C)(3)	315,000				TECHNICAL ASSISTANCE

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(74) RIDEOUT MEMORIAL HOSPITAL PO BOX 619002, ROSEVILLE, CA 95661-9002	94-1387866	501(C)(3)	315,000				TECHNICAL ASSISTANCE
(75) SISKIYOU COMMUNITY RESOURCE P.O. BOX 206, YREKA, CA 96097	68-0191354	501(C)(3)	315,000				TECHNICAL ASSISTANCE
(76) EDUCATION AND LEADERSHIP FOUNDATION 4290 E. ASHLAN AVE, FRESNO, CA 93726	26-0417563	501(C)(3)	312,500				TECHNICAL ASSISTANCE
(77) COUNTY OF MARIPOSA P.O. BOX 99, MARIPOSA, CA 95338	94-6000880	MARIPOSA COUNTY	301,229				TECHNICAL ASSISTANCE
(78) COSMED PHARMACY INC. 6521 VAN NUYS BLVD, VAN NUYS, CA 91401	81-2398465		300,007				TECHNICAL ASSISTANCE
(79) CALIFORNIA COLLABORATIVE FOR LONG-TERM SERVICES AND SUPPORTS 1035 MARKET STREET, L-1, SAN FRANCISCO, CA 94103	87-1439855	501(C)(3)	300,000				TECHNICAL ASSISTANCE
(80) CALIFORNIA FOUNDATION FOR INDEPENDENT LIVING CENTERS 1000 G STREET, SUITE 100, SACRAMENTO, CA 95814	94-2838242	501(C)(3)	300,000				TECHNICAL ASSISTANCE
(81) COMMUNITY FOUNDATION FOR MONTEREY COUNTY 2354 GARDEN ROAD, MONTEREY, CA 93940	94-1615897	501(C)(3)	300,000				TECHNICAL ASSISTANCE
(82) INCLUSIVE ACTION FOR THE CITY 2900 EAST CESAR E CHAVEZ AVE, LOS ANGELES, CA 90033	27-0584116	501(C)(3)	300,000				TECHNICAL ASSISTANCE
(83) JSK FAMILY PHARMACIES, INC. 8010 2ND STREET, PARAMOUNT, CA 90723	27-2971950		300,000				TECHNICAL ASSISTANCE
(84) LIBERTY HILL FOUNDATION 6420 WILSHIRE BL.#700, LOS ANGELES, CA 90048	51-0181191	501(C)(3)	300,000				TECHNICAL ASSISTANCE
(85) MEDEX PHARMACIES, CORP. 8441 FOOTHILL BLVD, SUNLAND, CA 91040	46-4864729		300,000				TECHNICAL ASSISTANCE
(86) RX CONSULTANTS GROUP, INC 11515 ARTESIA BLVD, ARTESIA, CA 90701	26-0259059		300,000				TECHNICAL ASSISTANCE
(87) SOUTHERN CALIFORNIA EDUCATION FUND P.O. BOX 151495, LOS ANGELES, CA 90015	95-3713168	501(C)(3)	300,000				TECHNICAL ASSISTANCE
(88) STUDENT HEALTH SUPPORT SVCS FUND 333 SOUTH BEAUDRY AVENUE, 29TH FLOOR, LOS ANGELES, CA 90017	95-4262448	501(C)(3)	300,000				TECHNICAL ASSISTANCE
(89) TECH PLUS MED SOLUTIONS CORPORATION 6650-6652 ROSEMEAD BLVD, PICO RIVERA, CA 90660	47-3016352		300,000				TECHNICAL ASSISTANCE
(90) THE ANTI-RECIDIVISM COALITION 1320 E 7TH STREET SUITE 260, LOS ANGELES, CA 90021	46-2140915	501(C)(3)	300,000				TECHNICAL ASSISTANCE

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(91) WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E. SECOND STREET, POMONA, CA 91766	95-3127273	501(C)(3)	300,000				TECHNICAL ASSISTANCE
(92) WOORI PHARMACY, INC 266 S. HARVARD BLVD #120, LOS ANGELES, CA 90004	95-4823879		300,000				TECHNICAL ASSISTANCE
(93) THE AMELIA ANN ADAMS WHOLE LIFE CENTER 6702 INGLEWOOD AVE. SUITE K, STOCKTON, CA 95207	81-4694078	501(C)(3)	299,500				TECHNICAL ASSISTANCE
(94) CENTRO BINACIONAL PARA EL DESARROLLO 2911 TULARE STREET, FRESNO, CA 93721	77-0337939	501(C)(3)	292,500				TECHNICAL ASSISTANCE
(95) KAREN ORGANIZATION OF SAN DIEGO 5354 UNIVERSITY AVENUE SUITE 1, SAN DIEGO, CA 92105	27-2917644	501(C)(3)	280,000				TECHNICAL ASSISTANCE
(96) ORGANIZACION EN CALIFORNIA DE LIDERES PO BOX 20033, OXNARD, CA 93034	95-4611282	501(C)(3)	271,500				TECHNICAL ASSISTANCE
(97) CALIFORNIA HAWAII STATE CONFERENCE 1026 FLORIN ROAD, #331, SACRAMENTO, CA 95831	85-4382980	501(C)(3)	270,000				TECHNICAL ASSISTANCE
(98) PMD PHARMACY LLC 43942 WINDROSE PL, LANCASTER, CA 93536	47-3364477		270,000				TECHNICAL ASSISTANCE
(99) TRAINING INSTITUTE FOR LEADERSHIP 920 PERALTA STREET, SUITE 2A, OAKLAND, CA 94607	68-0437852	501(C)(3)	270,000				TECHNICAL ASSISTANCE
(100) LATINO HEALTH ACCESS 450 W 4TH ST, SUITE 130, SANTA ANA, CA 92701-4562	33-0562943	501(C)(3)	265,000				CAPACITY BUILDING
(101) CHICANO FEDERATION OF SAN DIEGO 3180 UNIVERSITY AVE., SUITE 400, SAN DIEGO, CA 92104	23-7085960	501(C)(3)	250,000				TECHNICAL ASSISTANCE
(102) FAITHFUL CENTRAL BIBLE CHURCH 333 W. FLORENCE AVE, INGLEWOOD, CA 90301	95-2113182	501(C)(3)	250,000				TECHNICAL ASSISTANCE
(103) WORLD TRUST EDUCATIONAL SERVICES, INC. 8115 MCCORMICK AVE., OAKLAND, CA 94605	94-3362739	501(C)(3)	250,000				TECHNICAL ASSISTANCE
(104) COMMUNITY INITIATIVES 1000 BROADWAY, SUITE #480, OAKLAND, CA 94607	94-3255070	501(C)(3)	242,500				TECHNICAL ASSISTANCE
(105) SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS ROAD, SUITE 201, CALABASAS, CA 91302	95-4116679	501(C)(3)	242,500				RESEARCH

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(106) COUNTY OF PLUMAS PUBLIC HEALTH AGENCY 270 COUNTY HOSPITAL ROAD, SUITE 206, QUINCY, CA 95971	94-6000528	PLUMAS COUNTY	226,580				TECHNICAL ASSISTANCE
(107) CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY 2021 SPERRY AVE. SUITE 9, VENTURA, CA 93003	77-0578864	501(C)(3)	225,000				TECHNICAL ASSISTANCE
(108) EXCEPTIONAL PARENTS UNLIMITED 4440 N. FIRST STREET, FRESNO, CA 93726	77-0263702	501(C)(3)	225,000				TECHNICAL ASSISTANCE
(109) CENTRAL VALLEY FARMWORKER FOUNDATION 1120 KENSINGTON STREET, DELANO, CA 93215	81-3960575	501(C)(3)	220,000				TECHNICAL ASSISTANCE
(110) CONGREGATIONS ORGANIZED FOR PROPHETIC 1505 WEST HIGHLAND AVENUE, SUITE #1, SAN BERNARDINO, CA 92411	33-0938212	501(C)(3)	220,000				TECHNICAL ASSISTANCE
(111) INTEND, INC. 550 W MERRILL ST., STE. 100, BIRMINGHAM, MI 48009	85-0711201		219,099				TECHNICAL ASSISTANCE
(112) BLACK CULTURAL ZONE COMMUNITY 2032 SAN JOSE AVENUE, ALAMEDA, CA 94501	84-3885205	501(C)(3)	217,500				TECHNICAL ASSISTANCE
(113) LEADERSHIP COUNSEL FOR JUSTICE 2210 SAN JOAQUIN STREET, FRESNO, CA 93721	46-1517800	501(C)(3)	215,000				TECHNICAL ASSISTANCE
(114) LEVEL UP NORCAL 1681 E CYPRESS AVENUE, SUITE A, REDDING, CA 96002	83-2049794	501(C)(3)	215,000				TECHNICAL ASSISTANCE
(115) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	52-0595110	501(C)(3)	211,005				LEADERSHIP DEVELOPMENT
(116) COUNTY OF AMADOR PUBLIC HEALTH 10877 CONDUCTOR BLVD., SUITE 400, SUTTER CREEK, CA 95685	94-6000505	AMADOR COUNTY	207,000				TECHNICAL ASSISTANCE
(117) MOVIMIENTO CULTURAL DE LA UNION INDIGENA 135 CAMINO DORADO SUITE 22, NAPA, CA 94558	46-1037804	501(C)(3)	201,000				TECHNICAL ASSISTANCE
(118) CALIFORNIA RURAL INDIAN HEALTH BOARD, 1020 SUNDOWN WAY, ROSEVILLE, CA 95661	23-7052541	501(C)(3)	200,000				TECHNICAL ASSISTANCE
(119) MIXTECO/INDIGENA COMMUNITY 520 W. FIFTH STREET, SUITE B, OXNARD, CA 93030	30-0045901	501(C)(3)	200,000				CAPACITY BUILDING
(120) MULTI-ETHNIC COLLABORATIVE OF COMMUNITY 1505 E. 17TH ST. #123, SANTA ANA, CA 92705	27-1348840	501(C)(3)	200,000				TECHNICAL ASSISTANCE

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(121) THE SPANISH SPEAKING UNITY COUNCIL 1900 FRUITVALE AVENUE, SUITE 2-A, OAKLAND, CA 94601	94-1670490	501(C)(3)	200,000				TECHNICAL ASSISTANCE
(122) MARSHALL MEDICAL CENTER 1100 MARSHALL WAY, PLACERVILLE, CA 95667	94-1450151	501(C)(3)	195,000				CAPACITY BUILDING
(123) REACH OUT 1126 W. FOOTHILL BLVD, STE 250, UPLAND, CA 91786	95-2642747	501(C)(3)	195,000				TECHNICAL ASSISTANCE
(124) CENTRAL VALLEY OPPORTUNITY CENTER, INC. PO BOX 1389 / 6838 BRIDGET COURT, WINTON, CA 95388	94-2581331	501(C)(3)	190,000				TECHNICAL ASSISTANCE
(125) THE UNIVERSITY OF TEXAS SOUTHWESTERN P O BOX 841765, DALLAS, TX 75284-1765	75-6002868	STATE OF TX	189,149				RESEARCH
(126) EL CENTRO REGIONAL MEDICAL CENTER 1415 ROSS AVENUE, EL CENTRO, CA 92243	95-1915820	501(C)(3)	186,000				RESEARCH
(127) UNIVERSITY OF UTAH 101 WASATCH DR #215, SALT LAKE CITY, UT 84112	87-6000525	STATE OF UT	181,825				RESEARCH
(128) AFRICA HOUSE SACRAMENTO 9215 ROSE PARADE WAY, SACRAMENTO, CA 95826	84-2637035	501(C)(3)	180,000				TECHNICAL ASSISTANCE
(129) INFINITE GIVING, INC. 3659 KIEKEBUSCH COURT, CARMICHAEL, CA 95608	86-3853195	501(C)(3)	180,000				TECHNICAL ASSISTANCE
(130) MUSLIM AMERICAN SOCIETY OF SACRAMENTO 3820 AUBURN BLVD. #83, SACRAMENTO, CA 95821	36-4571903	501(C)(3)	180,000				TECHNICAL ASSISTANCE
(131) COMITE CIVICO DEL VALLE, INC. 235 MAIN STREET, BRAWLEY, CA 92227-1932	33-0411322	501(C)(3)	177,000				TECHNICAL ASSISTANCE
(132) UNITED WAY OF NORTHERN CALIFORNIA 3300 CHURN CREEK ROAD, REDDING, CA 96002	94-1251675	501(C)(3)	176,325				TECHNICAL ASSISTANCE
(133) CULTURA Y ARTE NATIVA DE LAS AMERICAS 1333 FLORIDA STREET, SAN FRANCISCO, CA 94110	38-4013756	501(C)(3)	175,000				TECHNICAL ASSISTANCE
(134) SOMALI FAMILY SERVICE OF SAN DIEGO 5348 UNIVERSITY AVENUE SUITE 203, SAN DIEGO, CA 92105	91-2065038	501(C)(3)	175,000				TECHNICAL ASSISTANCE
(135) UNION OF PAN ASIAN COMMUNITIES 1031 25TH STREET, SAN DIEGO, CA 92102	23-7279074	501(C)(3)	175,000				TECHNICAL ASSISTANCE
(136) RAIZES COLLECTIVE PO BOX 8607, SANTA ROSA, CA 95407	47-3129493	501(C)(3)	174,000				TECHNICAL ASSISTANCE

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(137) ICF MACRO, INC. P.O. BOX 775367, CHICAGO, IL 60677-5367	52-0955232	501(C)(3)	172,989				TECHNICAL ASSISTANCE
(138) LA FAMILIA COUNSELING CENTER, INC. 5523 - 34TH STREET, SACRAMENTO, CA 95820-4725	94-2270786	501(C)(3)	170,000				TECHNICAL ASSISTANCE
(139) ROOTS COMMUNITY HEALTH CENTER 7272 MACARTHUR BLVD, OAKLAND, CA 94605	26-2583954	501(C)(3)	170,000				TECHNICAL ASSISTANCE
(140) YOUNG VISIONARIES YOUTH LEADERSHIP 696 S TIPPECANOE, SAN BERNARDINO, CA 92408	26-0018141	501(C)(3)	170,000				TECHNICAL ASSISTANCE
(141) CHICAGO INTERNATIONAL SOCIAL CHANGE FILM FESTIVAL-NORTH CAROLINA, CHICAGO, IL 60616	90-0782008	501(C)(3)	164,500				CAPACITY BUILDING
(142) LOCAL INDIANS FOR EDUCATION, INC 1294 LAKE BLVD, REDDING, CA 96003	94-2376538	501(C)(3)	163,000				TECHNICAL ASSISTANCE
(143) CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 W. LA VETA AVENUE, ORANGE, CA 92868	95-2321786	501(C)(3)	162,600				RESEARCH
(144) RIGHTS & DEMOCRACY EDUCATION FUND 70 S. WINOOSKI AVENUE #205, BURLINGTON, VT 05401	47-5375511	501(C)(3)	159,994				CAPACITY BUILDING
(145) CHILDREN'S HOSPITAL LOS ANGELES MAILSTOP #97, LOS ANGELES, CA 90027	95-1690977	501(C)(3)	157,950				RESEARCH
(146) SACRAMENTO NAACP BRANCH 4540 FLORIN ROAD ,E258, SACRAMENTO, CA 95823	94-6172654	501(C)(3)	157,500				TECHNICAL ASSISTANCE
(147) CHILDREN'S HOSPITAL COLORADO 13123 E. 16TH AVE., AURORA, CO 80045	84-0166760	501(C)(3)	156,114				RESEARCH
(148) LITTLE MANILA FOUNDATION PO BOX 1356, STOCKTON, CA 95201	20-2661354	501(C)(3)	153,500				TECHNICAL ASSISTANCE
(149) SUCCESS IN CHALLENGES, INC. 4508 ATLANTIC AVE. #782, LONG BEACH, CA 90807	33-0936763	501(C)(3)	152,500				TECHNICAL ASSISTANCE
(150) ROSE FAMILY CREATIVE EMPOWERMENT CENTER 7000 FRANKLIN BLVD, SUITE 1000, SACRAMENTO, CA 95823	80-0968840	501(C)(3)	150,800				TECHNICAL ASSISTANCE
(151) LUCHA 1008 HILLSIDE DRIVE, SANTA PAULA, CA 93060	95-3400870	501(C)(3)	150,000				TECHNICAL ASSISTANCE
(152) NORTH EAST MEDICAL SERVICES 2171 JUNIPERO SERRA BLVD SUITE 700, DALY CITY, CA 94014	94-1722562	501(C)(3)	150,000				TECHNICAL ASSISTANCE
(153) THE REGENTS OF THE UNIVERSITY OF DAVIS PO BOX 989062, WEST SACRAMENTO, CA 95798	94-6036494	STATE OF CA	150,000				RESEARCH

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(154) ASIAN HEALTH SERVICES 416 8TH ST, OAKLAND, CA 94607	94-2235908	501(C)(3)	146,175				RESEARCH
(155) INDIANA UNIVERSITY P.O. BOX 78000, DETROIT, MI 48278-0867	35-6001673	STATE OF IN	145,660				RESEARCH
(156) SOUTH COUNTY COMMUNITY HEALTH CENTER, INC 1885 BAY ROAD, EAST PALO ALTO, CA 94303	94-3372130	501(C)(3)	145,000				TECHNICAL ASSISTANCE
(157) INDEPENDENT ARTS & MEDIA P.O. BOX 420442, SAN FRANCISCO, CA 94142	94-3355076	501(C)(3)	140,000				TECHNICAL ASSISTANCE
(158) STONE SOUP FRESNO 1345 E BULLDOG LANE, FRESNO, CA 93710	77-0430680	501(C)(3)	140,000				TECHNICAL ASSISTANCE
(159) FIGHTING BACK SANTA MARIA VALLEY 201 SOUTH MILLER STREET, SUITE 107, SANTA MARIA, CA 93454	65-1234981	501(C)(3)	135,000				TECHNICAL ASSISTANCE
(160) NON-PROFIT HOUSING ASSOCIATION 369 PINE STREET, SUITE 350, SAN FRANCISCO, CA 94104	94-2741597	501(C)(3)	131,750				TECHNICAL ASSISTANCE
(161) CONSORTIUM OF UNIVERSITIES FOR GLOBAL 1608 RHODE ISLAND AVE, NW, WASHINGTON, DC 20036	27-1481036	501(C)(3)	130,125				LEADERSHIP DEVELOPMENT
(162) ASIAN AMERICAN SENIOR CITIZENS SERVICE 850 NORTH BIRCH STREET, SANTA ANA, CA 92701	33-0396096	501(C)(3)	130,000				TECHNICAL ASSISTANCE
(163) CENTRAL VALLEY PARTNERSHIP 3485 W. SHAW AVE #102, FRESNO, CA 93711	95-4116679	501(C)(3)	130,000				TECHNICAL ASSISTANCE
(164) SOUTHWEST COMMUNITY CORPORATION 446 RANDOLPH STREET, SAN FRANCISCO, CA 94132	94-3297348	501(C)(3)	130,000				TECHNICAL ASSISTANCE
(165) SPECIAL SERVICE FOR GROUPS, INC. 905 E. 8TH STREET, LOS ANGELES, CA 90021	95-1716914	501(C)(3)	130,000				TECHNICAL ASSISTANCE
(166) CLOVERDALE MULTIPURPOSE SENIOR CENTER 311 N MAIN STREET, PO BOX 663, CLOVERDALE, CA 95425	68-0106405	501(C)(3)	129,000				TECHNICAL ASSISTANCE
(167) CA COALITION FOR RURAL HOUSING PROJECT 717 K STREET, STE. 400, SACRAMENTO, CA 95814	94-2832634	501(C)(3)	127,500				TECHNICAL ASSISTANCE
(168) THE REGENTS OF THE UC SAN DIEGO CAMPUS P.O. BOX 741539, LOS ANGELES, CA 90074-1539	95-6006144	STATE OF CA	127,100				TECHNICAL ASSISTANCE
(169) CHILDREN'S RESEARCH INSTITUTE 1 INVENTA PL, W TOWER, 3RD FL, SILVER SPRING, MD 20910	52-1654453	501(C)(3)	126,867				RESEARCH

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(170) RESEARCH TRIANGLE INSTITUTE POST OFFICE BOX 900002, RALEIGH, NC 27675-9000	56-0686338	501(C)(3)	125,882				CAPACITY BUILDING
(171) CULTIVA LA SALUD 2409 MERCED ST. SUITE 103, FRESNO, CA 93721	84-3696370	501(C)(3)	125,000				TECHNICAL ASSISTANCE
(172) EL CONCILIO FAMILY SERVICES 301 SOUTH C STREET, OXNARD, CA 93030	95-3792795	501(C)(3)	124,500				TECHNICAL ASSISTANCE
(173) FAITH IN THE VALLEY 2027 E HARDING WAY, STOCKTON, CA 95205	77-0635938	501(C)(3)	124,500				TECHNICAL ASSISTANCE
(174) REGENTS OF UC SAN FRANCISCO 550 16TH STREET, 4TH FLOOR, SAN FRANCISCO, CA 94158	94-6036493	501(C)(3)	123,554				TECHNICAL ASSISTANCE
(175) CHILDREN'S HEALTH CARE 2525 CHICAGO AVE S, MINNEAPOLIS, MN 55404	41-1754276	501(C)(3)	121,595				RESEARCH
(176) CENTER ON RACE, POVERTY & THE 5901 CHRISTIE AVENUE, SUITE 208, EMERYVILLE, CA 94608	05-0557231	501(C)(3)	120,158				TECHNICAL ASSISTANCE
(177) CIRCLE OF LIFE DEVELOPMENT FOUNDATION 201 NEW STINE ROAD, STE 300, BAKERSFIELD, CA 93309	84-4698001	501(C)(3)	120,000				TECHNICAL ASSISTANCE
(178) FAMILY SERVICE ASSOCIATION 21250 BOX SPRINGS ROAD, SUITE 212, MORENO VALLEY, CA 92557	95-1803694	501(C)(3)	120,000				TECHNICAL ASSISTANCE
(179) ST. MARY MEDICAL CENTER 18300 HIGHWAY 18, APPLE VALLEY, CA 92307	95-1914489	501(C)(3)	120,000				TECHNICAL ASSISTANCE
(180) UNITED WAY OF MERCED COUNTY 531 MAIN STREET, MERCED, CA 95340	94-2633265	501(C)(3)	120,000				TECHNICAL ASSISTANCE
(181) CALIFORNIA RURAL LEGAL ASSISTANCE 2210 K ST., STE. 201, SACRAMENTO, CA 95816	94-2800442	501(C)(3)	117,500				RESEARCH
(182) VANDERBILT UNIVERSITY MEDICAL CENTER P.O. BOX 121236, DALLAS, TX 75312-1236	35-2528741	501(C)(3)	117,446				RESEARCH
(183) INSTITUTO FAMILIAR DE LA RAZA, INC. 2919 MISSION ST, SAN FRANCISCO, CA 94110	94-2523608	501(C)(3)	116,661				TECHNICAL ASSISTANCE
(184) COMMUNITY CLINIC CONSORTIUM 3720 BARRETT AVENUE, RICHMOND, CA 94805	20-0782029	501(C)(3)	115,000				TECHNICAL ASSISTANCE
(185) ST JUDE CHILDREN'S RESEARCH HOSPITAL INC P.O. BOX 1000, DEPT. 949, MEMPHIS, TN 38148-0949	62-0646012	501(C)(3)	113,600				RESEARCH
(186) RACE FORWARD 145 E 57TH ST 4TH FLOOR, NEW YORK, NY 10022	94-2759879	501(C)(3)	111,701				CAPACITY BUILDING

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(187) SHASTA COUNTY CITIZENS AGAINST RACISM P.O. BOX 48, ANDERSON, CA 96007	68-0340000	501(C)(3)	111,700				TECHNICAL ASSISTANCE
(188) VALLEY CHILDREN'S HOSPITAL 9300 VALLEYCHILDREN'S PLACE PC05, MADERA, CA 93636	94-1294954	501(C)(3)	110,250				RESEARCH
(189) WHOLESOME WAVE FOUNDATION 855 MAIN STREET, SUITE 910, BRIDGEPORT, CT 06604	26-0352899	501(C)(3)	109,176				TECHNICAL ASSISTANCE
(190) LOMA LINDA UNIVERSITY HEALTH 24887 TAYLOR STREET, SUITE 202, LOMA LINDA, CA 92350	95-3804495	501(C)(3)	108,900				RESEARCH
(191) NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH, NEW YORK, NY 10012	13-5562308	501(C)(3)	108,597				TECHNICAL ASSISTANCE
(192) COUNTY OF TUOLUMNE 20111 CEDAR RD, SONORA, CA 95370	94-6000547	TUOLUMNE COUNTY	108,000				TECHNICAL ASSISTANCE
(193) SCRIPT DEPOT LP 1619 FRANKLIN ROAD, YUBA CITY, CA 95993	81-1623813	501(C)(3)	108,000				TECHNICAL ASSISTANCE
(194) NATIONAL CENTER FOR HEALTHY HOUSING INC. 10320 LITTLE PATUXENT PKWY 200, COLUMBIA, MD 21044	52-1792579	501(C)(3)	107,638				TECHNICAL ASSISTANCE
(195) VALLEY VOICES PO BOX 903, HANFORD, CA 93230	84-3911625	501(C)(3)	107,500				TECHNICAL ASSISTANCE
(196) THE REGENTS OF THE UNIVERSITY OF CA 4150 V STREET ,SSSB 2100, SACRAMENTO, CA 95817	94-6036494	STATE OF CA	106,585				COMMUNITY DEVELOPMENT
(197) BARTON HEALTHCARE SYSTEM 2170 SOUTH AVENUE, SOUTH LAKE TAHOE, CA 96150	94-6050274	501(C)(3)	105,000				TECHNICAL ASSISTANCE
(198) EL DORADO COUNTY COMMUNITY HEALTH CENTER 4327 GOLDEN CENTER DRIVE, PLACERVILLE, CA 95667	42-1533531	501(C)(3)	105,000				TECHNICAL ASSISTANCE
(199) UNIVERSITY OF ALABAMA BIRMINGHAM 1600 6TH AVENUE SOUTH, LOWDER 512, BIRMINGHAM, AL 35233	63-6005396	STATE OF AL	104,534				RESEARCH
(200) UNIVERSITY OF PITTSBURGH 500 ROSS STREET, 154-0455, PITTSBURGH, PA 15262-0001	25-0965591	STATE OF PA	104,350				RESEARCH
(201) TCHTNK LLC 2112 W ARAPAHOE DR, LITTLETON, CO 80120	82-3362160		103,533				CAPACITY BUILDING
(202) BIG VALLEY BAND OF POMO INDIANS 2726 MISSION RANCHERIA RD, LAKEPORT, CA 95453	68-0091190	501(C)(3)	103,414				RESEARCH
(203) SEATTLE CHILDREN'S HOSPITAL P.O. BOX 5371, MAILSTOP OA.9.220, SEATTLE, WA 98145-5005	91-0564748	501(C)(3)	100,900				RESEARCH

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(204) AGSAFE 1935 G STREET, MODESTO, CA 95354	68-0259724	501(C)(3)	100,000				TECHNICAL ASSISTANCE
(205) ANTELOPE VALLEY PARTNERS FOR HEALTH 44226 10TH STREET WEST, LANCASTER, CA 93534	47-0957404	501(C)(3)	100,000				TECHNICAL ASSISTANCE
(206) ASIAN RESOURCES, INC. 6270 ELDER CREEK ROAD, SACRAMENTO, CA 95824	94-2658135	501(C)(3)	100,000				CAPACITY BUILDING
(207) HEALTH LEADS, INC 24 SCHOOL ST 2ND FLOOR, BOSTON, MA 02108	45-0484533	501(C)(3)	100,000				TECHNICAL ASSISTANCE
(208) MENTAL HEALTH ASSOCIATION OF SAN DIEGO 4069 30TH STREET, SAN DIEGO, CA 92104	95-1948185	501(C)(3)	100,000				TECHNICAL ASSISTANCE
(209) NORTH COUNTY HEALTH PROJECT, INC. 150 VALPREDA ROAD, SAN MARCOS, CA 92069	95-2847102	501(C)(3)	100,000				TECHNICAL ASSISTANCE
(210) PHYSICIANS FOR A HEALTHY CALIFORNIA 1201 K STREET, SUITE 800, SACRAMENTO, CA 95814	94-6062822	501(C)(3)	100,000				TECHNICAL ASSISTANCE
(211) RESOURCES FOR INDEPENDENT LIVING 420 I ST., LEVEL B, SUITE 3, SACRAMENTO, CA 95814-2314	94-2344976	501(C)(3)	100,000				TECHNICAL ASSISTANCE
(212) SACRAMENTO NATIVE AMERICAN HEALTH CENTER 2020 J STREET, SACRAMENTO, CA 95811	20-4287737	501(C)(3)	100,000				CAPACITY BUILDING
(213) SOMOS MAYFAIR, INC. 370-B S. KING ROAD, SAN JOSE, CA 95116	77-0499813	501(C)(3)	100,000				TECHNICAL ASSISTANCE
(214) VENTURA COUNTY COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD, STE A, CAMARILLO, CA 93012	77-0165029	501(C)(3)	100,000				TECHNICAL ASSISTANCE
(215) WESTSIDE FAMILY PRESERVATION SERVICES 2037 W BULLARD AVE., PMB 323, FRESNO, CA 93711	91-2027313	501(C)(3)	100,000				TECHNICAL ASSISTANCE
(216) FRESNO METROPOLITAN MINISTRY 3845 N CLARK ST SUITE 101, FRESNO, CA 93726	94-2181848	501(C)(3)	100,000				CAPACITY BUILDING
(217) CATHOLIC CHARITIES OF THE DIOCESE OF 1106 N. EL DORADO STREET, STOCKTON, CA 95202	94-1629114	501(C)(3)	99,500				TECHNICAL ASSISTANCE
(218) CLINICAS DE SALUD DEL PUEBLO, INC. 852 E. DANENBERG DRIVE, 2ND FLOOR, EL CENTRO, CA 92243	95-2657324	501(C)(3)	96,000				TECHNICAL ASSISTANCE
(219) CONETOE FAMILY LIFE CENTER, INC P O BOX 203, CONETOE, NC 27819	56-2373189	501(C)(3)	95,480				CAPACITY BUILDING

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(220) CAMPESINAS UNIDAS DEL VALLE 1901 AVE 148, POPULAR, CA 93258	26-0332237	501(C)(3)	95,000				TECHNICAL ASSISTANCE
(221) CHILDREN'S HEALTHCARE OF ATLANTA, INC. 1575 NORTHEAST EXPRESSWAY, ATLANTA, GA 30329	58-2367819	501(C)(3)	95,000				RESEARCH
(222) NORTH VALLEY LABOR FEDERATION 417 7TH STREET, MODESTO, CA 95354	27-2295195	501(C)(3)	95,000				TECHNICAL ASSISTANCE
(223) POWER CALIFORNIA 490 43RD ST UNIT 146, OAKLAND, CA 94609	77-0651682	501(C)(3)	95,000				TECHNICAL ASSISTANCE
(224) BAYVIEW HUNTERS POINT COMMUNITY 2095 JERROLD AVENUE, SUITE 100, SAN FRANCISCO, CA 94124	94-3221152	501(C)(3)	94,000				CAPACITY BUILDING
(225) PHOENIX CHILDRENS HOSPITAL 1919 E. THOMAS ROAD, PHOENIX, AZ 85016-7710	86-0422559	501(C)(3)	92,700				RESEARCH
(226) HMM HOSPITALS CORPORATION PO BOX 95000-7360, PHILADELPHIA, PA 19195-7360	22-1487576	501(C)(3)	91,150				RESEARCH
(227) ARROWHEAD REGIONAL MEDICAL CENTER 400 N PEPPER AVE. MOB, STE 107, COLTON, CA 92324	95-3213342	501(C)(3)	90,000				RESEARCH
(228) DEL NORTE MISSION POSSIBLE C/O 1765 NORTHCREST DRIVE, CRESCENT CITY, CA 95531	84-3538055	501(C)(3)	90,000				TECHNICAL ASSISTANCE
(229) DIGNITY HEALTH 1400 E. CHURCH STREET, SANTA MARIA, CA 93454	94-1196203	501(C)(3)	90,000				RESEARCH
(230) HMONG CULTURAL CENTER OF DEL NORTE 1124 EL DORADO STREET, CRESCENT CITY, CA 95531	47-2989909	501(C)(3)	90,000				TECHNICAL ASSISTANCE
(231) LAO FAMILY COMMUNITY DEVELOPMENT INC. 2325 E. 12TH STREET STE 226, OAKLAND, CA 94601	94-3115164	501(C)(3)	90,000				TECHNICAL ASSISTANCE
(232) LOMPOC VALLEY MEDICAL CENTER 1515 E. OCEAN AVENUE, LOMPOC, CA 93436	95-6001880	501(C)(3)	90,000				TECHNICAL ASSISTANCE
(233) NITO'S WINGS, INC 38 REGAL WAY, OROVILLE, CA 95966	81-2442349	501(C)(3)	90,000				TECHNICAL ASSISTANCE
(234) ROBERTS FAMILY DEVELOPMENT CENTER 770 DARINA AVE, SACRAMENTO, CA 95815	68-0470557	501(C)(3)	90,000				TECHNICAL ASSISTANCE
(235) SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH STREET, SACRAMENTO, CA 95811	94-2502229	501(C)(3)	90,000				TECHNICAL ASSISTANCE

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(236) SLAVIC-AMERICAN CHAMBER OF COMMERCE 3104 O STREET #399, SACRAMENTO, CA 95816	27-1304045	501(C)(3)	90,000				TECHNICAL ASSISTANCE
(237) TRUE NORTH ORGANIZING NETWORK 517 3RD ST. #16, EUREKA, CA 95501	47-2208314	501(C)(3)	90,000				TECHNICAL ASSISTANCE
(238) UNIVERSITY OF ILLINOIS AT CHICAGO 809 S MARSHFIELD AVE, CHICAGO, IL 60612-4305	37-6000511	STATE OF IL	89,650				RESEARCH
(239) HEALTHY AGING ASSOCIATION 3500 COFFEE ROAD, STE 19, MODESTO, CA 95355	77-0546574	501(C)(3)	87,000				TECHNICAL ASSISTANCE
(240) CALIFORNIA LIBRARY ASSOCIATION 1055 E COLORADO BLVD 500, PASADENA, CA 91106	94-1337634	501(C)(3)	86,851				TECHNICAL ASSISTANCE
(241) CENTRAL VALLEY EMPOWERMENT ALLIANCE, INC. 4042 W. PROSPECT AVENUE, VISALIA, CA 93291	85-0572401	501(C)(3)	85,000				TECHNICAL ASSISTANCE
(242) CENTRAL VALLEY WORKER CENTER 373 E. SHAW AVENUE #457, FRESNO, CA 93710	83-1708059	501(C)(3)	85,000				TECHNICAL ASSISTANCE
(243) THE MEDICAL COLLEGE OF WISCONSIN, INC P.O. BOX 26509, MILWAUKEE, WI 53226-0509	39-0806261	501(C)(3)	84,600				RESEARCH
(244) SENTIENT RESEARCH 231 NORTH WALNUTHAVEN DRIVE, WEST COVINA, CA 91790	22-3954201	501(C)(3)	84,500				TECHNICAL ASSISTANCE
(245) NORTHERN CALIFORNIA CENTER FOR 101 BROOKWOOD AVENUE, SUITE A, SANTA ROSA, CA 95404	93-1144835	501(C)(3)	84,000				TECHNICAL ASSISTANCE
(246) INTERNATIONAL RESCUE COMMITTEE, INC. 122 EAST 42ND STREET, NEW YORK, NY 10168	13-5660870	501(C)(3)	82,000				TECHNICAL ASSISTANCE
(247) PIONEERS MEMORIAL HEALTHCARE DISTRICT 207 WEST LEGION ROAD, BRAWLEY, CA 92227	95-6002430	501(C)(3)	81,000				TECHNICAL ASSISTANCE
(248) SCOPA HAS A DREAM INC 1557 HEALDSBURG AVENUE, ROOM 13, HEALDSBURG, CA 95448	27-3044487	501(C)(3)	80,000				TECHNICAL ASSISTANCE
(249) DANA-FARBER CANCER INSTITUTE, INC. P.O. BOX 412846, BOSTON, MA 02241-2846	04-2263040	501(C)(3)	79,704				RESEARCH
(250) COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVE, FORT WORTH, TX 76104	75-2051646	501(C)(3)	78,300				RESEARCH
(251) THE CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD, KANSAS CITY, MO 64108	44-0605373	501(C)(3)	77,700				RESEARCH

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(252) IMPERIAL VALLEY LGBT RESOURCE CENTER 1073 ROSS AVE., STE. E, EL CENTRO, CA 92243	47-3799558	501(C)(3)	77,500				TECHNICAL ASSISTANCE
(253) AMADOR TUOLUMNE COMMUNITY ACTION 10590 HWY 88, JACKSON, CA 95642	94-2765408	501(C)(3)	76,500				TECHNICAL ASSISTANCE
(254) HUMANIDAD THERAPY AND EDUCATION SERVICES 1260 N. DUTTON AVENUE SUITE 230, SANTA ROSA, CA 95401	46-3725156	501(C)(3)	76,500				TECHNICAL ASSISTANCE
(255) ARKANSAS CHILDREN'S RESEARCH INSTITUTE 1 CHILDRENS WAY SLOT 663, LITTLE ROCK, AR 72202-3159	71-0694931	501(C)(3)	75,900				RESEARCH
(256) CALIFORNIA PLANNED PARENTHOOD EDUCATION 1201 K STREET SUITE 710, SACRAMENTO, CA 95814	68-0358026	501(C)(3)	75,000				TECHNICAL ASSISTANCE
(257) CANAL ALLIANCE 91 LARKSPUR STREET, SAN RAFAEL, CA 94901	94-2832648	501(C)(3)	75,000				TECHNICAL ASSISTANCE
(258) CHOICE IN AGING 490 GOLF CLUB ROAD, PLEASANT HILL, CA 94523	94-2822559	501(C)(3)	75,000				TECHNICAL ASSISTANCE
(259) COALITION FOR ECONOMIC SURVIVAL 14320 VENTURA BLVD - PMB 537, SHERMAN OAKS, CA 91423	95-3216284	501(C)(3)	75,000				TECHNICAL ASSISTANCE
(260) LONG BEACH CENTER FOR ECONOMIC INCLUSION 6509 GUNDRY AVENUE, LONG BEACH, CA 90805	84-4693859	501(C)(3)	75,000				TECHNICAL ASSISTANCE
(261) MOTHERS' CLUB FAMILY LEARNING CENTER 980 NORTH FAIR OAKS AVENUE, PASADENA, CA 91103	23-7275324	501(C)(3)	75,000				TECHNICAL ASSISTANCE
(262) STREET LEVEL HEALTH PROJECT 3125 EAST 15TH ST., OAKLAND, CA 94601	56-2324355	501(C)(3)	75,000				TECHNICAL ASSISTANCE
(263) BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA P.O. BOX 26901, OKLAHOMA CITY, OK 73126-0901	73-1563627	STATE OF OK	72,450				RESEARCH
(264) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE, CINCINNATI, IL 45229	31-0833936	501(C)(3)	70,570				RESEARCH
(265) CHILDREN'S NETWORK OF SOLANO COUNTY 827 MISSOURI STREET, SUITE 5, FAIRFIELD, CA 94533	68-0014506	501(C)(3)	70,000				CAPACITY BUILDING
(266) COOK COUNTY FAMILY CONNECTION, INC. 303 S. COLLEGE STREET, SPARKS, GA 31647	58-2642722	501(C)(3)	70,000				CAPACITY BUILDING

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(267) FAMILY SUPPORT SERVICES OF AMARILLO 7136 140 WEST, AMARILLO, TX 79106	75-0800642	501(C)(3)	70,000				CAPACITY BUILDING
(268) MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET #23, SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	70,000				TECHNICAL ASSISTANCE
(269) NATIONAL COALITION OF 100 BLACK WOMEN- 815 HILLS STREET, ORLANDO, FL 32805	27-3533062	501(C)(3)	70,000				CAPACITY BUILDING
(270) RANDOLPH COUNTY CARING COMMUNITY, INC 101 WEST COATES STREET, SUITE 201, MOBERLY, MO 65270	52-2199775	501(C)(3)	70,000				CAPACITY BUILDING
(271) INOVA HEALTH CARE SERVICES 3300 GALLOWS ROAD, FALLS CHURCH, VA 22042	54-0620889	501(C)(3)	67,700				RESEARCH
(272) 3-FOLD COMMUNICATIONS 1610 R COMMUNICATIONS #300, SACRAMENTO, CA 95811	20-1119447	501(C)(3)	67,500				TECHNICAL ASSISTANCE
(273) NUESTRA ALIANZA DE WILLITS 291 SCHOOL STREET #1, WILLITS, CA 95490	04-3732550	501(C)(3)	67,500				TECHNICAL ASSISTANCE
(274) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY C/O THERAPEUTIC RESEARCH AND DEVELOPMENT 1000 BLYTHE BLVD., CHARLOTTE, NC 28203	56-0529945	501(C)(3)	66,600				RESEARCH
(275) UNIVERSITY OF LOUISVILLE RESEARCH 300 E. MARKET STREET, SUITE 300, LOUISVILLE, KY 40202	61-1029626	STATE OF KY	66,300				RESEARCH
(276) PROVIDENCE HEALTH & SERVICES-WASHINGTON P.O. BOX 35143, SEATTLE, WA 98124	92-0016429	501(C)(3)	65,400				RESEARCH
(277) SIERRA VISTA CHILD & FAMILY SERVICES 100 POPLAR AVE, MODESTO, CA 95354	94-2158023	501(C)(3)	65,000				TECHNICAL ASSISTANCE
(278) SOLANO COMMUNITY FOUNDATION 744 EMPIRE STREET, SUITE 240, FAIRFIELD, CA 94533	68-0354961	501(C)(3)	65,000				TECHNICAL ASSISTANCE
(279) 3RD STREET YOUTH CENTER & CLINIC 1728 BANCROFT AVENUE, SAN FRANCISCO, CA 94124	47-4047803	501(C)(3)	64,000				TECHNICAL ASSISTANCE
(280) HOMIES ORGANIZING THE MISSION TO EMPOWER 2221 MISSION STREET, SAN FRANCISCO, CA 94110	46-4153515	501(C)(3)	64,000				TECHNICAL ASSISTANCE
(281) THE UNITED COUNCIL OF HUMAN SERVICES 2111 JENNINGS STREET, SAN FRANCISCO, CA 94124	94-2936270	501(C)(3)	64,000				TECHNICAL ASSISTANCE

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(282) ALL CHILDREN'S RESEARCH INSTITUTE, INC. 501 6TH AVENUE SOUTH, ST. PETERSBURG, FL 33701	59-2481742	501(C)(3)	63,250				RESEARCH
(283) UNIVERSITY OF NEW YORK 35 STATE ST., ALBANY, NY 12207-2826	14-1368361	STATE OF NY	62,036				RESEARCH
(284) ALAMEDA HEALTH SYSTEM 2060 FAIRMONT DR, SAN LEANDRO, CA 94578	94-3302014	501(C)(3)	60,000				RESEARCH
(285) EISENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270	95-6130458	501(C)(3)	60,000				RESEARCH
(286) MONTAGE HEALTH FOUNDATION PO BOX HH, MONTEREY, CA 93942	81-2889645	501(C)(3)	60,000				RESEARCH
(287) NORTH MARIN COMMUNITY SERVICES 680 WILSON AVENUE, NOVATO, CA 94947	94-1735064	501(C)(3)	60,000				TECHNICAL ASSISTANCE
(288) THE MULTICULTURAL CENTER OF MARIN INC. 30 N. SAN PEDRO RD. SUITE 250, SAN RAFAEL, CA 94903	83-0485451	501(C)(3)	60,000				TECHNICAL ASSISTANCE
(289) WEST MARIN COMMUNITY SERVICES PO BOX 1093, POINT REYES STATION, CA 94956	68-0197586	501(C)(3)	60,000				TECHNICAL ASSISTANCE
(290) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD, WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	59,800				RESEARCH
(291) CHILDREN'S HOSPITAL OF PHILADELPHIA P.O. BOX 8500, PHILADELPHIA,, PA 19178	23-1352166	501(C)(3)	58,820				RESEARCH
(292) CATHOLIC CHARITIES DIOCESE OF SAN DIEGO 3888 PADUCAH DRIVE, SAN DIEGO, CA 92112	94-2677202	501(C)(3)	55,000				TECHNICAL ASSISTANCE
(293) 55 LIBERTY TOWERS CHURCH OF THE NAZARENE 5132 ELKHORN BLVD, SACRAMENTO, CA 95842	44-0552034	501(C)(3)	54,000				TECHNICAL ASSISTANCE
(294) CENTER FOR A NON VIOLENT COMMUNITY 542 W. STOCKTON ST., SONORA, CA 95370	77-0447369	501(C)(3)	54,000				TECHNICAL ASSISTANCE
(295) BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN 21 N. PARK STREET, SUITE 6401, MADISON, WI 53715-1218	39-6006492	STATE OF WI	53,500				RESEARCH
(296) THE BOARD OF TRUSTEES OF THE LELAND PO BOX 884253, LOS ANGELES, CA 90088-4253	94-1156365	501(C)(3)	51,678				RESEARCH
(297) ACCE INSTITUTE 3655 S. GRAND AVENUE STE 250, LOS ANGELES, CA 90007	27-1487442	501(C)(3)	50,000				TECHNICAL ASSISTANCE

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(298) CALIFORNIA HUMAN DEVELOPMENT CORPORATION 3315 AIRWAY DRIVE, SANTA ROSA, CA 95403	94-1653023	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(299) CENTER FOR HUMAN SERVICES 1317 GRANDVIEW AVENUE, CERES, CA 95307	94-1725620	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(300) COMMUNITY HEALTH PARTNERSHIP, INC. 408 N. CAPITOL AVE., SAN JOSE, CA 95133	77-0352645	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(301) DAYLE MC INTOSH CENTER FOR THE DISABLED 501 N. BROOKHURST STREET SUITE#102, ANAHEIM, CA 92801	95-3313707	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(302) EARL HALL 4825 FERNWOOD COURT, FAIRFIELD, CA 94534	82-2740858		50,000				CAPACITY BUILDING
(303) GREENACTION FOR HEALTH 315 SUTTER STREET 2ND FLOOR, SAN FRANCISCO, CA 94108	43-2050242	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(304) HERENCIA INDIGENA LLC 301 S MILLER ST. #211, SANTA MARIA, CA 93454	84-3841169		50,000				RESEARCH
(305) LOMPOC VALLEY COMMUNITY HEALTHCARE 1593 CHESTNUT AVENUE, LOMPOC, CA 93436	77-0494140	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(306) MULTICULTURAL HEALTH FOUNDATION 404 EUCLID AVENUE, STE. 386, SAN DIEGO, CA 92114	45-5610021	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(307) NEIGHBORHOOD WELLNESS FOUNDATION 7648 MARINA COVE, SACRAMENTO, CA 95831	47-4874487	501(C)(3)	50,000				CAPACITY BUILDING
(308) NEW GEORGIA PROJECT, INC. 830 GLENWOOD AVE SE, 510-221, ATLANTA, GA 30316	82-1348307	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(309) ROMAN CATHOLIC BISHOP OF SAN BERNARDINO 1201 E HIGHLAND AVENUE, SAN BERNARDINO, CA 92404	95-3293901	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(310) STEP UP LOUISIANA ORGANIZING FUND 2022 ST. BERNARD AVE #124B, NEW ORLEANS, LA 70116	85-1061102	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(311) TABERNACLE COMMUNITY DEVELOPMENT 945 SO. 45TH APT. C, RICHMOND, CA 94804	94-3402767	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(312) TENANTS TOGETHER P.O. BOX 410325, SAN FRANCISCO, CA 94141	26-1777917	501(C)(3)	50,000				TECHNICAL ASSISTANCE

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(313) WAHEO, INC. 91 RIVERVIEW TERRACE UNIT 208, BENICIA, CA 94510	83-3941091	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(314) YOUNG PEOPLE IN RECOVERY 1415 PARK AVENUE WEST, DENVER, CO 80205	46-4109067	501(C)(3)	50,000				RESEARCH
(315) YOUNG SCHOLARS FOR ACADEMIC EMPOWERMENT 4164 BROCKTON AVENUE SUITE A, RIVERSIDE, CA 92501	26-2350778	501(C)(3)	50,000				TECHNICAL ASSISTANCE
(316) MAKE THE ROAD STATES, INC. 301 GROVE STREET, BROOKLYN, NY 11237	84-3988830	501(C)(3)	49,980				CAPACITY BUILDING
(317) ARKANSAS COMMUNITY INSTITUTE 2101 S. MAIN STREET, LITTLE ROCK, AR 72206	72-1072223	501(C)(3)	49,570				CAPACITY BUILDING
(318) AMADOR COUNTY CHAMBER OF COMMERCE PO BOX 596, JACKSON, CA 95642	94-1576602	AMADOR COUNTY	49,500				TECHNICAL ASSISTANCE
(319) EL CONCILIO CALIFORNIA 445 N. SAN JOAQUIN STREET, STOCKTON, CA 95202-2026	94-1677202	501(C)(3)	49,500				TECHNICAL ASSISTANCE
(320) STATE OF MISSISSIPPI 2500 NORTH STATE STREET, ROOM U-019, JACKSON, MS 39216-4505	64-6008520	STATE OF MS	49,456				RESEARCH
(321) MAINE PEOPLE'S RESOURCE CENTER 565 CONGRESS ST #200, PORTLAND, ME 04101	22-2586108	501(C)(3)	49,360				CAPACITY BUILDING
(322) UNIVERSITY OF NORTH CAROLINA 260 MACNIDER CAMPUS BOX 7720, CHAPEL HILL, NC 27599	56-6001393	STATE OF NC	49,100				RESEARCH
(323) LEGACY EMANUEL HOSPITAL AND HEALTH 1919 NW LOVEJOY, PORTLAND, OR 97209	93-0386823	501(C)(3)	48,280				RESEARCH
(324) ARIZONA CENTER FOR EMPOWERMENT 5716 N 19TH AVE, PHOENIX, AZ 85015	27-2366780	501(C)(3)	48,000				CAPACITY BUILDING
(325) EAST TENNESSEE CHILDRENS HOSPITAL 2018 CLINCH AVE, KNOXVILLE, TN 37916	62-6002604	501(C)(3)	47,950				RESEARCH
(326) ALLIANCE FOR HISPANIC ADVANCEMENT 1855 TUSCANY DRIVE, YUBA CITY, CA 95993	68-0317835	501(C)(3)	47,500				TECHNICAL ASSISTANCE
(327) ACTION INSTITUTE NC 1817 CENTRAL AVE, CHARLOTTE, NC 28205	56-1088116	501(C)(3)	47,375				TECHNICAL ASSISTANCE
(328) FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024, SEATTLE, WA 98109-1024	23-7156071	501(C)(3)	47,214				RESEARCH
(329) UNIVERSITY OF KENTUCKY RESEARCH P.O. BOX 031113, CLEVELAND, OH 44193	61-6033693	STATE OF KY	47,000				RESEARCH

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(330) THE UNIVERSITY OF TEXAS HEALTH SCIENCE P.O. BOX 1898, SAN ANTONIO, TX 78297-1898	74-1586031	STATE OF TX	45,235				RESEARCH
(331) RADY CHILDREN'S HOSPITAL- SAN DIEGO 3020 CHILDREN'S WAY, MC 5001, SAN DIEGO, CA 92123-4282	95-1691313	501(C)(3)	45,100				CAPACITY BUILDING
(332) ADVENTIST HEALTH CLEARLAKE HOSPITAL INC P.O. 6701, CLEARLAKE, CA 95422	68-0395149	501(C)(3)	45,000				RESEARCH
(333) CONTRA COSTA COUNTY 2500 BATES AVENUE, SUITE B, CONCORD, CA 94520	94-6000509	CONTRA COSTA COUNTY	45,000				CAPACITY BUILDING
(334) CROSBY PHARMACY INC. 18711 TIFFENI DRIVE STE 45 & 47, TWAIN HARTE, CA 95383	82-2290272		45,000				TECHNICAL ASSISTANCE
(335) KAWEAH DELTA HOSPITAL FOUNDATION 216 S. JOHNSON ST., VISALIA, CA 93291	94-2675456	501(C)(3)	45,000				RESEARCH
(336) KFUG COMMUNITY RADIO, INC. 573 ELK VALLEY ROAD, CRESCENT CITY, CA 95531	46-3769318	501(C)(3)	45,000				TECHNICAL ASSISTANCE
(337) LA FAMILIA SANA PO BOX 158, CLOVERDALE, CA 95425	86-1711899	501(C)(3)	45,000				TECHNICAL ASSISTANCE
(338) THE EDWIN AND DOROTHY BAKER FOUNDATION 1230 E WARDLOW RD, LONG BEACH, CA 90807	33-0851176	501(C)(3)	45,000				TECHNICAL ASSISTANCE
(339) DUKE UNIVERSITY P.O. BOX 602651, CHARLOTTE, NC 28260-2651	56-0532129	STATE OF TX	44,539				RESEARCH
(340) OREGON HEALTH & SCIENCE UNIVERSITY PO BOX 3003, PORTLAND, OR 97208-3003	93-1176109	STATE OF OR	44,200				RESEARCH
(341) BANNER HEALTH 901 E WILLET TA STREET, PHOENIX, AZ 85006	45-0233470	501(C)(3)	43,700				RESEARCH
(342) CHILDREN'S HOSPITAL AND MEDICAL CENTER 8200 DODGE STREET, OMAHA, NE 68114-4114	47-0379754	501(C)(3)	43,100				RESEARCH
(343) SHASTA COUNTY CHILD ABUSE PREVENTION 2280 BENTON DR. BUILDING C SUITE B, REDDING, CA 96003	68-0151867	501(C)(3)	43,000				TECHNICAL ASSISTANCE
(344) CHILDREN'S HOSPITAL OF THE KING'S 601 CHILDREN'S LANE, NORFOLK, VA 23507-1910	54-0506321	501(C)(3)	42,000				RESEARCH
(345) PURDUE UNIVERSITY 23510 NETWORK PLACE, CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	41,549				LEADERSHIP DEVELOPMENT

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(346) CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON STREET, HARTFORD, CT 06106	06-0646755	501(C)(3)	41,300				RESEARCH
(347) TUFTS MEDICAL CENTER, INC. 800 WASHINGTON STREET, BOSTON, MA 02111	04-3400617	501(C)(3)	41,027				RESEARCH
(348) ST. MARY'S MEDICAL CENTER, INC 901 45TH STREET, WEST PALM BEACH, FL 33407	75-2932830	501(C)(3)	39,800				RESEARCH
(349) MEMORIAL HEALTH SERVICES 17360 BROOKHURST STREET, FOUNTAIN VALLEY, CA 92708	95-1643381	501(C)(3)	38,900				RESEARCH
(350) DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E. VERNOR HIGHWAY, DETROIT, MI 48207	27-5106242	501(C)(3)	37,905				CAPACITY BUILDING
(351) CALIFORNIA INDIAN MUSEUM & CULTURAL 5250 AERO DR., SANTA ROSA, CA 95403	94-3244506	501(C)(3)	37,750				TECHNICAL ASSISTANCE
(352) YALE UNIVERSITY P.O. BOX 1873, NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	36,673				RESEARCH
(353) LEHIGH VALLEY HOSPITAL 2100 MACK BLVD, ALLENTOWN, PA 18103	23-1689692	501(C)(3)	36,200				RESEARCH
(354) DREXEL UNIVERSITY 3201 ARCH STREET , SUITE 420, PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	35,600				RESEARCH
(355) REGENTS OF THE UNIVERSITY OF MINNESOTA P.O. BOX 1450, MINNEAPOLIS, MN 55485-5957	41-6007513	STATE OF MN	34,600				RESEARCH
(356) ADVENTIST HEALTH SYSTEM/SUNBELT, INC. 601 EAST ROLLINS STREET, ORLANDO, FL 32803-1248	59-0724459	501(C)(3)	34,400				RESEARCH
(357) PRISMA HEALTH - MIDLANDS 5 RICHLAND MEDICAL PARK, COLUMBIA, SC 29203	58-2296052	501(C)(3)	33,700				RESEARCH
(358) CHILDREN'S HOSPITAL MEDICAL CENTER OF ONE PERKINS SQUARE, AKRON, OH 44308-1062	34-0714357	501(C)(3)	33,500				RESEARCH
(359) BROWN UNIVERSITY BOX 1997, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	32,706				TECHNICAL ASSISTANCE
(360) ST. LUKE'S REGIONAL MEDICAL CENTER, LTD P.O. BOX 1663, BOISE, ID 83701-1663	82-0161600	501(C)(3)	32,500				RESEARCH
(361) UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING, ROCHESTER, NY 14627	16-0743209	501(C)(3)	32,300				RESEARCH

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(362) BREASTFEEDING TASK FORCE OF GREATER 2851 WEST 120TH ST., SUITE E335, HAWTHORNE, CA 90250	95-4861413	501(C)(3)	32,080				TECHNICAL ASSISTANCE
(363) SHINGLETOWN MEDICAL CENTER 31292 ALPINE MEADOWS ROAD, SHINGLETOWN, CA 96088	68-0063054	501(C)(3)	31,500				TECHNICAL ASSISTANCE
(364) WILLIAM BEAUMONT HOSPITAL 3811 W THIRTEEN MILE RD 501, ROYAL OAK, MI 48073-6769	38-1459362	501(C)(3)	31,400				RESEARCH
(365) HEALTH RESEARCH, INC. ELM & CARLTON STREETS, BUFFALO, NY 14263	14-1402155	501(C)(3)	30,300				RESEARCH
(366) DAYTON CHILDRENS HOSPITAL ONE CHILDREN'S PLAZA, DAYTON, OH 45404	31-0672132	501(C)(3)	30,100				RESEARCH
(367) ENTREGA PHARMACY LLC 44469 10TH STREET W, STE B, LANCASTER, CA 93534	84-5067305		30,000				TECHNICAL ASSISTANCE
(368) REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131, PITTSBURGH, PA 15251-2131	38-6006309	STATE OF MO	30,000				RESEARCH
(369) YOUTH LEADERSHIP INSTITUTE 209 9TH ST., SAN FRANCISCO, CA 94103	68-0184712	501(C)(3)	30,000				TECHNICAL ASSISTANCE
(370) WESLEYAN UNIVERSITY 291 MAIN STREET, MIDDLETOWN, CT 06457	06-0646959	501(C)(3)	29,811				TECHNICAL ASSISTANCE
(371) HARM REDUCTION SERVICES, INC. 2800 STOCKTON BLVD., SACRAMENTO, CA 95817	68-0300656	501(C)(3)	29,700				TECHNICAL ASSISTANCE
(372) DISABILITY RIGHTS EDUCATION & DEFENSE 3075 ADELINE STREET, SUITE 210, BERKELEY, CA 94703	94-2620758	501(C)(3)	29,500				RESEARCH
(373) THE CLEVELAND CLINIC FOUNDATION P.O.BOX 931562, CLEVELAND, OH 44193	34-0714585	501(C)(3)	29,050				RESEARCH
(374) HELPING OTHERS PURSUE EXCELLENCE 4974 E. CLINTON WAY, FRESNO, CA 93727	45-2378778	501(C)(3)	28,800				TECHNICAL ASSISTANCE
(375) SOURCE LGBT+ CENTER 208 W. MAIN ST. SUITE B, VISALIA, CA 93291	81-1907707	501(C)(3)	28,800				TECHNICAL ASSISTANCE
(376) UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD., AD 362, MOBILE, AL 36688	63-0477348	STATE OF AL	28,800				RESEARCH
(377) COLUMBIA HOSPITAL AT MEDICAL CITY DALLAS 7777 FOREST LANE, DALLAS, TX 75230	62-1682198	501(C)(3)	28,300				RESEARCH
(378) THE FEINSTEIN INSTITUTES FOR MEDICAL PO BOX 95000-7530, PHILADELPHIA, PA 19195-7530	11-2673595	501(C)(3)	28,200				RESEARCH

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(379) LGBTQ+ COLLABORATIVE 209 SEMPLE ST., MODESTO, CA 95354	85-1911056	501(C)(3)	28,000				TECHNICAL ASSISTANCE
(380) RUTGERS, THE STATE UNIVERSITY 33 KNIGHTSBRIDGE RD 2 EAST, PISCATAWAY, NJ 08854	22-6001086	STATE OF NJ	27,800				RESEARCH
(381) AMADOR TRANSIT 11400 AMERICAN LEGION DR., JACKSON, CA 95642	45-2446817	501(C)(3)	27,000				TECHNICAL ASSISTANCE
(382) NORTH COAST OPPORTUNITIES, INC. 413 N. STATE STREET, UKIAH, CA 95482	94-1671958	501(C)(3)	27,000				TECHNICAL ASSISTANCE
(383) SINAI HOSPITAL OF BALTIMORE, INC. 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	52-0486540	501(C)(3)	26,400				RESEARCH
(384) MARCH OF DIMES, INC. 1550 CRYSTAL DRIVE, SUITE 1300, ARLINGTON, VA 22202	13-1846366	501(C)(3)	25,935				TECHNICAL ASSISTANCE
(385) ALBANY MEDICAL CENTER 47 NEW SCOTLAND AVE MC 88, ALBANY, NY 12208-3479	14-1338310	501(C)(3)	25,850				RESEARCH
(386) COMMUNITY MEDICAL WELLNESS CENTER, USA 1360 E ANAHEIM ST. SUITE 101, LONG BEACH, CA 90813	45-2424322	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(387) FAMILY CONNECTIONS CENTERS 2565 SAN BRUNO AVENUE, SAN FRANCISCO, CA 94134	94-3213689	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(388) FILIPINO MIGRANT CENTER PO BOX 9086, LONG BEACH, CA 90810	32-0308477	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(389) KULTIVATE LABS 967 MISSION ST, SAN FRANCISCO, CA 94103	82-1081068	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(390) ONE IN LONG BEACH, INC 2017 EAST 4TH STREET, LONG BEACH, CA 90814	95-3523149	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(391) THE HEART OF IDA 1150 E. 4TH STREET, LONG BEACH, CA 90802	27-1105150	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(392) UNITED CAMBODIAN COMMUNITIY, INC 2201 E. ANAHEIM ST. SUITE 200, LONG BEACH, CA 90804	95-3442295	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(393) UNITY CARE GROUP 1400 PARKMOOR AVE, SUITE 115, SAN JOSE, CA 95126	77-0323115	501(C)(3)	25,000				TECHNICAL ASSISTANCE
(394) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, CLEVELAND, OH 44106-7037	34-1018992	501(C)(3)	23,650				RESEARCH
(395) INTERNATIONAL CENTER FOR RESEARCH 1120 20TH STREET NW STE.500 NORTH, WASHINGTON, DC 20036	52-1081455	501(C)(3)	23,000				CAPACITY BUILDING

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(396) ANDERSONRX, INC 2940 EAST ST., ANDERSON, CA 96007	84-2670534		22,500				TECHNICAL ASSISTANCE
(397) METHODIST CHILDREN'S HOSPITAL LB 1132- PO BOX 35143, SEATTLE, WA 98124-5143	75-2428911	501(C)(3)	22,500				RESEARCH
(398) ST. JOSEPH'S UNIVERSITY MEDICAL CENTER 703 MAIN STREET, PATERSON, NJ 07503	22-1487602	501(C)(3)	22,000				RESEARCH
(399) PENN STATE UNIVERSITY 500 UNIVERSITY DRIVE, HERSHEY, PA 17033-0850	24-6000376	STATE OF PA	21,300				RESEARCH
(400) MAYO CLINIC P.O.BOX 4006, ROCHESTER, MN 55903-4006	41-6011702	501(C)(3)	20,200				RESEARCH
(401) ADVISOR BUSINESS SOLUTIONS 3780 KILROY AIRPORT WAY #200, LONG BEACH, CA 90806	86-1754549		20,000				TECHNICAL ASSISTANCE
(402) FRESNO COUNTY ECONOMIC OPPORTUNITIES 1920 MARIPOSA MALL, STE. 300, FRESNO, CA 93721	94-1606519	501(C)(3)	20,000				TECHNICAL ASSISTANCE
(403) MULTICARE HEALTH SYSTEM PO BOX 5299, MS: 1313-2-RS, TACOMA, WA 98415-0299	91-1352172	501(C)(3)	19,950				RESEARCH
(404) TALANCE, INC. P.O. BOX 2404, ROCKLIN, CA 95677	04-3542555	501(C)(3)	19,950				TECHNICAL ASSISTANCE
(405) BAYLOR COLLEGE OF MEDICINE P.O. BOX 301207, DALLAS, TX 75303-1207	74-1613878	501(C)(3)	19,352				RESEARCH
(406) THE UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVE STE 300, CHICAGO, IL 60637	36-2177139	STATE OF IL	19,300				RESEARCH
(407) ALTA CALIFORNIA COMMUNITY MEDIA 2675 BECHELLI LANE #1, REDDING, CA 96002	68-0316033	501(C)(3)	18,000				TECHNICAL ASSISTANCE
(408) DESERT PHARMACY 1560 S IMPERIAL AVE, EL CENTRO, CA 92243	82-2250039		18,000				TECHNICAL ASSISTANCE
(409) DND PHARMACY INC 630 MAIN STREET, BRAWLEY, CA 92227	47-4442596		18,000				TECHNICAL ASSISTANCE
(410) I.V. FAMILY PHARMACY, INC. 1101 EMIL HASHEM ST., CALEXICO, CA 92231	20-5337932		18,000				TECHNICAL ASSISTANCE
(411) SACRAMENTO HISPANIC CHAMBER OF COMMERCE 400 CAPITOL MALL 9TH FLOOR, SACRAMENTO, CA 95814	68-0473583	501(C)(3)	18,000				TECHNICAL ASSISTANCE
(412) MH MISSION HOSPITAL, LLLP 1 HOSPITAL DRIVE SUITE 2600, ASHEVILLE, NC 28801	83-2048706		17,750				RESEARCH
(413) RHODE ISLAND HOSPITAL 167 POINT STREET, BOX 42, PROVIDENCE, RI 02903	05-0258954	501(C)(3)	17,613				RESEARCH

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(414) SIERRA STREAMS INSTITUTE 117 NEW MOHAWK RD. STE. H, NEVADA CITY, CA 95959	68-0429132	501(C)(3)	16,196				RESEARCH
(415) CLEAN WATER FUND PO BOX 188, MT. CLEMENS, MI 48046-0188	52-1043444	501(C)(3)	15,967				RESEARCH
(416) DAY ONE INC. 175 N. EUCLID AVE., PASADENA, CA 91101	95-4172246	501(C)(3)	15,000				TECHNICAL ASSISTANCE
(417) NATIONAL ASSOCIATION FOR THE ADVANCEMENT P.O. BOX 1092, SANTA MARIA, CA 93456	77-0423554	501(C)(3)	15,000				TECHNICAL ASSISTANCE
(418) YOUNG & HEALTHY 136 W. PEORIA ST., PASADENA, CA 91702	95-4527969	501(C)(3)	15,000				TECHNICAL ASSISTANCE
(419) ASCENSION ST. JOHN HOSPITAL 28000 DEQUINDRE RD, WARREN, MI 48092-2468	38-1359063	501(C)(3)	14,900				RESEARCH
(420) PROMEDICA RUSSELL J. EBEID CHILDREN'S 2142 N COVE BLVD., TOLEDO, OH 43606	34-4428256	501(C)(3)	14,700				RESEARCH
(421) ACORN COMMUNITY ENTERPRISES PO BOX 188, MONTGOMERY CREEK, CA 96065	68-0434948	501(C)(3)	14,598				TECHNICAL ASSISTANCE
(422) WASHINGTON UNIVERSITY 660 S. EUCLID AVE, MSC 8208-0016-11, ST LOUIS, MO 63110-1010	43-0653611	STATE OF WA	14,000				RESEARCH
(423) ARIZONA CENTER FOR DISABILITY LAW 5025 EAST WASHINGTON ST. #202, PHOENIX, AZ 85034	23-7408586	501(C)(3)	13,763				TECHNICAL ASSISTANCE
(424) OCCIDENTAL COLLEGE 1600 CAMPUS ROAD M-1, LOS ANGELES, CA 90041-3314	95-1667177	501(C)(3)	13,750				RESEARCH
(425) IMPERIAL AMBULANCE, INC. 22 N. COTTAGE, PORTERVILLE, CA 93257	94-1534609	501(C)(3)	13,500				TECHNICAL ASSISTANCE
(426) SJSU RESEARCH FOUNDATION 210 N. 4TH ST., 3RD FLOOR, SAN JOSE, CA 95112	94-6017638	501(C)(3)	12,566				RESEARCH
(427) EDEN I&R, INC. 570 B STREET, HAYWARD, CA 94541	94-2339050	501(C)(3)	12,123				TECHNICAL ASSISTANCE
(428) DARTMOUTH-HITCHCOCK CLINIC/MEDICAL CTR ONE MEDICAL CENTER DRIVE, LEBANON, NH 03756	22-2519596	501(C)(3)	12,100				RESEARCH
(429) MAINEHEALTH ONE RIVERFRONT PLAZA, WESTBROOK, ME 04092	01-0238552	501(C)(3)	12,029				RESEARCH
(430) LA CASA DE LA RAZA 601 E. MONTECITO STREET, SANTA BARBARA, CA 93103	23-7110339	501(C)(3)	12,000				TECHNICAL ASSISTANCE
(431) LUKE'S HOUSE: A CLINIC FOR HEALING 2023 SIMON BOLIVAR AVE., NEW ORLEANS, LA 70113	26-0332262	501(C)(3)	12,000				TECHNICAL ASSISTANCE

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(432) STANISLAUS MULTI CULTURAL HEALTH 601 MARTIN LUTHER KING DRIVE, MODESTO, CA 95351	31-1751288	501(C)(3)	11,770				TECHNICAL ASSISTANCE
(433) STATE OF HAWAII - DEPARTMENT OF HEALTH 1010 RICHARDS STREET, ROOM 118, HONOLULU, HI 96813	99-6000449	STATE OF HI	11,049				TECHNICAL ASSISTANCE
(434) UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 SOUTH PROSPECT STREET, BURLINGTON, VT 05405	03-0179440	STATE OF VM	10,950				RESEARCH
(435) BAYLOR RESEARCH INSTITUTE 3434 LIVE OAK, DALLAS, TX 75204	75-1921898	501(C)(3)	10,700				RESEARCH
(436) WEILL MEDICAL COLLEGE OF CORNELL PO BOX 22371, NEW YORK, NY 10087-2371	13-1623978	501(C)(3)	10,500				RESEARCH
(437) ST LOUIS UNIVERSITY 3700 WEST PINE MALL 3RD FL, ST. LOUIS, MO 63108	43-0654872	501(C)(3)	10,400				RESEARCH
(438) SANTA BARBARA COTTAGE HOSPITAL P.O. BOX 689, SANTA BARBARA, CA 93102	95-1644629	501(C)(3)	10,300				RESEARCH
(439) SAINT FRANCIS HOSPITAL 6600 S YALE AVENUE SUTE 400, TULSA, OK 74136	73-0700090	501(C)(3)	10,100				RESEARCH
(440) APANO COMMUNITIES UNITED FUND 8188 S E DIVISION STREET, PORTLAND, OR 97206-1068	80-0252850	501(C)(3)	10,000				TECHNICAL ASSISTANCE
(441) HOPE COMMUNITY, INC. 611 E. FRANKLIN AVENUE, MINNEAPOLIS, MN 55417	41-1292817	501(C)(3)	10,000				TECHNICAL ASSISTANCE
(442) NEW DIRECTIONS HOUSING CORPORATION 1617 MAPLE STREET, LOUISVILLE, KY 40210	61-0715630	501(C)(3)	10,000				TECHNICAL ASSISTANCE
(443) PROJECT NEW VILLAGE 5106 FEDERAL BLVD, SUITE 103, SAN DIEGO, CA 92105	27-1306157	501(C)(3)	10,000				TECHNICAL ASSISTANCE
(444) STEPS COALITION 11975 SEAWAY ROAD, SUITE A240, GULFPORT, MS 39503	11-3790429	501(C)(3)	10,000				TECHNICAL ASSISTANCE
(445) HTI HOSPITAL HOLDING INC 4700 WATERS AVENUE, SAVANNAH, GA 31404	82-1969974	501(C)(3)	9,800				RESEARCH
(446) AMADOR COUNTY ARTS COUNCIL 229 NEW YORK RANCH ROAD, JACKSON, CA 95642	94-2811333	501(C)(3)	9,000				TECHNICAL ASSISTANCE
(447) SHASTA LAKE CHIROPRACTIC PO BOX 776, SHASTA LAKE, CA 96019	20-0571365	501(C)(3)	9,000				TECHNICAL ASSISTANCE
(448) TOYON-WINTU CENTER INC. PO BOX 995, SHASTA LAKE, CA 96019	94-2227933	501(C)(3)	9,000				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
(449) YOUTH VIOLENCE PREVENTION COUNCIL 1700 PINE STREET, SUITE 250, REDDING, CA 96003	68-0381728	501(C)(3)	9,000				TECHNICAL ASSISTANCE
(450) UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR, TWAMLEY HALL,, GRAND FORKS, ND 58202-7306	45-6002491	STATE OF ND	8,955				TECHNICAL ASSISTANCE
(451) MICHIGAN STATE UNIVERSITY 1355 BOGUE STREET, B240, EAST LANSING, MI 48824-1313	38-6005984	STATE OF MI	8,900				RESEARCH
(452) THE PRESBYTERIAN HOSPITAL 2927 LYNTHURST AVENUE, WINSTON SALEM, NC 27103	56-0554230	501(C)(3)	8,800				RESEARCH
(453) ZERO BREAST CANCER 30 N SAN PEDRO RD STE 140, SAN RAFAEL, CA 94903	68-0386016	501(C)(3)	8,750				RESEARCH
(454) BERKELEY AIR MONITORING GROUP 1935 ADDISON ST SUITE A, BERKELEY, CA 94704	26-3881064	501(C)(3)	8,550				RESEARCH
(455) THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-5100	47-0049123	STATE OF NE	8,500				RESEARCH
(456) INDEPENDENT LIVING CENTER OF SOUTHERN CA 14141 HAYNES STREET, VAN NUYS, CA 91401	95-3026060	501(C)(3)	8,205				TECHNICAL ASSISTANCE
(457) WINTHROP UNIVERSITY HOSPITAL 259 FIRST STREET, MINEOLA, NY 11501	11-1633486	501(C)(3)	7,850				RESEARCH
(458) ABILITY 360 5025 E WASHINGTON ST, STE 200, PHOENIX, AZ 85034-1101	86-0486447	501(C)(3)	7,308				TECHNICAL ASSISTANCE
(459) SUTTER VALLEY HOSPITALS 2200 RIVER PLAZA DRIVE, SACRAMENTO, CA 95833	94-1156621	501(C)(3)	7,200				RESEARCH
(460) THE UNIVERSITY OF ARIZONA PO BOX 41867, TUCSON, AZ 85717	74-2652689	STATE OF AZ	7,200				RESEARCH
(461) BREAST CANCER ACTION 548 MARKET ST., PMB 17179, SAN FRANCISCO, CA 94104-5401	94-3138992	501(C)(3)	7,000				RESEARCH
(462) HUMAN IMPACT PARTNERS 304 12TH STREET SUITE 2B, OAKLAND, CA 94607	27-0193587	501(C)(3)	6,875				RESEARCH
(463) CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD., LOS ANGELES, CA 90048	95-1644600	501(C)(3)	6,800				RESEARCH
(464) NOBLE IMAGE, INC 1507 DANBROOK DRIVE, SACRAMENTO, CA 95835	94-3345553	501(C)(3)	6,260				TECHNICAL ASSISTANCE
(465) EASTERN MAINE MEDICAL CENTER LFCI 33 WHITING HILL RD., BREWER, ME 04412	01-0211501	501(C)(3)	6,250				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
(466) BAYSTATE MEDICAL CENTER, INC. 759 CHESTNUT STREET, SPRINGFIELD, MA 01199-0001	04-2790311	501(C)(3)	6,200				RESEARCH
(467) CONTROLLER OF MARYLAND P.O. BOX 41428, BALTIMORE, MD 21203-6428	52-6002033	STATE OF MD	5,700				RESEARCH
(468) CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 807012, KANSAS CITY, MO 64180-7012	43-6003859	STATE OF MO	5,700				RESEARCH
(469) TEXAS TECH UNIVERSITY HEALTH SCIENCES 1400 S. COULTER ST., AMARILLO, TX 79106	75-2668014	STATE OF TX	5,400				RESEARCH
(470) HENRY M. JACKSON FOUNDATION 6720 A ROCKLEDGE DRIVE, BETHESDA, MD 20817	52-1317896	501(C)(3)	5,200				RESEARCH
(471) CAMC HEALTH EDUCATION AND RESEARCH 3200 MACCORKLE AVENUE, S.E., CHARLESTON, WV 25304	55-0753754	501(C)(3)	5,100				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.
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SOUTHERN CALIFORNIA GRANTMAKERS 1000 N ALAMEDA STREET SUITE 230, LOS ANGELES, CA 90012
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CALIFORNIA PRIMARY CARE ASSOCIATION 1231 I STREET, SUITE 400, SACRAMENTO, CA 95814
(9) 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
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PUBLIC HEALTH FOUNDATION ENTERPRISES,INC 650 UNIVERSITY AVE, SUITE 203, SACRAMENTO, CA 95825
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NATIONAL COUNCIL ON AGING INC. 251 18TH ST. SOUTH, SUITE 500, ARLINGTON, VA 22202

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

2021

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: <div style="margin-left: 20px;"> a Receive a severance payment or change-of-control payment? </div>	4a	✓
<div style="margin-left: 20px;"> b Participate in or receive payment from a supplemental nonqualified retirement plan? </div>	4b	✓
<div style="margin-left: 20px;"> c Participate in or receive payment from an equity-based compensation arrangement? </div> 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: <div style="margin-left: 20px;"> a The organization? </div>	5a	✓
<div style="margin-left: 20px;"> b Any related organization? </div> 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: <div style="margin-left: 20px;"> a The organization? </div>	6a	✓
<div style="margin-left: 20px;"> b Any related organization? </div> 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)	491,068	0	34,881	29,000	31,730	586,679	0
	(ii)	0	0	0	0	0	0	0
2 B. MELANGE MATTHEWS EXEC VP & CHIEF OPERATING OFFICER	(i)	342,044	42,344	9,002	29,000	25,122	447,512	0
	(ii)	0	0	0	0	0	0	0
3 LEAH WILLIAMS CHIEF LEGAL OFFICER	(i)	260,010	42,062	1,456	28,058	40,446	372,032	0
	(ii)	0	0	0	0	0	0	0
4 ISRAEL GHEBRETINSAE CHIEF FINANCIAL OFFICER	(i)	264,850	32,106	585	23,736	29,460	350,737	0
	(ii)	0	0	0	0	0	0	0
5 VALERIE MCCANN WOODSON SENIOR VP HUMAN RESOURCES	(i)	243,640	38,555	3,750	25,252	24,044	335,241	0
	(ii)	0	0	0	0	0	0	0
6 BAKER MAGGWA TECHNICAL ADVISOR IV	(i)	255,686	2,500	7,497	27,164	37,444	330,291	0
	(ii)	0	0	0	0	0	0	0
7 MATTHEW MARSOM SR VP PUBLIC POLICY & PROGRAMS	(i)	249,625	39,087	810	25,252	10,952	325,726	0
	(ii)	0	0	0	0	0	0	0
8 RAZ STEVENSON SENIOR TECH ADVISOR - OVERSEAS	(i)	265,396	0	1,084	16,073	34,189	316,742	0
	(ii)	0	0	0	0	0	0	0
9 AMY BLOOM UNIQUELY SKILLED SR TECH EXPERT	(i)	267,108	0	7,379	26,768	13,923	315,178	0
	(ii)	0	0	0	0	0	0	0
10 LALIT SALUJA SR ENTERPRISE APPLICATIONS DIRECTOR	(i)	189,310	31,028	20,198	22,237	35,817	298,590	0
	(ii)	0	0	0	0	0	0	0
11 CARMEN NEVAREZ PROGRAM DIRECTOR IV	(i)	217,415	19,520	9,802	21,254	10,548	278,539	0
	(ii)	0	0	0	0	0	0	0
12 DAVID HAUSNER PROGRAM DIRECTOR IV	(i)	190,973	23,271	1,815	20,417	37,084	273,560	0
	(ii)	0	0	0	0	0	0	0
13 SUSAN WATSON PROGRAM DIRECTOR II	(i)	167,154	40,237	759	16,773	13,355	238,278	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	THE ORGANIZATION MADE NON-FIXED PAYMENTS TO THE FOLLOWING PEOPLE DURING 2021: MARY PITTMAN MELANGE MATTHEWS LEAH WILLIAMS ISRAEL GHEBRETINSAE VALERIE MCCANN WOODSON BAKER MAGGWA MATTHEW MARSOM AMY BLOOM RAZ STEVENSON LALIT SALUJA CARMEN NEVAREZ SUSAN WATSON

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. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b style="font-size: 2em;">2021 Open to Public Inspection </div>
Name of the Organization PUBLIC HEALTH INSTITUTE		Employer Identification Number 94-1646278

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES	SEE DESCRIPTION FOR FORM 990, PART III, LINE 4A - TRACING HEALTH AND PART III LINE 4B - TOGETHER TOWARD HEALTH
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>TRACING HEALTH.</p> <p>TRACING HEALTH PRIORITIZES HIRING FROM COMMUNITIES MOST IMPACTED BY COVID-19. THE MAJORITY OF TRACING HEALTH STAFF ARE BILINGUAL, BICULTURAL, AND/OR BRING LIVED EXPERIENCE AS A MEMBER OF A COMMUNITY THAT EXPERIENCES HEALTH INEQUITY. IN 2021, TRACING HEALTH HAD OVER 500 STAFF, 93 PERCENT OF WHOM WERE BILINGUAL OR MULTILINGUAL, ALLOWING THEM TO RESPOND TO THE NEEDS OF DIVERSE COMMUNITIES. UPON HIRE, STAFF RECEIVE OVER 100 HOURS OF TRAINING, COVERING TOPICS FROM CONTACT TRACING AND MENTAL HEALTH FIRST AID CERTIFICATION TO CUSTOMER SERVICE AND TRAINING ON STATE AND COUNTY DATA PLATFORMS. ADDITIONAL TRAINING DURING EMPLOYMENT PREPARES THEM TO REMAIN IN THE PUBLIC HEALTH WORKFORCE AFTER TRACING HEALTH.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>FUNDERS WITH A SINGLE POINT OF INVESTMENT TOWARDS A SET OF GOALS RELATED TO COVID STATEWIDE AND THEN TTH IDENTIFIED THE ORGANIZATIONS TO FUND THROUGH A CONTRACT WITH PHI. BY DESIGN, TTH ALSO ACTED AS A CONVENER, MEDIATOR, RESOURCE, THOUGHT PARTNER, AND CAPACITY BUILDER FOR THE GRANTEES. THE EFFICIENCIES OF HOW PHI CONTRACTED AND RELEASED FUNDS, ALONG WITH THE FLEXIBILITY OF THE FUNDING, CREATED CONDITIONS FOR SUCCESSFUL IMPACTS ON COVID, GOVERNMENT-COMMUNITY RELATIONSHIPS, AND COMMUNITY ORGANIZATIONAL CAPACITY ACROSS CALIFORNIA</p>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>IMPACT RESEARCH FOR CHILDREN WITH CANCER. APPROXIMATELY 90% OF THE 16,000 CHILDREN AND ADOLESCENTS DIAGNOSED WITH CANCER EACH YEAR IN THE UNITED STATES ARE CARED FOR AT COG MEMBER INSTITUTIONS.</p> <p>THE COG COORDINATING CENTER STAFF COMPRISE A NUMBER OF MULTI-DISCIPLINARY TEAMS SUPPORTING CLINICAL TRIAL OPERATIONS. COGCC'S FULL STAFF INCLUDES ABOUT 110 TEAM MEMBERS, WITH ABOUT 7 ADDITIONAL FACULTY STATISTICIANS, EMPLOYED BY THE UNIVERSITY OF SOUTHERN CALIFORNIA, WORKING OUT OF COGCC'S MONROVIA OFFICE. TEAMS ARE MADE UP OF PROTOCOL COORDINATORS, DATA MANAGEMENT PROFESSIONALS AND STATISTICIANS. ADDITIONAL STAFFING GROUPS INCLUDE OPERATIONS AND FINANCE, QUALITY ASSURANCE & SITE AUDITING, INFORMATION TECHNOLOGY, COMPLEX CLINICAL PROJECTS, PHARMACEUTICAL INDUSTRY RELATIONS, AND GROUP MEMBERSHIP. EACH WORK GROUP HAS A MANAGER OR DIRECTOR WITH CONSIDERABLE INDEPENDENCE AND FLEXIBILITY IN MANAGING HIS/HER AREA - THIS ENSURES THAT WE CAN RAPIDLY AND EFFICIENTLY RESPOND TO COG NEEDS.</p> <p>COG IS STRUCTURED TO MAXIMIZE EFFICIENCY, PROMOTE COLLABORATION, AND RETAIN THE FLEXIBILITY TO FOCUS RESOURCES ON THE MOST PROMISING SCIENTIFIC ADVANCES. EXTENSIVE COLLABORATION AND INTEGRATION IS FOUND THROUGHOUT COG'S ORGANIZATION. FOR EXAMPLE, THE STRATEGIC DECISION TO ESTABLISH THE FREESTANDING COG COORDINATING CENTER IN MONROVIA, CA, COMPOSED OF COG'S OPERATIONS CENTER CO-LOCATED WITH KEY COMPONENTS OF COG'S STATISTICS & DATA CENTER, HELPS ENSURE THE LONG-TERM STABILITY OF THE COG RESEARCH ENTERPRISE AND ALLOWS FOR UNINTERRUPTED RESEARCH OPERATIONS THROUGH LEADERSHIP TRANSITIONS. AT ANY GIVEN TIME, THE COG COORDINATING CENTER IS SUPPORTING APPROXIMATELY 45 STUDIES IN DEVELOPMENT, 70 STUDIES ACTIVELY ENROLLING NEW SUBJECTS, AND 100 STUDIES CLOSED TO ENROLLMENT FOR WHICH DATA COLLECTION IS 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.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$110,394,715 INCLUDING GRANTS OF \$47,030,168)(REVENUE \$9,609,759)</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 SEPTEMBER 2021.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>ALL PHI EMPLOYEES INCLUDING THE CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES ARE COMPENSATED IN ACCORDANCE WITH A TITLE AND PAY PLAN BASED ON COMPARABILITY DATA REPORTED IN SEVERAL INDEPENDENT SALARY SURVEYS AND ADMINISTERED BY PHI'S HUMAN RESOURCES DEPARTMENT. DECISIONS ABOUT COMPENSATING OFFICERS AND KEY EMPLOYEES MAY INCLUDE SEPARATE COMPARABILITY DATA AND ARE COVERED BY A SPECIAL APPROVAL PROCESS ADOPTED BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH IRS EXCESS BENEFIT TRANSACTION REGULATIONS AND COMPARABLE CALIFORNIA REQUIREMENTS. COMPENSATION WAS ESTABLISHED ACCORDING TO THESE PROCEDURES.</p> <p>PHI PURCHASES SEVERAL PUBLISHED SALARY SURVEYS OF COMPARABLE AND PEER ORGANIZATIONS. THERE IS A PROCESS OF DOCUMENTING AND SUBSTANTIATING SALARY DECISIONS MADE FOR OFFICERS AND KEY EMPLOYEES, BASED UPON GUIDELINES ESTABLISHED UNDER PHI'S COMPENSATION POLICIES AND PROCEDURES. THE LAST OFFICER/KEY EMPLOYEE COMPENSATION REVIEW TOOK PLACE IN MAY 2021.</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	26,086,759	25,069,609	1,017,150	
	TEMPORARY HELP	169,154	40,445	128,709	
	Total	26,255,913	25,110,054	1,145,859	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

2021

**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	82,121	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)													