Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Public Health Institute

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 555 12th Street 600

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Oakland, CA 946074046

D Employer identification number
94-1646278

E Telephone number
(510) 285-5500

G Gross receipts $ 261,825,612

F Name and address of principal officer:
Melissa Stafford-Jones
555 12th Street 600
Oakland, CA 946074046

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: www.PHI.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1964

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PUBLIC HEALTH INSTITUTE GENERATES AND PROMOTES RESEARCH, LEADERSHIP AND PARTNERSHIPS TO BUILD CAPACITY FOR STRONG PUBLIC HEALTH POLICY, PROGRAMS, SYSTEMS AND PRACTICES.

2 Check this box ☐ 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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	1,164
6	Total number of volunteers (estimate if necessary)	**6**	11
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**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	125,673,088	103,211,293
9	Program service revenue (Part VIII, line 2g)	170,543,739	154,262,101
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,559,361	789,878
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	297,776,188	258,263,272
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	55,728,903	59,768,391
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	122,787,850	122,900,561
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 2,417		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	104,959,898	73,552,717
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	283,476,651	256,221,669
19	Revenue less expenses. Subtract line 18 from line 12	14,299,537	2,041,603

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	129,042,887	133,311,919
21	Total liabilities (Part X, line 26)	61,950,167	60,684,730
22	Net assets or fund balances. Subtract line 21 from line 20	67,092,720	72,627,189

Part II Signature Block

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

Sign Here

Signature of officer
Derrick Browning Chief Financial Officer
Type or print name and title

2025-11-11
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2025-11-11		P01578407

Firm's name CROWE LLP — Firm's EIN 35-0921680

Firm's address 575 Market Street Suite 3300
San Francisco, CA 941055829 — Phone no. (415) 576-1100

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses $ 75,913,141 including grants of $ 7,857,373) (Revenue $ 75,913,141)

CHILDREN'S ONCOLOGY GROUP COORDINATING CENTER, MONROVIA, CA, AT THE PUBLIC HEALTH INSTITUTE, SERVES AS THE CHILDREN'S ONCOLOGY GROUP COORDINATING CENTER (COGCC) IN MONROVIA, CALIFORNIA. COGCC IS THE PRIMARY PROGRAM HEADQUARTERS FOR THE OPERATIONS OF THE CHILDREN'S ONCOLOGY GROUP (COG), PROVIDING ADMINISTRATIVE AS WELL AS STATISTICAL AND DATA MANAGEMENT SUPPORT. THE CHILDREN'S ONCOLOGY GROUP, A CLINICAL TRIALS GROUP SUPPORTED BY THE NATIONAL CANCER INSTITUTE, IS THE WORLD'S LARGEST ORGANIZATION DEVOTED EXCLUSIVELY TO CHILDHOOD AND ADOLESCENT CANCER RESEARCH. COG BRINGS TOGETHER MORE THAN 10,000 EXPERTS IN CHILDHOOD CANCER AT MORE THAN 200 INSTITUTIONS. THEY SUPPORT CLINICAL RESEARCH TRIALS THAT STUDY AND DETERMINE THE UNDERLYING BIOLOGY OF CHILDHOOD CANCERS, EMERGING TREATMENTS, SUPPORTIVE CARE, AND SURVIVORSHIP, AND CARE FOR 80-90% OF THE 13,500 CHILDREN AND ADOLESCENTS DIAGNOSED WITH CANCER EACH YEAR. COG IS STRUCTURED TO MAXIMIZE EFFICIENCY, PROMOTE COLLABORATION, AND RETAIN THE FLEXIBILITY TO FOCUS RESOURCES ON THE MOST PROMISING SCIENTIFIC ADVANCES. EXTENSIVE COLLABORATION AND INTEGRATION ARE FOUND THROUGHOUT COG'S ORGANIZATION. FOR EXAMPLE, THE STRATEGIC DECISION TO ESTABLISH THE FREESTANDING COG COORDINATING CENTER COMPOSED OF COG'S OPERATIONS AND KEY COMPONENTS OF COG'S STATISTICS & DATA CENTER, HELPS ENSURE THE LONG-TERM STABILITY OF THE COG RESEARCH ENTERPRISE AND ALLOWS FOR UNINTERRUPTED RESEARCH OPERATIONS THROUGH LEADERSHIP TRANSITIONS. AT ANY GIVEN TIME, THE COG IS SUPPORTING APPROXIMATELY 50 STUDIES IN DEVELOPMENT, 80 STUDIES ACTIVELY ENROLLING NEW SUBJECTS, AND 100 STUDIES CLOSED TO ENROLLMENT FOR WHICH DATA COLLECTION IS COMPLETED AND DATA ANALYSIS IS IN PROCESS. ANNUALLY, THE COG COORDINATING CENTER FACILITATES APPROXIMATELY 3,200 ENROLLMENTS ONTO COG THERAPEUTIC STUDIES AND MORE THAN 9,000 ENROLLMENTS ONTO NON-THERAPEUTIC STUDIES, WHICH INCLUDE BIOLOGY, SUPPORTIVE CARE, EPIDEMIOLOGY, QUALITY OF LIFE, BEHAVIORAL SCIENCE, AND LATE-EFFECT STUDIES. THE COORDINATING CENTER ALSO SUPPORTS THE ONGOING FOLLOW-UP DATA COLLECTION FOR THE MORE THAN 32,000 CHILDREN ANNUALLY WHO CONTINUE TO BE EVALUATED AT COG MEMBER INSTITUTIONS FOR STUDIES ON WHICH THEY HAVE COMPLETED THERAPY. IN 2023, THE FOOD AND DRUG ADMINISTRATION (FDA) SOUGHT DATA AND FINDINGS FOR BRENTUXIMAB VEDOTIN(BV, A DRUG THAT COULD BE USED WITH CHEMOTHERAPY FOR PATIENTS WITH CLASSICAL HODGKIN LYMPHOMA). THE FDA UTILIZED DATA FROM THE CHILDREN'S ONCOLOGY GROUP RANDOMIZED TRIAL OF 600 PATIENTS WITH HIGH-RISK HODGKIN LYMPHOMA. RESEARCH FINDINGS INDICATED THAT BV WAS AN EFFECTIVE MEDICATION FOR TREATING CHILDREN WITH CANCER AND INFORMED THE FDA'S APPROVAL OF THE DRUG-EXPANDING ACCESS TO THIS EFFECTIVE MEDICATION FOR PEDIATRIC CANCER PATIENTS. 80% OF CHILDREN WITH CANCER NOW SURVIVE 5 YEARS OR MORE AS A RESULT OF EFFORTS OF THE CHILDREN'S ONCOLOGY GROUP AND ITS PREDECESSORS.

4b (Code:) (Expenses $ 31,910,597 including grants of $ 0) (Revenue $ 31,910,597)

THE PUBLIC HEALTH INSTITUTE SERVES AS THE FISCAL SPONSOR AND PARTNER FOR THE CENTER FOR WELLNESS AND NUTRITION (PHI CWN), WHICH IS HEADQUARTERED IN SACRAMENTO, CALIFORNIA. PHI CWN IS A NATIONAL LEADER IN DEVELOPING CAMPAIGNS, PROGRAMS, AND PARTNERSHIPS TO PROMOTE WELLNESS AND EQUITABLE HEALTH PRACTICES IN THE MOST VULNERABLE COMMUNITIES WORLDWIDE. PHI CWN HAS ESTABLISHED RELATIONSHIPS WITH LOCAL, STATE, NATIONAL, AND INTERNATIONAL ORGANIZATIONS, AND THROUGH EDUCATION, TRAINING, TECHNICAL ASSISTANCE, ADVOCACY, AND EVALUATION, WORKS TO MAKE HEALTH ACCESSIBLE FOR ALL. PHI CWN HAS BEEN INSTRUMENTAL FOR MORE THAN A DECADE IN ADVANCING SNAP-ED ACROSS CALIFORNIA (KNOWN AS CALFRESH HEALTHY LIVING), COLORADO AND USDA FNS SOUTHEASTERN REGION. ADDITIONALLY, CWN HAS EXPANDED ITS WORK TO GLOBAL LOCATIONS SUCH AS PUERTO RICO, PALAU, CHEROKEE NATION, AFRICA, LATIN AMERICA, AND ASIA. PHI CWN'S WORK IS SPREAD ACROSS 40 STATES, AND IT PARTNERS WITH 398 COMMUNITY-BASED ORGANIZATIONS WORLDWIDE TO INCREASE FOOD AND NUTRITION SECURITY AND REDUCE DIET-RELATED ILLNESSES AND CHRONIC DISEASES. PHI CWN PRIORITIZES CULTURALLY ROOTED PRACTICES AS STATED IN IT HEALTH EQUITY AND RACIAL JUSTICE PLATFORM. FOR EXAMPLE, IT CONVENES THE CALFRESH HEALTHY LIVING (CFHL) TRIBAL AMBASSADOR COMMITTEE THAT INCLUDES MEMBERS REPRESENTING DIVERSE TRIBAL PARTNERS FROM COMMUNITIES THROUGHOUT CALIFORNIA WHO PROVIDE FEEDBACK, GUIDANCE, AND SUGGESTIONS ON NUTRITION EDUCATION MATERIALS, HEALTHY TRADITIONAL RECIPES, AND PARTNERSHIPS DEVELOPMENT TO BETTER SERVE CALIFORNIA AMERICAN INDIAN ALASKAN NATIVE COMMUNITIES. THIS COMMITTEE HAS DEVELOPED A RANGE OF NEW CULTURALLY APPROPRIATE CFHL RESOURCES THAT PROMOTE HEALTHY LIVING AND TRADITIONAL FOODS. IN 2024, IN PARTNERSHIP WITH CALIFORNIA DEPARTMENT OF PUBLIC HEALTH'S OFFICE OF HEALTH EQUITY PHI CWN GRANTED $25 MILLION IN GRANTS TO 28 COMMUNITY BASED ORGANIZATIONS STATEWIDE FOR THE CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE LOCAL-LEVEL CAMPAIGNS (CYBHI LLC), A PROGRAM CHARGED WITH REDUCING STIGMA RELATED TO MENTAL AND BEHAVIORAL HEALTH, INCREASING BEHAVIORAL HEALTH LITERACY AND ACCESS TO CULTURALLY APPROPRIATE RESOURCES THROUGH YOUTH-LED, LOCALLY DEVELOPED CAMPAIGNS. THIS PROGRAM PRIORITIZES REACHING BLACK, LATINO, ASIAN-AMERICAN AND PACIFIC ISLANDER, NATIVE AMERICAN AND LGBTQ CHILDREN AND YOUTH. PHI CWN ALSO PARTNERED WITH LA COUNTY PUBLIC HEALTH TO RUN THE LOS ANGELES GROCERY VOUCHER PROGRAM THAT ADDRESSES RISING FOOD INSECURITY DUE TO COVID-19. FUNDED BY THE AMERICAN RESCUE PLAN ACT, THE PHI CWN TEAM, DISTRIBUTED OVER $11.8 MILLION IN FOOD BENEFITS THROUGH A NETWORK OF LOCAL CBOS AND VENDORS REACHING OVER 15,200 HOUSEHOLDS AND 58,000 INDIVIDUALS. THIS PROGRAM RECEIVED THE LOS ANGELES COUNTY'S PRESTIGIOUS PRODUCTIVITY AND QUALITY AWARD. IN THE SAME YEAR, PHI CWN HOSTED 23 TRAINING EVENTS AND OVER 20 COLLABORATIVES AND WORKGROUPS DIRECTLY REACHING 17,668 INDIVIDUALS THROUGH SERVICES OFFERED. CWN ALSO EXPANDED THE GLOBAL NUTRITION AND PARTNERSHIPS PROGRAM WITH GRANTS FROM THE ROBERT WOOD JOHNSON FOUNDATION TO ADDRESS INDIGENOUS BORDER HEALTH AND THE US STATE DEPARTMENT TO ADDRESS LEAD HEALTH IN INDIA. THROUGH THIS PROGRAM, PHI CWN COLLABORATES ACROSS SECTORS IN RESEARCH, EDUCATION, AND PROGRAM IMPLEMENTATION TO ADDRESS GLOBAL HEALTH ISSUES. ROOTS OF CHANGE (ROC), ALSO A PROGRAM OF PHI, PARTNERED WITH PHI CWN IN 2022 TO JOINTLY WORK ON ENSURING A HEALTHY AND ACCESSIBLE FOOD SUPPLY CHAIN. THEY ARE PART OF A COALITION THAT WILL RECEIVE $35 MILLION OVER FIVE YEARS TO DEVELOP A SYSTEM FOR TRANSPARENT CONFIRMATION OF REGENERATIVE PRACTICES BY BEEF AND BISON PRODUCERS WORLDWIDE. ROC ALSO ADVOCATED SUCCESSFULLY WITH ITS FOOD AND FARM RESILIENCE COALITION PARTNERS FOR OVER $700 MILLION IN THE 2022-23 CALIFORNIA BUDGET, INCLUDING $15 MILLION EACH FOR THE CALIFORNIA NUTRITION INCENTIVE PROGRAM, THE HEALTHY REFRIGERATION GRANT PROGRAM, AND WEATHERIZATION OF FARMWORKER HOMES.

4c (Code:) (Expenses $ 29,742,578 including grants of $ 22,151,932) (Revenue $ 29,742,578)

The Bridge Center at the Public Health Institute ("Bridge") is dedicated to dramatically expanding low-barrier access to critical medical care that is free of stigma and available when and where people need it most. The Bridge model has three pillars: (1) immediate access to low-barrier treatment, (2) a culture of harm reduction that offers treatment without stigma, and (3) connection to continued care in the community through trained navigators. Led by a team of active emergency department (ED) clinicians, Bridge comprises five programs focused on addiction treatment (CA Bridge, EMS Bridge, and the Bridge National Expansion Project), reproductive health (Access Bridge), and public health screening (Emergency Department Syphilis/HIV/HCV Screening Program). Our foundational program, CA Bridge, aims to expand access to medications for addiction treatment (MAT), prevent opioid overdoses, and save lives. To date, CA Bridge has supported the implementation of our model in more than 80 percent of California's acute care hospitals, establishing and scaling open access settings for evidence-based treatment for substance use disorders (SUDs) across the state. Now, we are working to significantly increase the number of Californians with easy access to MAT beyond the ED. Through our publicly available platform-CA Bridge Connect-people interested in treatment will be able to connect through phone, SMS, or an online chat feature with navigators and be linked to providers such as primary care, street medicine, telemedicine, harm reduction, and other community care providers to receive addiction treatment. Our EMS Bridge and Bridge National Expansion Projects extend our addiction work into the prehospital space-through engagement of emergency medical services agencies and personnel in the treatment of opioid use disorder (OUD) and prevention of overdose-and across the United States. Through our EMSBUP model, patients are offered treatment with buprenorphine from the ambulance, receive naloxone, and are encouraged to be transported for additional care and treatment at a nearby ED that treats OUD. Our Bridge National Expansion Project offers intensive training, technical assistance, and customized support for clinicians and administrators at the hospital/system, state or local, and federal levels, and has led to implementation of the Bridge model in 20 states, the District of Columbia, and four tribal communities. Modeled on our ED-based addiction work, our Emergency Department Syphilis/HIV/HCV Screening Program (EDSP) increases public health equity through routine opt-out screening in EDs. EDSP provides immediate care for people at the highest risk for syphilis, HIV, and hepatitis C virus (HCV) infection and helps control these growing epidemics statewide. We support hospitals through funding and capacity building to identify and treat those who might otherwise remain undiagnosed, reduce care barriers, and strengthen opt-out screening processes. Access Bridge fills critical gaps in reproductive health care by building the capacity of EDs across the United States to serve as reproductive health safety nets. We aim to improve access to evidence-based reproductive health services and increase health equity, focusing on communities with limited access to primary care and reproductive health care services. Using evidence-based protocols and ED-friendly training approaches to realize practice and culture change, Access Bridge helps emergency medicine clinicians integrate critical reproductive health protocols at participating EDs.

(Code:) (Expenses $ 90,814,942 including grants of $ 29,759,086) (Revenue $ 16,695,785)

FOR 60 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. CIVICSPARK FELLOWS ASSIST IN BUILDING LOCAL WORKFORCE CAPACITY TO RESPOND TO COMMUNITY IDENTIFIED PRIORITIES ON A VARIETY OF LOCAL ISSUES SUCH AS DISASTER PREPAREDNESS AND RESPONSE, WATER, NATURAL RESOURCE MANAGEMENT, HOUSING, ECONOMIC DEVELOPMENT, TRANSPORTATION AND INFRASTRUCTURE, PARKS AND RECREATION, PUBLIC HEALTH AND COMMUNITY ENGAGEMENT. FELLOWS WORK FOR UP TO 11 MONTHS AND COMPLETE RESEARCH, PLANNING AND IMPLEMENTATION PROJECTS FOR THEIR COMMUNITIES AND LEAD VOLUNTEER ENGAGEMENT ACTIVITIES. CIVICSPARK FELLOWS HAVE PROVIDED OVER 1,250,000 HOURS OF SERVICE TO COMMUNITIES IN THREE STATES (CALIFORNIA, COLORADO, AND WASHINGTON) WITH EXPANSION PLANNED FOR 2025.

4d Other program services (Describe in Schedule O.)
(Expenses $ 90,814,942 including grants of $ 29,759,086) (Revenue $ 16,695,785)

4e **Total program service expenses** 228,381,258

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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	Yes	
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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	Yes	

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		No
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	Yes	
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		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
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		No
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		No
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		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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	Yes	
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
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		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	326		
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		Yes	

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

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**	1,164		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	Yes
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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
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**	No
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**	No
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**	No
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**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
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**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	If "Yes," complete Form 4720, Schedule O. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			**16**	No
17	If "Yes," complete Form 4720, Schedule O. **Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	13		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	11		
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**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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**		No
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**		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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**		No
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**		No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: Derrick Browning 555 12th Street Suite 600 Oakland, C A 946074046 (510) 285-5654

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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) Adaeze Enekwechi Chair	1.0	X		X				0	0	0
(2) Dr Mary A Pittman President & CEO (Through January 2024)	40.0	X		X				245,640	0	1,992
(3) Melissa Stafford-Jones President & CEO (As of January 2024)	40.0	X		X				512,277	0	56,945
(4) Radha Muthiah Vice Chair	1.0	X		X				0	0	0
(5) Santiago Muoz Secretary/Treasurer	1.0	X		X				0	0	0
(6) Afia Asamoah Board Member	1.0	X						0	0	0
(7) Andrew Pines Board Member	1.0	X						0	0	0
(8) Anthony Barrueta Board Member	1.0	X						0	0	0
(9) Dara Johnson Treseder Board Member	1.0	X						0	0	0
(10) Dr Michael Rodriguez Special Advisor III/Board Member	40.0	X						205,703	0	23,302
(11) Paul Halverson Board Member	1.0	X						0	0	0
(12) Paul Kuehnert Board Member	1.0	X						0	0	0
(13) Sarah Dash Board Member	1.0	X						0	0	0
(14) Sergio Gaxiola Board Member	1.0	X						0	0	0
(15) Dr Derrick Browning Chief Financial Officer	40.0			X				296,855	0	42,858
(16) B Melange Matthews Exec VP & Chief Operating Officer	40.0				X			395,892	0	60,900
(17) Matthew Marsom Chief of Programs, Policy & Govt Relations (Through October 2024)	40.0				X			366,400	0	33,889

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			
(18) Nicole Torrado Interim Co-General Counsel (Through November 2024)	40.0				X			284,015	0	21,085
(19) Susan Watson Senior VP of Programs and Community Engagement	40.0				X			238,078	0	35,769
(20) Valerie McCann Woodson Chief Human Resources Officer	40.0				X			280,808	0	66,162
(21) Dr David Hausner Program Director IV	40.0					X		230,464	0	59,950
(22) Dr Denise Dunning Program Director IV	40.0					X		248,502	0	37,948
(23) Lalit Saluja Senior Enterprise Applications	40.0					X		252,964	0	62,047
(24) Laura LaCorte Senior VP of Compliance & Ethics and Privacy Officer (Through December 2024)	40.0					X		331,795	0	35,291
(25) Rebecca Silva VP of Program Award Management	40.0					X		247,162	0	59,835
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,136,555	0	597,973

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 372

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

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
VELOCITY GLOBAL LLC 1701 Platte Street Denver, CO 80202	PROJECT CONSULTANT	319,646
DEANCO HEALTHCARE LLC 14850 ROSCOE BLVD PANORAMA CITY, CA 91402	PROJECT CONSULTANT	295,120
CAMPBELL CONSULTING LLC 816 MONTICELLO PLACE 605 BEE STREET PLACERVILLE, CA 95667	TECHNICAL SUPPORT	183,235
BRIDGE HEALTHCARE SOLUTION 1658 47TH AVE SAN FRANCISCO, CA 94122	PROJECT CONSULTANT	176,770
CROWE LLP PO BOX 51660 LOS ANGELES, CA 90051	AUDIT AND TAX SERVICES	154,564

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 10

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . .	1a 0			
b Membership dues . .	1b 0			
c Fundraising events . .	1c 0			
d Related organizations	1d 0			
e Government grants (contributions)	1e 64,779,246			
f All other contributions, gifts, grants, and similar amounts not included above	1f 38,432,047			
g Noncash contributions included in lines 1a - 1f:$	1g			
h **Total.** Add lines 1a-1f	103,211,293			
Program Service Revenue	Business Code			
2a Contracts	900099	154,262,101	154,262,101	
b				
c				
d				
e				
f All other program service revenue.		0	0	0
g **Total.** Add lines 2a–2f.	154,262,101			
3 Investment income (including dividends, interest, and other similar amounts)		486,553		486,553
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				

		(i) Real	(ii) Personal				
6a Gross rents	6a	1,088,833					
b Less: rental expenses	6b	1,088,833					
c Rental income or (loss)	6c	0	0				
d Net rental income or (loss)							

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	2,776,832	0				
b Less: cost or other basis and sales expenses	7b	2,473,507	0				
c Gain or (loss)	7c	303,325	0				
d Net gain or (loss)				303,325			303,325

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events . .			0			
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . .						
10a Gross sales of inventory, less returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . .						

Other Revenue	Business Code				
11a					
b					
c					
OtherRevenueMiscAmt					
d All other revenue		0	0	0	0
e **Total.** Add lines 11a–11d		0			
12 **Total revenue.** See instructions		258,263,272	154,262,101	0	789,878

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	58,977,960	58,977,960		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	790,431	790,431		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,168,570	368,614	2,799,956	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	92,123,803	76,853,475	15,269,812	516
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,661,392	6,200,737	1,460,611	44
9 Other employee benefits	12,606,795	11,501,607	1,105,110	78
10 Payroll taxes	7,340,001	6,078,102	1,261,852	47
11 Fees for services (non-employees):				
a Management				
b Legal	190,660	47,368	143,292	
c Accounting	176,780		176,780	
d Lobbying	89,941	89,941		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,473,022	56,774,569	1,698,453	0
12 Advertising and promotion	548	548		
13 Office expenses	1,730,017	1,404,095	324,422	1,500
14 Information technology	2,197,067	762,659	1,434,408	
15 Royalties				
16 Occupancy	1,824,601	1,299,323	525,278	
17 Travel	2,631,307	2,485,389	145,918	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,278,238	1,249,071	29,167	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	190,980		190,980	
23 Insurance	553,095	135,281	417,814	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Training and Development	1,267,385	1,166,806	100,579	
b Other Expenses	2,949,076	2,195,282	753,562	232
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	256,221,669	228,381,258	27,837,994	2,417
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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		40,976,024	1	35,909,817
	2	Savings and temporary cash investments		26,354,000	2	36,497,825
	3	Pledges and grants receivable, net		47,987,841	3	48,044,845
	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	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		1,140,196	9	1,506,311
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,952,037			
	b	Less: accumulated depreciation	10b 4,582,231	540,611	10c	369,806
	11	Investments—publicly traded securities		7,635,465	11	8,355,389
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		4,408,750	15	2,627,926
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		129,042,887	16	133,311,919
Liabilities	17	Accounts payable and accrued expenses		38,142,665	17	36,559,111
	18	Grants payable			18	0
	19	Deferred revenue		19,594,379	19	21,357,794
	20	Tax-exempt bond liabilities			20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	0
	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	0
	24	Unsecured notes and loans payable to unrelated third parties			24	0
	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		4,213,123	25	2,767,825
	26	**Total liabilities.** Add lines 17 through 25		61,950,167	26	60,684,730
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		32,248,076	27	37,034,429
	28	Net assets with donor restrictions		34,844,644	28	35,592,760
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	0
	30	Paid-in or capital surplus, or land, building or equipment fund			30	0
	31	Retained earnings, endowment, accumulated income, or other funds			31	0
	32	Total net assets or fund balances		67,092,720	32	72,627,189
	33	Total liabilities and net assets/fund balances		129,042,887	33	133,311,919

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	258,263,272
2	Total expenses (must equal Part IX, column (A), line 25)	2	256,221,669
3	Revenue less expenses. Subtract line 2 from line 1	3	2,041,603
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	67,092,720
5	Net unrealized gains (losses) on investments	5	3,492,866
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	72,627,189

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☐ Consolidated basis ☐ 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Form 990, Special Condition Description:

Special Condition Description

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

2024

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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	110,230,613	154,496,751	150,367,058	125,673,088	103,211,293	643,978,803
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	111,428,613	155,694,751	151,565,058	126,871,088	104,409,293	649,968,803
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) . .						5,833,717
6 **Public support.** Subtract line 5 from line 4.						644,135,086

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	111,428,613	155,694,751	151,565,058	126,871,088	104,409,293	649,968,803
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	84,103	84,081	1,088,366	2,653,130	1,575,386	5,485,066
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	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						655,453,869

12	Gross receipts from related activities, etc. (see instructions)	12	602,795,147

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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	98.273 %
15	Public support percentage for 2023 Schedule A, Part II, line 14	15	92.317 %

16a **33 1/3% support test—2024.** 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 . . . . . ▶ ☑

b **33 1/3% support test—2023.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2024.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2023.** 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** 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 . . . . . ▶☐

b **33 1/3% support tests—2023.** 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 . . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in 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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described 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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 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 ☐ 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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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

Facts And Circumstances Test	
Return Reference	Explanation

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
Public Health Institute

Employer identification number
94-1646278

Organization type (check one):

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

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization
Public Health Institute

Employer identification number
94-1646278

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (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
		$	

Name of organization
Public Health Institute

Employer identification number
94-1646278

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional

Data

Softw

Software ID: 24
ware Version: 20

020961

24v5.1

Return to Form

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

2024

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 the organization	**Employer identification number**
Public Health Institute	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 (grass roots lobbying)	2,574	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	87,367	0
c Total lobbying expenditures (add lines 1a and 1b)	89,941	0
d Other exempt purpose expenditures	228,291,317	0
e Total exempt purpose expenditures (add lines 1c and 1d)	228,381,258	0
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0
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

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.

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? ☐ **Yes** ☐ **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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	80,966	135,188	133,795	89,941	439,890
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	71,914	20,524	8,724	2,574	103,736

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) Yes	(a) No	(b) 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 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.

Return Reference	Explanation	

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE D
(Form 990)

(Rev. January 2025)
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

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ 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)? ☐ Yes ☐ 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 are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

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

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

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		
(ii) Related organizations . . . . . **3a(ii)**		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		4,247,983	4,219,267	28,716
e Other		704,054	362,964	341,090
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				369,806

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	
Federal Income Taxes	
Deferred Rent	
Operating Lease Liability	2,767,825
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,767,825

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	262,844,971
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,492,866		
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	3,492,866
3	Subtract line **2e** from line **1**			3	259,352,105
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	-1,088,833		
c	Add lines **4a** and **4b**			4c	-1,088,833
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	258,263,272

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	257,310,502
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	1,088,833		
e	Add lines **2a** through **2d**			2e	1,088,833
3	Subtract line **2e** from line **1**			3	256,221,669
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	256,221,669

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, 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	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	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. For the years ended December 31, 2024 and 2023, 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. 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. 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, 2024 and 2023 nor does it expect there will be a material change in the twelve months following the year ended December 31, 2024. As of December 31, 2024, the Institute's tax years ended December 31, 2021 through December 31, 2024 remain subject to examination in the United States federal tax jurisdiction and the tax years ended December 31, 2020 through December 31, 2023 remain subject to examination in the California state tax jurisdiction.
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Rental Expense - -1088833
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Rental Expense - 1088833

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE F (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to 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

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 Activites 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 region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	Central America and the Caribbean	0	0	Grants to Recipients located in the region	Research	51,000
(2)	Central America and the Caribbean	0	0	Grants to Recipients located in the region	Technical Assistance	12,000
(3)	East Asia and the Pacific	0	0	Grants to Recipients located in the region	Research	31,000
(4)	North America (Canada & Mexico only)	0	0	Grants to Recipients located in the region	Research	225,420
(5)	South America	0	0	Grants to Recipients located in the region	Technical Assistance	18,000
(6)	South Asia	1	4	Program Services	Research	30,000
(7)	South Asia	0	0	Program Services	Technical Assistance	30,000
(8)	Sub-Saharan Africa	0	0	Grants to Recipients located in the region	Capacity Building	63,000
(9)	Sub-Saharan Africa	0	0	Grants to Recipients located in the region	Research	131,000
(10)	Sub-Saharan Africa	0	0	Grants to Recipients located in the region	Technical Assistance	62,500
(11)	East Asia and the Pacific	0	0	Grants to Recipients Located in the Region	Technical Assistance	12,000
(12)	North America (Canada & Mexico only)	0	0	Grants to recipients located in the region	Capacity Building	71,511
(13)	North America (Canada & Mexico only)	0	0	Grants to recipients located in the region	Technical Assistance	18,000
(14)	South America	0	0	Grants to recipients located in the region	Research	35,000
(15)						
(16)						
(17)						
3a	Sub-total	1	4			790,431
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	1	4			790,431

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America (Canada & Mexico only)	Research	77,920	Wire			
(2)			North America (Canada & Mexico only)	Research	45,000	Wire			
(3)			North America (Canada & Mexico only)	Research	44,000	Wire			
(4)			North America (Canada & Mexico only)	Capacity Building	35,000	Wire			
(5)			South America	Research	35,000	Wire			
(6)			North America (Canada & Mexico only)	Capacity Building	32,761	Wire			
(7)			North America (Canada & Mexico only)	Research	30,000	Wire			
(8)			East Asia and the Pacific	Research	24,500	Wire			
(9)			North America (Canada & Mexico only)	Technical Assistance	18,000	Wire			
(10)			South America	Technical Assistance	18,000	Wire			
(11)			Central America and the Caribbean	Research	17,000	Wire			
(12)			Central America and the Caribbean	Research	17,000	Wire			
(13)			Central America and the Caribbean	Research	17,000	Wire			
(14)			Sub-Saharan Africa	Capacity Building	17,000	Wire			
(15)			Sub-Saharan Africa	Research	17,000	Wire			
(16)			Sub-Saharan Africa	Research	17,000	Wire			
(17)			Sub-Saharan Africa	Technical Assistance	17,000	Wire			
(18)			Sub-Saharan Africa	Capacity Building	17,000	Wire			
(19)			Sub-Saharan Africa	Capacity Building	17,000	Wire			
(20)			Sub-Saharan Africa	Research	17,000	Wire			
(21)			Sub-Saharan Africa	Research	17,000	Wire			
(22)			Sub-Saharan Africa	Research	17,000	Wire			
(23)			Sub-Saharan Africa	Research	17,000	Wire			
(24)			Sub-Saharan Africa	Research	17,000	Wire			
(25)			Sub-Saharan Africa	Technical Assistance	17,000	Wire			
(26)			Sub-Saharan Africa	Technical Assistance	16,500	Wire			
(27)			Sub-Saharan Africa	Technical Assistance	12,000	Wire			
(28)			Sub-Saharan Africa	Capacity Building	12,000	Wire			
(29)			Central America and the Caribbean	Technical Assistance	12,000	Wire			
(30)			North America (Canada & Mexico only)	Research	12,000	Wire			
(31)			North America (Canada & Mexico only)	Research	12,000	Wire			
(32)			Sub-Saharan Africa	Research	12,000	Wire			
(33)			East Asia and the Pacific	Technical Assistance	12,000	Wire			
(34)			South Asia	Research	12,000	Wire			
(35)			South Asia	Technical Assistance	12,000	Wire			
(36)			South Asia	Research	10,000	Wire			
(37)			South Asia	Research	8,000	Wire			
(38)			South Asia	Technical Assistance	8,000	Wire			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 38

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 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.

ReturnReference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	PRIOR TO MAKING AN AWARD, PHI EVALUATES THE CAPABILITY OF THE GRANTEE TO CARRY OUT GRANT AWARD TERMS AND CONDITIONS, INCLUDING EXERCISING RESPONSIBLE FINANCIAL MANAGEMENT. PHI NOTIFIES THE GRANTEE ABOUT COMPLIANCE REQUIREMENTS AND INCORPORATES COMPLIANCE, AUDIT AND ENFORCEMENT PROVISIONS INTO AWARD DOCUMENTS, INCLUDING OMB Uniform Guidance REQUIREMENTS WHERE APPLICABLE. PHI EMPLOYEES MAINTAIN REGULAR CONTACT WITH THE GRANTEE, REVIEW FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE GRANTEE, AND MAKE APPROPRIATE INQUIRIES.
Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements	CENTRAL AMERICA AND THE CARIBBEAN-Accrual; EAST ASIA AND THE PACIFIC-Accrual; NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual; SOUTH AMERICA-Accrual; SOUTH ASIA-Accrual; SUB-SAHARAN AFRICA-Accrual
Schedule F, Part II, Line 1 Method used to account for expenditures on org's financial statements	CENTRAL AMERICA AND THE CARIBBEAN-Accrual; EAST ASIA AND THE PACIFIC-Accrual; NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual; SOUTH AMERICA-Accrual; SOUTH ASIA-Accrual; SUB-SAHARAN AFRICA-Accrual

Additional Data

Software ID: 24020961
Software Version: 2024v5.1

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

(Rev. January 2025)

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 instructions and the latest information.

OMB No. 1545-0047

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMONSPIRIT HEALTH RESEARCH INSTITUTE 1800 N CALIFORNIA ST STOCKTON,CA 95204	27-1050565	501(c)(3)	1,575,000				Technical Assistance
(2) KAISER FOUNDATION HOSPITALS 1800 HARRISON STREET 16TH FLOOR OAKLAND,CA 946123433	94-1105628	501(c)(3)	939,000				Technical Assistance
(3) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD PHILADELPHIA,PA 19104	23-1352166	501(c)(3)	781,597				Research
(4) AFRICAN COMMUNITIES PUBLIC HEALTH 5757 W CENTURY BLVD 600 LOS ANGELES,CA 90045	38-3834255	501(c)(3)	778,400				Capacity Building
(5) AMAAD INSTITUTE 10221 S COMPTON AVE SUITE 105 LOS ANGELES,CA 90002	77-0672440	501(c)(3)	778,400				Capacity Building
(6) CORE COMMUNITY ORGANIZED RELIEF EFFORT 910 N HILL STREET LOS ANGELES,CA 90012	27-1703237	501(c)(3)	778,400				Capacity Building
(7) DIVINE TRUTH UNITY FELLOWSHIP CHURCH INC 3540 S NORTH SHORE DRIVE ONTARIO,CA 91761	33-0715010	501(c)(3)	778,400				Capacity Building
(8) INSTITUTE FOR PUBLIC STRATEGIES 8885 RIO SAN DIEGO DRIVE STE117 SAN DIEGO,CA 92108	33-0519874	501(c)(3)	778,400				Capacity Building
(9) LAUSD STUDENT HEALTH SERVICES SUPPORT 333 SOUTH BEAUDRY AVENUE 29TH FL LOS ANGELES,CA 90017	95-4262448	501(c)(3)	778,400				Capacity Building
(10) SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH STREET SACRAMENTO,CA 95811	94-2502229	501(c)(3)	778,400				Capacity Building
(11) SPECIAL SERVICE FOR GROUPS INC 905 E 8TH STREET LOS ANGELES,CA 90021	95-1716914	501(c)(3)	778,400				Capacity Building
(12) THE ALLIANCE FOR COMMUNITY WELLNESS 24301 SOUTHLAND DRIVE SUITE 300 HAYWARD,CA 94545	94-2297155	501(c)(3)	778,400				Capacity Building
(13) LTSC COMMUNITY DEVELOPMENT CORPORATION 231 E 3RD ST STE G106 LOS ANGELES,CA 90013	95-4444102	501(c)(3)	777,922				Capacity Building
(14) RYSE INC 3939 BISSELL AVE RICHMOND,CA 94805	26-0692904	501(c)(3)	776,393				Capacity Building
(15) HEALING EARLY ADVERSE RELATIONSHIPS TRANSFORMING SYSTEMS 12118 MCGIRK AVENUE EL MONTE,CA 91732	87-2075695	501(c)(3)	773,715				Capacity Building
(16) CENTRO DE SALUD DE LA COMMUNIDAD DE SAN 1601 PRECISION PARK LANE SAN DIEGO,CA 92173	95-2801772	501(c)(3)	772,626				Capacity Building
(17) INDIAN HEALTH COUNCIL INC 50100 GOLSH ROAD VALLEY CENTER,CA 92082	95-2506788	501(c)(3)	764,979				Capacity Building
(18) SAN JUAN UNIFIED SCHOOL DISTRICT 4925 DEWEY DRIVE FAIR OAKS,CA 95628	94-6002533	State of CA	748,616				Technical Assistance
(19) UNITED WAY OF SAN JOAQUIN COUNTY 777 N PERSHING AVENUE SUITE 2B STOCKTON,CA 95203	94-1279805	501(c)(3)	732,644				Capacity Building
(20) UNITED WOMEN OF EAST AFRICA SUPPORT TEAM 6523 UNIVERSITY AVENUE SAN DIEGO,CA 92215	80-0516550	501(c)(3)	727,016				Capacity Building
(21) HMONG CULTURAL CENTER OF BUTTE COUNTY 1704 ORO DAM BLVD W OROVILLE,CA 95965	68-0463738	501(c)(3)	713,529				Capacity Building
(22) SAFE PASSAGES 1017 CLAY STREET OAKLAND,CA 94607	20-4535835	501(c)(3)	702,290				Capacity Building
(23) KAISER FOUNDATION HOSPITALS 1800 HARRISON STREET 16TH FLOOR OAKLAND,CA 946123433	94-1105628	501(c)(3)	689,852				Research
(24) ASPIRANET 400 OYSTER POINT BLVD SUITE 501 SOUTH SAN FRANCISCO, CA 94080	94-2442955	501(c)(3)	603,505				Capacity Building
(25) EL SOL NEIGHBORHOOD EDUCATIONAL CENTER 1535 SOUTH D STREET SAN BERNARDINO,CA 92408	33-0552297	501(c)(3)	583,800				Capacity Building
(26) LGBTQ COLLABORATIVE 1202 H STREET SUITE D MODESTO,CA 95354	85-1911056	501(c)(3)	583,027				Capacity Building
(27) COMMUNITY INITIATIVES FOR COLLECTIVE 936 W 18TH STREET MERCED,CA 95340	82-2822850	501(c)(3)	582,845				Capacity Building
(28) COMMUNITY ACTION PARTNERSHIP OF SAN LUIS 1030 SOUTHWOOD DRIVE SAN LUIS OBISPO,CA 93401	95-2410253	501(c)(3)	579,837				Capacity Building
(29) VILLAGE PROJECT INC PO BOX 127 SEASIDE,CA 93955	61-1562515	501(c)(3)	578,857				Capacity Building
(30) LATINO SERVICE PROVIDERS 1000 APOLLO WAY SUITE 185 SANTA ROSA,CA 95407	46-4107589	501(c)(3)	572,908				Capacity Building
(31) SAC CONNECT 225 30TH STREET SUITE 312 SACRAMENTO,CA 95816	83-2513051	501(c)(3)	529,861				Capacity Building
(32) SEATTLE CHILDREN'S HOSPITAL PO BOX 24728 SEATTLE,WA 981240728	91-0564748	501(c)(3)	498,220				Research
(33) CHILDREN'S PRIMARY CARE MEDICAL 3880 MURPHY CANYON ROAD SUITE 201 SAN DIEGO,CA 92123	33-0662258		493,381				Capacity Building
(34) SYMPTO HEALTH INC 2 EMBARCADERO CTR FL 8 SAN FRANCISCO,CA 94111	82-3098183		490,840				Research
(35) ALTA BATES SUMMIT MEDICAL CENTER 2001 DWIGHT WAY/HERRICK CAMPUS BERKELEY,CA 94707	94-0562680	501(c)(3)	487,500				Technical Assistance
(36) CAJON VALLEY UNION SCHOOL DISTRICT 750 E MAIN STREET PO BOX 1007 EL CAJON,CA 920221007	95-6000428	State of CA	475,820				Technical Assistance
(37) KERN MEDICAL CENTER FOUNDATION 900 TRUXTUN AVE BAKERSFIELD,CA 93301	36-4642420	501(c)(3)	437,500				Technical Assistance
(38) REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE LA JOLLA,CA 920930934	95-6006144	501(c)(3)	437,500				Technical Assistance
(39) RIVERSIDE UNIVERSITY HEALTH SYSTEM PO BOX 9850 MORENO VALLEY,CA 92552	33-0374018	501(c)(3)	437,500				Technical Assistance
(40) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA PO BOX 741816 LOS ANGELES,CA 900741816	94-6036494	501(c)(3)	437,500				Technical Assistance
(41) SUTTER BAY HOSPITALS 601 DUBOCE AVE SUITE B109 B LEVEL SAN FRANCISCO,CA 94114	94-0562680	501(c)(3)	420,720				Research
(42) CONEJO HEALTH PO BOX 7741 WESTLAKE VILLAGE,CA 91359	83-3478457	501(c)(3)	420,000				Technical Assistance
(43) TWIN RIVERS UNIFIED SCHOOL DISTRICT 3222 WINONA WAY NORTH HIGHLANDS,CA 95660	26-1773196	State of CA	407,858				Technical Assistance
(44) BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS,TX 753031207	74-1613878	501(c)(3)	387,081				Research
(45) BAKERSFIELD MEMORIAL HOSPITAL 420 34TH STREET BAKERSFIELD,CA 93301	95-1802779	501(c)(3)	375,000				Technical Assistance
(46) SAN BERNARDINO COUNTY 400 N PEPPER AVENUE COLTON,CA 923241819	95-6002748	SAN BERN. COUNTY	375,000				Technical Assistance
(47) YOUTH TRANSFORMING JUSTICE 734 A ST SAN RAFAEL,CA 94901	85-1634340	501(c)(3)	372,359				Capacity Building
(48) HEALTHFUL CARE INC 2 EMBARCADERO CTR FL8 SAN FRANCISCO,CA 94111	87-2231800		370,000				Technical Assistance
(49) CHILDREN'S HOSPITAL COLORADO 13123 E 16TH AVE AURORA,CO 80045	84-0166760	501(c)(3)	357,587				Research
(50) CONEJO HEALTH PO BOX 7741 WESTLAKE VILLAGE,CA 91359	83-3478457	501(c)(3)	350,600				Research
(51) HANFORD COMMUNITY HOSPITAL POBOX 1970 HANFORD,CA 93232	94-0535360	501(c)(3)	345,120				Technical Assistance
(52) WELLSPACE HEALTH 1500 EXPO PARKWAY SACRAMENTO,CA 95815	94-1713704	501(c)(3)	331,743				Capacity Building
(53) ELK GROVE UNIFIED SCHOOL DISTRICT 9510 ELK GROVE FLORIN ROAD ELK GROVE,CA 95624	94-6002501	State of CA	330,545				Technical Assistance
(54) SCHOOL HEALTH CLINICS OF SANTA CLARA 6840 VIA DEL ORO SUITE 210 SAN JOSE,CA 95119	77-0031679	501(c)(3)	290,868				Capacity Building
(55) LOS ANGELES UNIFIED SCHOOL DISTRICT 333 SOUTH BEAUDRY AVENUE LOS ANGELES,CA 900171466	95-6001908	State of CA	289,885				Technical Assistance
(56) SUTTER VALLEY HOSPITALS 2801 CAPITOL AVENUE SUITE 400 SACRAMENTO,CA 95816	94-1156621	501(c)(3)	280,480				Research
(57) EAST VALLEY COMMUNITY HEALTH CENTER INC 420 S GLENDORA AVE WEST COVINA,CA 91790	23-7068586	501(c)(3)	279,534				Capacity Building
(58) BEAR VALLEY COMMUNITY HEALTHCARE PO BOX 1649 BIG BEAR LAKE,CA 92315	33-0294751		275,000				Technical Assistance
(59) COUNTY OF SAN DIEGO PO BOX 102311 PASADENA,CA 911892311	95-6000934	County of San Diego	275,000				Technical Assistance
(60) EL CENTRO REGIONAL MEDICAL CENTER 1415 ROSS AVENUE EL CENTRO,CA 92243	95-1915820		275,000				Technical Assistance
(61) SAN DIEGO UNIFIED SCHOOL DISTRICT 4100 NORMAL STREET SAN DIEGO,CA 92103	95-6002781	State of CA	274,021				Technical Assistance
(62) CHILDREN'S HEALTHCARE OF ATLANTA INC 1575 NORTHEAST EXPRESSWAY ATLANTA,GA 30329	58-2367819	501(c)(3)	274,008				Research
(63) SANTA BARBARA NEIGHBORHOOD CLINICS 414 EAST COTA STREET 1ST FLOOR SANTA BARBARA,CA 93101	77-0496382	501(c)(3)	266,106				Capacity Building
(64) ADVENTIST HEALTH CLEARLAKE HOSPITAL INC PO 6701 CLEARLAKE,CA 95422	68-0395149	501(c)(3)	262,500				Technical Assistance
(65) THE UNIVERSITY OF TEXAS 1515 HOLCOMBE BOULEVARD HOUSTON,TX 770307009	74-6001118	State of TX	262,200				Research
(66) COUNTY OF SAN JOAQUIN 10100 TRINITY PARKWAY 100 STOCKTON,CA 95219	94-6000531	COUNTY OF SAN JOAQ.	260,000				Technical Assistance
(67) PACIFICA OF THE VALLEY CORPORATION 9449 SAN FERNANDO ROAD SUN VALLEY,CA 91352	33-0737312		260,000				Technical Assistance
(68) PHOENIX CHILDRENS HOSPITAL 1919 E THOMAS ROAD PHOENIX,AZ 850167710	86-0422559	501(c)(3)	253,512				Research
(69) THE REGENTS OF THE UC IRVINE CAMPUS D440 MEDICAL SCIENCES BLDG I IRVINE,CA 926974800	95-2226406	501(c)(3)	250,000				Technical Assistance
(70) REEDLEY COMMUNITY HOSPITAL PO BOX 888806 LOS ANGELES,CA 900888806	45-3220509	501(c)(3)	225,000				Technical Assistance
(71) REGENTS OF UC SAN FRANCISCO PO BOX 748872 LOS ANGELES,CA 900744872	94-6036493	501(c)(3)	217,312				Capacity Building
(72) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD MAILSTOP 97 LOS ANGELES,CA 90027	95-1690977	501(c)(3)	215,026				Research
(73) COLUMBIA UNIVERSITY PO BOX 29789 GENERAL POST OFFICE NEW YORK,NY 100879789	13-5598093	501(c)(3)	211,944				Capacity Building
(74) SACRAMENTO NATIVE AMERICAN HEALTH CENTER 2020 J STREET SACRAMENTO,CA 95811	20-4287737	501(c)(3)	210,619				Capacity Building
(75) PIH HEALTH FOUNDATION 12401 WASHINGTON BLVD WHITTIER,CA 90602	95-3761274	501(c)(3)	210,360				Research
(76) SCRIPPS HEALTH 10140 CAMPUS POINT ZONE SAN DIEGO,CA 92121	95-1684089	501(c)(3)	210,360				Research
(77) PEDIATRIC AND FAMILY MEDICAL CENTER 1530 S OLIVE STREET 6TH FLOOR LOS ANGELES,CA 90015	95-1690966	501(c)(3)	200,686				Technical Assistance
(78) REGENTS OF THE UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER ANN ARBOR,MI 481091287	38-6006309	501(c)(3)	195,699				Research
(79) HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY INC 343 SOQUEL AVENUE 343 SANTA CRUZ,CA 95062	01-0826156	501(c)(3)	195,622				Capacity Building
(80) CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 W LA VETA AVE ORANGE,CA 92868	95-2321786	501(c)(3)	193,200				Capacity Building
(81) VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDRENS PLACE MS FP MADERA,CA 936368792	94-1294954	501(c)(3)	193,030				Capacity Building
(82) OLE HEALTH PO BOX 1260 DAVIS,CA 95617	23-7221695	501(c)(3)	190,665				Capacity Building
(83) OPEN DOOR COMMUNITY HEALTH CENTERS 1275 8TH STREET ARCATA,CA 95521	95-2671433	501(c)(3)	189,705				Capacity Building
(84) SEATTLE CHILDREN'S HOSPITAL PO BOX 24728 SEATTLE,WA 981240728	91-0564748	501(c)(3)	180,934				Technical Assistance
(85) GRACELIGHT COMMUNITY HEALTH 4816 E 3RD ST LOS ANGELES,CA 90022	95-3702136	501(c)(3)	174,328				Capacity Building
(86) VENICE FAMILY CLINIC 604 ROSE AVE VENICE,CA 90291	95-2769432	501(c)(3)	174,095				Capacity Building
(87) THE UNIVERSITY OF TEXAS SOUTHWESTERN PO BOX 841765 DALLAS,TX 752841765	75-6002868	State of TX	173,684				Research
(88) THE BOARD OF TRUSTEES OF THE LELAND PO BOX 884253 LOS ANGELES,CA 900884253	94-1156365	501(c)(3)	172,666				Research
(89) LUNDQUIST INSTITUTE FOR BIOMEDICAL 1124 WEST CARSON STREET BLDG MRL TORRANCE,CA 90502	95-2138184	501(c)(3)	167,468				Capacity Building
(90) CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE NW WASHINGTON,DC 20010	52-1654453	501(c)(3)	163,388				Research
(91) NORTHEAST VALLEY HEALTH CORPORATION 1172 N MACLAY AVENUE SAN FERNANDO,CA 91340	23-7120632	501(c)(3)	160,214				Capacity Building
(92) NORTHERN VALLEY INDIAN HEALTH INC 257 N BUTTE ST WILLOWS,CA 95988	94-1747220	501(c)(3)	156,325				Capacity Building
(93) INDIANA UNIVERSITY PO BOX 78000 DETROIT,MI 482780867	35-6001673	501(c)(3)	155,820				Research
(94) THE REGENTS OF THE UC SAN FRANCISCO 1855 FOLSOM SUITE 425 LOS ANGELES,CA 94143	94-6036493	501(c)(3)	155,000				Technical Assistance
(95) COUNTY OF MONTEREY 1270 NATIVIDAD ROAD SALINAS,CA 93906	94-6000524	COUNTY OF MONTEREY	154,868				Technical Assistance
(96) HAYWARD UNIFIED SCHOOL DISTRICT 24411 AMADOR STREET HAYWARD,CA 94544	94-1693499	State of CA	149,010				Technical Assistance
(97) MEMORIAL SLOAN KETTERING CANCER CENTER PO BOX 26338 NEW YORK,NY 100876338	13-1924236	501(c)(3)	147,152				Research
(98) DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BP437 BOSTON,MA 02215	04-2263040	501(c)(3)	146,165				Research
(99) ARKUS INC 10 TIMES SQUARE 6TH FLOOR NEW YORK,NY 10018	27-1601114	501(c)(3)	142,794				Technical Assistance
(100) COMMUNITY MEMORIAL HEALTH SYSTEM 147 N BRENT STREET VENTURA,CA 93003	95-1683892	501(c)(3)	140,240				Research
(101) HOAG MEMORIAL HOSPITAL PRESBYTERIAN ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH,CA 926586100	95-1643327	501(c)(3)	140,240				Research
(102) PALOMAR HEALTH FOUNDATION 2125 CITRACADO PARKWAY SUITE 340 ESCONDIDO,CA 92029	93-3573154	501(c)(3)	140,240				Research
(103) REGENTS UNIVERSITY OF CALIFORNIA BOX 957089 1125 MURPHY LOS ANGELES,CA 900957089	95-6006143	501(c)(3)	140,240				Research
(104) UHS OF RANCHO SPRINGS INC 25500 MEDICAL CENTER DRIVE MURRIETA,CA 92562	23-3059262		140,240				Technical Assistance
(105) GROSSMONT UNION HIGH SCHOOL DISTRICT PO BOX 1043 LA MESA,CA 919441043	95-6001517	State of CA	140,216				Technical Assistance
(106) ARROWHEAD REGIONAL MEDICAL CENTER PO BOX 2206 COLTON,CA 92324	95-3213342	501(c)(3)	137,500				Technical Assistance
(107) SAN JOAQUIN COMMUNITY HOSPITAL 2615 CHESTER AVE BAKERSFIELD,CA 93301	95-2294234	501(c)(3)	137,500				Technical Assistance
(108) COUNTY OF SAN JOAQUIN 10100 TRINITY PARKWAY 100 STOCKTON,CA 95219	94-6000531	COUNTY OF SAN JOAQ.	137,201				Capacity Building
(109) SYMPTO HEALTH INC 2 EMBARCADERO CTR FL 8 SAN FRANCISCO,CA 94111	82-3098183		132,620				Technical Assistance
(110) CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 W LA VETA AVE ORANGE,CA 92868	95-2321786	501(c)(3)	131,853				Research
(111) COUNTY OF SANTA CRUZ 1800 GREEN HILLS ROAD SUITE 240 SCOTTS VALLEY,CA 95066	94-6000534	COUNTY OF SANTA CRUZ	131,618				Technical Assistance
(112) UNIVERSITY OF UTAH PO BOX 581374 SALT LAKE CITY,UT 84158	87-6000525	501(c)(3)	130,032				Research
(113) REGENTS OF UC SAN FRANCISCO PO BOX 748872 LOS ANGELES,CA 900744872	94-6036493	501(c)(3)	126,646				Research
(114) ALAMEDA HEALTH SYSTEM 2060 FAIRMONT DR SAN LEANDRO,CA 94578	94-3302014		125,000				Technical Assistance
(115) FRESNO COMMUNITY HOSPITAL AND MEDICAL 1560 E SHAW AVE FRESNO,CA 93710	94-1156276	501(c)(3)	125,000				Technical Assistance
(116) THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK RD MILWAUKEE,WI 532260509	39-0806261	501(c)(3)	120,819				Research
(117) PALA BAND OF MISSION INDIANS 35008 PALA TEMECULA RD PMB 50 PALA,CA 92059	95-2863815		120,499				Technical Assistance
(118) AHMC SETON MEDICAL CENTER LLC 1900 SULLIVAN AVE DALY CITY,CA 94015	85-1126333		120,000				Technical Assistance
(119) CITY & COUNTY OF SAN FRANCISCO 2789 25TH STREET SAN FRANCISCO,CA 94110	94-6000417	COUNTY OF SAN FRAN	120,000				Technical Assistance
(120) HOAG MEMORIAL HOSPITAL PRESBYTERIAN ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH,CA 926586100	95-1643327	501(c)(3)	120,000				Technical Assistance
(121) OWENS VALLEY INDIAN WATER COMMISSION 46 N TUSU LANE BISHOP,CA 93514	77-0405494		117,499				Technical Assistance
(122) ALTAMED HEALTH SERVICES CORPORATION 2040 CAMFIELD AVENUE LOS ANGELES,CA 90040	95-2810095	501(c)(3)	116,659				Capacity Building
(123) COMMUNITY MEDICAL CENTERS INC 7210 MURRAY DRIVE STOCKTON,CA 95210	94-2437106	501(c)(3)	114,459				Capacity Building
(124) REEDLEY COMMUNITY HOSPITAL PO BOX 1970 HANFORD,CA 93232	45-3220509	501(c)(3)	107,620				Technical Assistance
(125) ALL CHILDREN'S RESEARCH INSTITUTE INC 501 6TH AVENUE SOUTH ST PETERSBURG,FL 33701	59-2481742	501(c)(3)	101,950				Research
(126) MARIN COMMUNITY CLINIC 9 COMMERCIAL BLVD STE 100 NOVATO,CA 94949	94-2237120	501(c)(3)	101,417				Capacity Building
(127) OREGON HEALTH & SCIENCE UNIVERSITY PO BOX 3003 PORTLAND,OR 972083003	93-1176109	State of OR	100,760				Research
(128) COUNTY OF SAN DIEGO PO BOX 102311 PASADENA,CA 921933597	95-6000934	COUNTY OF SAN DIEGO	100,000				Technical Assistance
(129) ACORNS TO OAK TREES CORP 35008 PALA-TEMECULA RD 470 PALA,CA 92059	86-1484590	501(c)(3)	99,999				Technical Assistance
(130) BISHOP INDIAN TRIBAL COUNCIL 50 TU SU LANE BISHOP,CA 93514	95-1905064		99,999				Technical Assistance
(131) LAKE COUNTY TRIBAL HEALTH CONSORTIUM INC 925 BEVINS COURT LAKEPORT,CA 95453	94-2847137	501(c)(3)	99,999				Technical Assistance
(132) ANN & ROBERT H LURIE CHILDREN'S 225 E CHICAGO AVE BOX 271 CHICAGO,IL 60611	36-2170833	501(c)(3)	98,992				Research
(133) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501(c)(3)	97,595				Research
(134) SUTTER VALLEY HOSPITALS 2801 CAPITOL AVENUE SUITE 400 SACRAMENTO,CA 95816	94-1156621	501(c)(3)	97,500				Technical Assistance
(135) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(c)(3)	97,131				Research
(136) WASHINGTON HOSPITAL HEALTHCARE 2000 MOWRY AVENUE FREMONT,CA 94538	94-2886219	501(c)(3)	95,000				Technical Assistance
(137) UNIVERSITY OF ALABAMA BIRMINGHAM 1600 7TH AVENUE SOUTH LOWDER 606 BIRMINGHAM,AL 35233	63-6005396	State of AL	93,722				Research
(138) WASHINGTON UNIVERSITY 660 S EUCLID AVE MSC 8208-0016-11 ST LOUIS,MO 631101010	43-0653611	501(c)(3)	89,567				Research
(139) THE RESEARCH INSTITUTE AT NATIONWIDE PO BOX 78000 DETROIT,MI 482781653	31-6056230	501(c)(3)	87,900				Research
(140) CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES,CA 90048	95-1644600	501(c)(3)	84,370				Research
(141) LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL 11374 MOUNTAIN VIEW AVENUESUITE A LOMA LINDA,CA 92354	46-3214504	501(c)(3)	83,810				Capacity Building
(142) CHILDREN'S HOSPITAL COLORADO 13123 E 16TH AVE AURORA,CO 80045	84-0166760	501(c)(3)	80,000				Capacity Building
(143) COUNTY OF SAN DIEGO PO BOX 102311 PASADENA,CA 911892311	95-6000934	COUNTY OF SAN DIEGO	80,000				Capacity Building
(144) STATE OF MISSISSIPPI 2500 NORTH STATE STREET ROOM U-019 JACKSON,MS 392164505	64-6008520	State of MS	77,000				Research
(145) ADVENTIST HEALTH DELANO 1401 GARCES HIGHWAY DELANO,CA 93215	77-0258013	501(c)(3)	75,000				Technical Assistance
(146) DEANCO HEALTHCARE LLC 14850 ROSCOE BLVD PANORAMA CITY,CA 91402	27-2099923		75,000				Technical Assistance
(147) SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE 733 CEDAR STREET GARBERVILLE,CA 95542	94-2664285		75,000				Technical Assistance
(148) HMH HOSPITALS CORPORATION PO BOX 95000-7360 PHILADELPHIA,PA 191957360	22-1487576	501(c)(3)	74,841				Research
(149) KAISER FOUNDATION HOSPITALS 1800 HARRISON STREET 16TH FLOOR OAKLAND,CA 946123433	94-1105628	501(c)(3)	72,400				Research
(150) CHILDREN'S HOSPITAL AND MEDICAL CENTER 8200 DODGE STREET OMAHA,NE 681144114	47-0379754	501(c)(3)	72,252				Research
(151) ADVENTIST HEALTH DELANO 1401 GARCES HIGHWAY DELANO,CA 93215	77-0258013	501(c)(3)	70,120				Research
(152) ADVENTIST HEALTH TULARE POBOX 1970 HANFORD,CA 93232	83-2351753	501(c)(3)	70,120				Research
(153) AHMC SETON MEDICAL CENTER LLC 1900 SULLIVAN AVE DALY CITY,CA 94015	85-1126333		70,120				Research
(154) ANTELOPE VALLEY EMERGENCY MEDICAL 23803 BAYVIEW COURT VALENCIA,CA 91355	95-4614063		70,120				Research
(155) AVALON MEDICAL DEVELOPMENT CORPORATION PO BOX 1563 AVALON,CA 907041563	33-0222508	501(c)(3)	70,120				Research
(156) BAKERSFIELD MEMORIAL HOSPITAL 420 34TH STREET BAKERSFIELD,CA 93301	95-1802779	501(c)(3)	70,120				Research
(157) BEAR VALLEY COMMUNITY HEALTHCARE PO BOX 1649 BIG BEAR LAKE,CA 92315	33-0294751		70,120				Research
(158) COALINGA MEDICAL CENTER LLC 1191 PHELPS AVENUE COALINGA,CA 93210	83-4525898		70,120				Research
(159) COLUSA MEDICAL CENTER LLC 199 EAST WEBSTER STREET COLUSA,CA 95932	81-4005462		70,120				Research
(160) COMMUNITY HOSPITAL OF SAN BERNARDINO 1805 MEDICAL CENTER DRIVE SAN BERNARDINO,CA 92411	95-1643373	501(c)(3)	70,120				Research
(161) COUNTY OF SAN JOAQUIN 10100 TRINITY PARKWAY 100 STOCKTON,CA 95219	94-6000531	COUNTY OF SAN JOAQ.	70,120				Research
(162) DAMERON HOSPITAL ASSOCIATION 525 WEST ACACIA STREET STOCKTON,CA 95203	94-1201197	501(c)(3)	70,120				Research
(163) DEANCO HEALTHCARE LLC 14850 ROSCOE BLVD PANORAMA CITY,CA 91402	27-2099923		70,120				Research
(164) DIGNITY COMMUNITY CARE FRENCH HOSPITAL 1911 JOHNSON AVE SAN LUIS OBISPO,CA 93401	81-5009488	501(c)(3)	70,120				Technical Assistance
(165) DIGNITY COMMUNITY CARE GLENDALE MEMORIAL 1420 S CENTRAL AVENUE GLENDALE,CA 91204	81-5009488	501(c)(3)	70,120				Technical Assistance
(166) DIGNITY COMMUNITY CARE METHODIST 7500 HOSPITAL DRIVE SACRAMENTO,CA 958235403	81-5009488	501(c)(3)	70,120				Research
(167) DIGNITY COMMUNITY CARE NORTHRIDGE 18300 ROSCOE BLVD NORTHRIDGE,CA 913254105	81-5009488	501(c)(3)	70,120				Research
(168) DIGNITY COMMUNITY CARE SEQUOIA HOSPITAL 170 ALAMEDA DE LAS PULGAS REDWOOD CITY,CA 94062	81-5009488	501(c)(3)	70,120				Research
(169) DIGNITY COMMUNITY CARE WOODLAND 1325 COTTONWOOD STREET WOODLAND,CA 956955131	81-5009488	501(c)(3)	70,120				Research
(170) DIGNITY HEALTH 1400 E CHURCH STREET SANTA MARIA,CA 93454	94-1196203	501(c)(3)	70,120				Research
(171) DIGNITY HEALTH - STBERNARDINE MEDICAL 2101 N WATERMAN AVE SAN BERNARDINO,CA 92404	94-1196203	501(c)(3)	70,120				Research
(172) DIGNITY HEALTH ARROYO GRANDE COMMUNITY 345 S HALCYON ROAD ARROYO GRANDE,CA 93420	94-1196203	501(c)(3)	70,120				Research
(173) DIGNITY HEALTH MERCY GENERAL HOSPITAL 4001 J ST SACRAMENTO,CA 958193626	94-1196203	501(c)(3)	70,120				Technical Assistance
(174) DIGNITY HEALTH MERCY HOSPITAL OF FOLSOM 1650 CREEKSIDE DRIVE FOLSOM,CA 956302999	94-1196203	501(c)(3)	70,120				Research
(175) DIGNITY HEALTH MERCY MEDICAL 333 MERCY AVENUE MERCED,CA 95340	94-1196203	501(c)(3)	70,120				Research
(176) DIGNITY HEALTH MERCY MEDICAL CTRREDDING 2175 ROSALINE AVENUE REDDING,CA 96001	94-1196203	501(c)(3)	70,120				Technical Assistance
(177) DIGNITY HEALTH MERCY SAN JUAN MEDICAL 6501 COYLE AVENUE CARMICHAEL,CA 956080306	94-1196203	501(c)(3)	70,120				Research
(178) DIGNITY HEALTH ST MARY'S MEDICAL CENTER 450 STANYAN STREET SAN FRANCISCO,CA 94117	94-1196203	501(c)(3)	70,120				Research
(179) DIGNITY HEALTH-DOMINICAN SANTA CRUZ 1555 SOQUEL DRIVE SANTA CRUZ,CA 95065	94-1196203	501(c)(3)	70,120				Research
(180) DIGNITY HEALTH-ST MARY LONG BEACH 1050 LINDEN AVE LONG BEACH,CA 90813	94-1196203	501(c)(3)	70,120				Research
(181) DOCTORS HOSPITAL OF RIVERSIDE LLC 3865 JACKSON ST RIVERSIDE,CA 92503	83-1960549		70,120				Research
(182) EL CENTRO REGIONAL MEDICAL CENTER 1415 ROSS AVENUE EL CENTRO,CA 92243	95-1915820		70,120				Research
(183) GLENDALE ADVENTIST MEDICAL CENTER 1509 WILSON TERRACE GLENDALE,CA 91206	95-1816017	501(c)(3)	70,120				Technical Assistance
(184) GLENN MEDICAL CENTER LLC 1133 W SYCAMORE ST WILLOWS,CA 95988	84-2802161		70,120				Research
(185) HANFORD COMMUNITY HOSPITAL POBOX 1970 HANFORD,CA 93232	94-0535360	501(c)(3)	70,120				Research
(186) HDMC HOLDINGS LLC 6601 WHITE FEATHER ROAD JOSHUA TREE,CA 92252	47-3550779		70,120				Research
(187) HIV EDUCATION AND PREVENTION PROJECT PO BOX 7522 OAKLAND,CA 94601	94-3205535	501(c)(3)	70,120				Research
(188) LACUSC MEDICAL CENTER FOUNDATION INC PO BOX 33258 LOS ANGELES,CA 900330258	95-4192908	501(c)(3)	70,120				Research
(189) LODI MEMORIAL HOSPITAL ASSOCIATION INC 975 S FAIRMONT AVE LODI,CA 95240	94-1044474	501(c)(3)	70,120				Research
(190) LOMPOC VALLEY MEDICAL CENTER 1515 E OCEAN AVENUE LOMPOC,CA 93436	95-6001880		70,120				Research
(191) MARSHALL MEDICAL CENTER 1100 MARSHALL WAY PLACERVILLE,CA 95667	94-1450151	501(c)(3)	70,120				Research
(192) MERCY FOUNDATION - BAKERSFIELD 551 SHANLEY COURT BAKERSFIELD,CA 93311	77-0201321	501(c)(3)	70,120				Research
(193) NORCAL HEALTHCONNECT LLC 400 N MCDOWELL BLVD PETALUMA,CA 94952	85-2390012		70,120				Research
(194) OLIVE VIEW-UCLA EDUCATION & RESEARCH 14445 OLIVE VIEW DRIVE SYLMAR,CA 913421495	95-2249539	501(c)(3)	70,120				Research
(195) PAJARO VALLEY HEALTH CARE DISTRICT 75 NIELSON STREET WATSONVILLE,CA 95076	88-2447284	501(c)(3)	70,120				Research
(196) PALMDALE REGIONAL MEDICAL CENTER 38600 MEDICAL CENTER DRIVE PALMDALE,CA 93551	95-3565954		70,120				Research
(197) POMONA VALLEY HOSPITAL MEDICAL CENTER 1798 N GAREY AVENUE POMONA,CA 91767	95-1115230	501(c)(3)	70,120				Research
(198) PORT CITY OPERATING COMPANY LLC 1800 N CALIFORNIA STREET STOCKTON,CA 95204	46-5322209	501(c)(3)	70,120				Research
(199) PRIME HEALTHCARE ANAHEIM LLC 3033 W ORANGE AVE ANAHEIM,CA 928043156	20-5245674		70,120				Research
(200) PRIME HEALTHCARE FOUNDATION INC 4929 VAN NUYS BLVD/FILE 1026 SHERMAN OAKS,CA 91403	20-2546649		70,120				Research
(201) PRIME HEALTHCARE FOUNDATIONINC 16237 VENTURA BLVD/FILE 1152 ENCINO,CA 91436	26-2128507		70,120				Research
(202) PRIME HEALTHCARE GARDEN GROVE LLC 12601 GARDEN GROVE BLVD GARDEN GROVE,CA 928431908	26-2583411		70,120				Research
(203) PRIME HEALTHCARE HUNTINGTON BEACH LLC 17772 BEACH BLVD HUNTINGTON BEACH,CA 926476819	20-5252882		70,120				Research
(204) PRIME HEALTHCARE LA PALMA LLC 7901 WALKER ST LA PALMA,CA 906231722	20-5253134		70,120				Research
(205) PRIME HEALTHCARE SERVICES-MONTCLAIR LLC 5000 SAN BERNARDINO STREET MONTCLAIR,CA 91763	20-2898771		70,120				Research
(206) PROVIDENCE HEALTH SYSTEM - SOUTHERN CA 15031 RINALDI STREET MISSION HILLS,CA 91345	95-4582647		70,120				Research
(207) PROVIDENCE LITTLE COMPANY OF MARY 4101 TORRANCE BLVD TORRANCE,CA 90503	42-1672810	501(c)(3)	70,120				Research
(208) PROVIDENCE SAINT JOHN'S HEALTH CENTER 2121 SANTA MONICA BOULEVARD SANTA MONICA,CA 90404	95-1684082	501(c)(3)	70,120				Research
(209) QUEEN OF THE VALLEY MEDICAL CENTER PO BOX 2069 NAPA,CA 94558	23-7081153	501(c)(3)	70,120				Research
(210) RADY CHILDREN'S HOSPITAL- SAN DIEGO 3020 CHILDRENS WAY MC 5149 SAN DIEGO,CA 92123	95-1691313	501(c)(3)	70,120				Research
(211) SAINT AGNES MEDICAL CENTER 1303 N HERNDON AVE MS77 FRESNO,CA 93720	94-1437713	501(c)(3)	70,120				Research
(212) SAINT FRANCIS FOUNDATION 155 SANSOME ST SUITE 500 SAN FRANCISCO,CA 94104	94-2597514	501(c)(3)	70,120				Research
(213) SALINAS VALLEY MEMORIAL HEALTHCARE 450 E ROMIE LANE SALINAS,CA 93901	94-6004020	501(c)(3)	70,120				Research
(214) SAN BERNARDINO COUNTY 400 N PEPPER AVENUE COLTON,CA 923241819	95-6002748	SAN BERN. COUNTY	70,120				Research
(215) SAN JOAQUIN COMMUNITY HOSPITAL 2615 CHESTER AVE BAKERSFIELD,CA 93301	95-2294234	501(c)(3)	70,120				Research
(216) SEVENTH-DAY ADVENTISTS LOMA LINDA 24887 TAYLOR ST STE 202 LOMA LINDA,CA 92350	95-3522679	501(c)(3)	70,120				Research
(217) SHARP CORONADO HOSPITAL & HEALTHCARE 250 PROSPECT PLACE CORONADO,CA 92118	95-0651579	501(c)(3)	70,120				Research
(218) SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123	95-3492461	501(c)(3)	70,120				Research
(219) SIERRA NEVADA MEMORIAL - MINERS HOSPITAL 155 GLASSON WAY GRASS VALLEY,CA 95945	94-1439787	501(c)(3)	70,120				Research
(220) SIMI VALLEY HOSPITAL & HEALTH CARE SVC 2975 SYCAMORE DR SIMI VALLEY,CA 930651201	95-6064971	501(c)(3)	70,120				Research
(221) SONORA COMMUNITY HOSPITAL 1000 GREENLEY ROAD SONORA,CA 95370	94-1415069	501(c)(3)	70,120				Research
(222) SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE 733 CEDAR STREET GARBERVILLE,CA 95542	94-2664285		70,120				Research
(223) ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC 400 NORTH MCDOWELL BLVD PETALUMA,CA 94954	81-4791043	501(c)(3)	70,120				Research
(224) ST HELENA HOSPITAL 10 WOODLAND RD ST HELENA,CA 94574	94-1279779	501(c)(3)	70,120				Technical Assistance
(225) ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE,CA 92868	95-1643359	501(c)(3)	70,120				Research
(226) ST JUDE HOSPITAL 101 E VALENCIA MESA DR FULLERTON,CA 92835	95-1643325	501(c)(3)	70,120				Research
(227) ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY,CA 92307	95-1914489	501(c)(3)	70,120				Research
(228) TEMECULA VALLEY HOSPITAL 31700 TEMECULA PARKWAY TEMECULA,CA 92592	46-1246570		70,120				Research
(229) THE REGENTS OF THE UC IRVINE CAMPUS D440 MEDICAL SCIENCES BLDG I IRVINE,CA 926974800	95-2226406	501(c)(3)	70,120				Research
(230) TORRANCE MEMORIAL MEDICAL CENTER 3330 LOMITA BOULEVARD TORRANCE,CA 90505	95-1644042	501(c)(3)	70,120				Research
(231) TRI CITY HEALTHCARE DISTRICT 4002 VISTA WAY OCEANSIDE,CA 92056	95-2126937	State of CA	70,120				Research
(232) UHS-CORONA INC 800 S MAIN ST CORONA,CA 92882	52-1247839		70,120				Research
(233) USC ARCADIA HOSPITAL 300 W HUNTINGTON DR ARCADIA,CA 91007	95-1643336	501(c)(3)	70,120				Research
(234) VERITAS HEALTH SERVICES LLC 5451 WALNUT AVE CHINO,CA 91710	33-0928285		70,120				Research
(235) WHITE MEMORIAL MEDICAL CENTER 1720 E CESAR E CHAVEZ AVENUE LOS ANGELES,CA 90033	95-2282647	501(c)(3)	70,120				Research
(236) CHA HOLLYWOOD MEDICAL CENTER LP 1300 NORTH VERMONT AVENUE LOS ANGELES,CA 90027	30-0284087		70,000				Technical Assistance
(237) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD MAILSTOP 97 LOS ANGELES,CA 90027	95-1690977	501(c)(3)	69,000				Technical Assistance
(238) CHILDREN'S HEALTH CARE 2525 CHICAGO AVE SOUTH MINNEAPOLIS,MN 55404	41-1754276	501(c)(3)	68,800				Research
(239) EMORY UNIVERSITY PO BOX 935084 ATLANTA,GA 31193	58-0566256	501(c)(3)	64,739				Technical Assistance
(240) VISIONLINK INC 4450 ARAPAHOE AVE STE 100 BOULDER,CO 80303	04-3325509		62,996				Technical Assistance
(241) DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BP437 BOSTON,MA 02215	04-2263040	501(c)(3)	62,000				Technical Assistance
(242) THE CHILDREN'S MERCY HOSPITAL PO BOX 803852 KANSAS CITY,MO 641083852	44-0605373	501(c)(3)	61,985				Research
(243) ARKANSAS CHILDREN'S RESEARCH INSTITUTE 1 CHILDRENS WAY SLOT 663 LITTLE ROCK,AR 722023159	71-0694931	501(c)(3)	60,950				Research
(244) THE REGENTS OF THE UC SAN DIEGO CAMPUS 9500 GILMAN DRIVE MAIL CODE 0934 LA JOLLA,CA 92093	95-6006144	501(c)(3)	60,400				Research
(245) ALHAMBRA HOSPITAL MEDICAL CENTER LP 100 S RAYMOND AVE ALHAMBRA,CA 91801	95-4693289		60,000				Technical Assistance
(246) AVALON MEDICAL DEVELOPMENT CORPORATION PO BOX 1563 AVALON,CA 907041563	33-0222508	501(c)(3)	60,000				Technical Assistance
(247) CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES,CA 90048	95-1644600	501(c)(3)	60,000				Technical Assistance
(248) DOCTORS HOSPITAL OF RIVERSIDE LLC 3865 JACKSON ST RIVERSIDE,CA 92503	83-1960549		60,000				Technical Assistance
(249) LOMPOC VALLEY MEDICAL CENTER 1515 E OCEAN AVENUE LOMPOC,CA 93436	95-6001880		60,000				Technical Assistance
(250) NEW LIFE COMMUNITY MINISTRIES INC 3592 FLAT SHOALS ROAD DECATUR,GA 30034	58-2616862	501(c)(3)	60,000				Technical Assistance
(251) PRIME HEALTHCARE CENTINELA LLC 555 EAST HARDY STREET INGLEWOOD,CA 90301	26-1150758		60,000				Technical Assistance
(252) PRIME HEALTHCARE SERVICES - SHASTA LLC 1100 BUTTE STREET REDDING,CA 96001	26-3487583		60,000				Technical Assistance
(253) QUALITY CARE FOR CHILDREN INC 3 CORPORATE BLVD NE SUITE 230 BROOKHAVEN,GA 30329	58-2400285	501(c)(3)	60,000				Technical Assistance
(254) RADY CHILDREN'S HOSPITAL- SAN DIEGO 3020 CHILDRENS WAY MC 5149 SAN DIEGO,CA 92123	95-1691313	501(c)(3)	60,000				Technical Assistance
(255) RIDGECREST REGIONAL HOSPITAL 1081 N CHINA LAKE BLVD RIDGECREST,CA 93555	95-2082686	501(c)(3)	60,000				Technical Assistance
(256) SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123	95-3492461	501(c)(3)	60,000				Technical Assistance
(257) THE UNIVERSITY OF TEXAS 1515 HOLCOMBE BOULEVARD HOUSTON,TX 770307009	74-6001118	State of TX	60,000				Capacity Building
(258) TORRANCE MEMORIAL MEDICAL CENTER 3330 LOMITA BOULEVARD TORRANCE,CA 90505	95-1644042	501(c)(3)	60,000				Technical Assistance
(259) OAKLAND UNIFIED SCHOOL DISTRICT 1011 UNION ST OAKLAND,CA 94607	94-6000385	State of CA	54,643				Technical Assistance
(260) GLENDALE UNIFIED SCHOOL DISTRICT 223 N JACKSON STREET GLENDALE,CA 91206	95-6001464	State of CA	52,834				Technical Assistance
(261) VANDERBILT UNIVERSITY MEDICAL CENTER PO BOX 121236 DALLAS,TX 753121236	35-2528741	501(c)(3)	52,250				Research
(262) DIVINE DECISIONS OUTREACH MINISTRIES 6623 BERYL DRIVE ARLINGTON,TX 76002	87-1370293	501(c)(3)	50,000				Technical Assistance
(263) EDUCATE ADVANCING EARLY CHILDHOOD 375 REDONDO AVENUE 133 LONG BEACH,CA 90814	90-0670174	501(c)(3)	50,000				Technical Assistance
(264) INSTITUTE FOR PUBLIC HEALTH INNOVATION 1250 CONNECTICUT AVE NW SUITE 601 WASHINGTON,DC 20036	46-3039129	501(c)(3)	50,000				Research
(265) CASTELLANOS FAMILY CHILD CARE 8188 JUNIPER AVE FONTANA,CA 92335	81-1694225		50,000				Technical Assistance
(266) LITTLE ROSES PRESCHOOL 1650 CROCKETT BLVD CROCKETT,CA 94525	47-5223632	501(c)(3)	50,000				Technical Assistance
(267) MERCY FOUNDATION 3400 DATA DRIVE RANCHO CORDOVA,CA 95670	23-7072762	501(c)(3)	50,000				Technical Assistance
(268) SUTTER BAY HOSPITALS 601 DUBOCE AVE SUITE B109 B LEVEL SAN FRANCISCO,CA 94114	94-0562680	501(c)(3)	50,000				Technical Assistance
(269) ASCENSION SETON PO BOX 204242 DALLAS,TX 75320	74-1109643	501(c)(3)	49,500				Research
(270) SANFORD RESEARCH 2301 EAST 60TH STREET NORTH SIOUX FALLS,SD 571040569	46-0450378	501(c)(3)	46,600				Research
(271) UNIVERSITY OF PITTSBURGH PO BOX 640458 PITTSBURGH,PA 152640458	25-0965591	501(c)(3)	46,320				Research
(272) MEDICAL UNIVERSITY OF SOUTH CAROLINA 86 JONATHAN LUCAS STREET CHARLESTON,SC 29425	57-6000722	State of SC	46,000				Research
(273) ST JUDE CHILDREN'S RESEARCH HOSPITAL INC PO BOX 1000 DEPT 949 MEMPHIS,TN 381480949	62-0646012	501(c)(3)	45,074				Research
(274) THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH JACKSONVILLE,FL 322560532	59-0634433	501(c)(3)	44,682				Research
(275) UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER,NY 14627	16-0743209	501(c)(3)	44,000				Research
(276) STATE UNIVERSITY OF IOWA 200 HAWKINS DRIVE IOWA CITY,IA 52242	42-6004813	State of IA	43,500				Research
(277) UNIVERSITY OF LOUISVILLE RESEARCH 300 E MARKET STREET SUITE 300 LOUISVILLE,KY 40202	61-1029626	501(c)(3)	42,300				Research
(278) NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE ROAD VALHALLA,NY 10595	13-1099420	501(c)(3)	42,000				Research
(279) CHINATOWN SERVICE CENTER 767 N HILL STREET SUITE 400 LOS ANGELES,CA 90012	95-2918844	501(c)(3)	41,479				Capacity Building
(280) HEALTH RESEARCH INC ELM CARLTON STREETS BUFFALO,NY 14263	14-1402155	501(c)(3)	40,999				Research
(281) REGENTS UNIVERSITY OF CALIFORNIA BOX 957089 LOS ANGELES,CA 900957089	95-6006143	501(c)(3)	40,613				CONTINUING EDUCATION OF BAR Research
(282) COUNTY OF SAN DIEGO PO BOX 102311 PASADENA,CA 921933597	95-6000934	COUNTY OF SAN DIEGO	40,000				Capacity Building
(283) YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE 4300 LAKESIDE DRIVE RICHMOND,CA 94806	94-1156635	501(c)(3)	40,000				Technical Assistance
(284) RHODE ISLAND HOSPITAL 167 POINT STREET BOX 42 PROVIDENCE,RI 02903	05-0258954	501(c)(3)	39,950				Research
(285) THE CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY,MO 64108	44-0605373	501(c)(3)	39,000				Research
(286) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND,OH 441067037	34-1018992	501(c)(3)	38,788				Research
(287) CHILDREN'S HOSPITAL COLORADO 13123 E 16TH AVE AURORA,CO 80045	84-0166760	501(c)(3)	38,500				Technical Assistance
(288) LOMA LINDA UNIVERSITY HEALTH 24887 TAYLOR STREET SUITE 202 LOMA LINDA,CA 92354	95-3804495	501(c)(3)	37,200				Research
(289) COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVE FORT WORTH,TX 76104	75-2051646	501(c)(3)	36,823				Research
(290) ADVENTIST HEALTH MEDICALCENTER TEHACHAPI PO BOX 1759 BAKERSFIELD,CA 93302	81-2240617	501(c)(3)	36,440				Research
(291) DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BP437 BOSTON,MA 02215	04-2263040	501(c)(3)	35,750				Capacity Building
(292) AHMC GARFIELD MEDICAL CENTER LP 525 NO GARFIELD AVENUE MONTEREY PARK,CA 91754	51-0519167		35,000				Technical Assistance
(293) KAWEAH DELTA HOSPITAL FOUNDATION 216 SOUTH JOHNSON STREET VISALIA,CA 93291	94-2675456	501(c)(3)	35,000				Technical Assistance
(294) ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC 400 NORTH MCDOWELL BLVD PETALUMA,CA 94954	81-4791043	501(c)(3)	35,000				Technical Assistance
(295) STANFORD HEALTH CARE TRI-VALLEY 5555 W LAS POSITAS BL PLEASANTON,CA 94588	94-1429628	501(c)(3)	35,000				Technical Assistance
(296) KAISER FOUNDATION HOSPITALS 1800 HARRISON STREET 16TH FLOOR OAKLAND,CA 946123433	94-1105628	501(c)(3)	34,500				Technical Assistance
(297) PENN STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY,PA 170330850	24-6000376	State of PA	34,091				Research
(298) UNIVERSITY OF PITTSBURGH 500 ROSS STREET 154-0455 PITTSBURGH,PA 152620001	25-0965591	501(c)(3)	34,037				Research
(299) ADVENTIST HEALTH MEDICALCENTER TEHACHAPI PO BOX 1759 BAKERSFIELD,CA 93302	81-2240617	501(c)(3)	33,680				Technical Assistance
(300) REGENTS OF UC SAN FRANCISCO 490 ILLINOIS STREET 4TH FLOOR SAN FRANCISCO,CA 941430962	94-6036493	501(c)(3)	31,000				Research
(301) COUNTY OF SAN BENITO 471 4TH STREET HOLLISTER,CA 95023	94-6000530	COUNTY OF SAN BENITO	30,026				Technical Assistance
(302) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD PHILADELPHIA,PA 19104	23-1352166	501(c)(3)	30,000				Research
(303) MONTEFIORE MEDICAL CENTER 3411 WAYNE AVE 7TH FLOOR BRONX,NY 10467	13-1740114	501(c)(3)	30,000				Research
(304) THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE MC 4060 CHICAGO,IL 60637	36-2177139	501(c)(3)	30,000				Research
(305) THE GENERAL HOSPITAL CORPORATION 55 FRUIT ST-YAWKEY 8B-8893 BOSTON,MA 021142696	04-2697983	501(c)(3)	29,529				Capacity Building
(306) THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY JACKSONVILLE,FL 322560532	59-0634433	501(c)(3)	29,000				Research
(307) ALBANY MEDICAL CENTER 47 NEW SCOTLAND AVE MC 88 ALBANY,NY 122083479	14-1338310	501(c)(3)	28,200				Research
(308) EAST TENNESSEE CHILDRENS HOSPITAL 2018 CLINCH AVE KNOXVILLE,TN 37916	62-6002604	501(c)(3)	28,000				Research
(309) BRONSON METHODIST HOSPITAL 601 JOHN STREET KALAMAZOO,MI 49007	38-1359087	501(c)(3)	27,252				Research
(310) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501(c)(3)	27,000				Capacity Building
(311) BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS,TX 753031207	74-1613878	501(c)(3)	26,500				Capacity Building
(312) DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BP437 BOSTON,MA 02215	04-2263040	501(c)(3)	26,250				Capacity Building
(313) DUKE UNIVERSITY PO BOX 104132 DURHAM,NC 27708	56-0532129	501(c)(3)	26,000				Research
(314) MULTICARE HEALTH SYSTEM PO BOX 5299 TACOMA,WA 984150299	91-1352172	501(c)(3)	26,000				Research
(315) REGENTS OF UC SAN FRANCISCO PO BOX 748872 LOS ANGELES,CA 900744872	94-6036493	501(c)(3)	26,000				Technical Assistance
(316) THE UNIVERSITY OF TEXAS SOUTHWESTERN PO BOX 841765 DALLAS,TX 752841765	75-6002868	State of TX	25,500				Technical Assistance
(317) CHHP MANAGEMENT LLC 2623 E SLAUSON AVENUE HUNTINGTON PARK,CA 90255	27-2104876		25,000				Technical Assistance
(318) CHILDREN'S HEALTHCARE OF ATLANTA INC 1575 NORTHEAST EXPRESSWAY ATLANTA,GA 30329	58-2367819	501(c)(3)	25,000				Technical Assistance
(319) DIGNITY COMMUNITY CARE COMMUNITY 1805 MEDICAL CENTER DRIVE SAN BERNARDINO,CA 92411	81-5009488	501(c)(3)	25,000				Technical Assistance
(320) LACUSC MEDICAL CENTER FOUNDATION INC PO BOX 33258 LOS ANGELES,CA 90033	95-4192908	501(c)(3)	25,000				Technical Assistance
(321) LOUISIANA STATE UNIVERSITY HEALTH 433 BOLIVAR STREET NEW ORLEANS,LA 70112	72-6087770	State of LA	25,000				Research
(322) PALOMAR HEALTH FOUNDATION 2125 CITRACADO PARKWAY SUITE 340 ESCONDIDO,CA 92029	93-3573154	501(c)(3)	25,000				Technical Assistance
(323) REGENTS OF THE UNIVERSITY OF MINNESOTA PO BOX 1450 MINNEAPOLIS,MN 554855957	41-6007513	State of MN	25,000				Technical Assistance
(324) SOUTH BROWARD HOSPITAL DISTRICT PO BOX 538514 ATLANTA,GA 30353	59-6014973	501(c)(3)	25,000				Research
(325) RUTGERS THE STATE UNIVERSITY 33 KNIGHTSBRIDGE ROAD PISCATAWAY,NJ 08854	22-6001086	501(c)(3)	24,647				Research
(326) THE FEINSTEIN INSTITUTES FOR MEDICAL RESEARCH PO BOX 95000-7530 PHILADELPHIA,PA 191957530	11-2673595	501(c)(3)	24,400				Research
(327) THE GENERAL HOSPITAL CORPORATION 55 FRUIT ST-YAWKEY 8B-8893 BOSTON,MA 021142696	04-2697983	501(c)(3)	23,740				Research
(328) METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO 7700 FLOYD CURL DRIVE SAN ANTONIO,TX 78229	74-2730328	501(c)(3)	23,275				Research
(329) LEE MEMORIAL HEALTH SYSTEM 9981 HEALTH PARK DRIVE 1ST FLOOR AD FORT MYERS,FL 33901	59-0714812	501(c)(3)	23,000				Research
(330) UNIVERSITY OF ILLINOIS AT CHICAGO 809 S MARSHFIELD AVE CHICAGO,IL 606124305	37-6000511	501(c)(3)	23,000				Research
(331) UNIVERSITY OF ALABAMA BIRMINGHAM 1600 7TH AVENUE SOUTH LOWDER 606 BIRMINGHAM,AL 35233	63-6005396	State of AL	22,322				Research
(332) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES,CA 90027	95-1690977	501(c)(3)	22,000				Technical Assistance
(333) ALAMEDA COUNTY 2000 EMBARCADERO SUITE 300 OAKLAND,CA 94605	94-6000501	ALAMEDA COUNTY	20,000				Technical Assistance
(334) CALIFORNIA STATE UNIVERSITY EAST BAY 25800 CARLOS BEE BLVD HAYWARD,CA 94542	94-1524922	501(c)(3)	20,000				Technical Assistance
(335) COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVE FORT WORTH,TX 76104	75-2051646	501(c)(3)	20,000				Research
(336) COUNTY OF MADERA 1604 SUNRISE AVENUE MADERA,CA 93638	94-6000518	COUNTY OF MADERA	20,000				Capacity Building
(337) CSU BAKERSFIELD AUXILIARY FOR SPONSORED 9001 STOCKDALE HWY - 35 ADM BAKERSFIELD,CA 933111022	32-0291662	501(c)(3)	20,000				Capacity Building
(338) REGENTS UNIVERSITY OF CALIFORNIA BOX 957089 LOS ANGELES,CA 900957089	95-6006143	501(c)(3)	20,000				Capacity Building
(339) BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS,TX 753031207	74-1613878	501(c)(3)	19,750				Research
(340) INDIANA UNIVERSITY PO BOX 78000 DETROIT,MI 482780867	35-6001673	501(c)(3)	19,500				Capacity Building
(341) INOVA HEALTH CARE SERVICES 8095 INNOVATION PARK DR BLDG D ST FAIRFAX,VA 22031	54-0620889	501(c)(3)	18,400				Research
(342) COLUMBIA HOSPITAL AT MEDICAL CITY DALLAS 7777 FOREST LANE DALLAS,TX 75230	62-1682198		18,200				Research
(343) THE BOARD OF TRUSTEES OF THE LELAND PO BOX 884253 LOS ANGELES,CA 900884253	94-1156365	501(c)(3)	18,000				Research
(344) CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 W LA VETA AVE ORANGE,CA 92868	95-2321786	501(c)(3)	17,000				Technical Assistance
(345) SEATTLE CHILDREN'S HOSPITAL PO BOX 24728 SEATTLE,WA 981240728	91-0564748	501(c)(3)	17,000				Research
(346) THE RESEARCH INSTITUTE AT NATIONWIDE PO BOX 78000 DETROIT,MI 482781653	31-6056230	501(c)(3)	17,000				Research
(347) UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE,FL 32611	59-6002052	501(c)(3)	16,288				Research
(348) DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BP437 BOSTON,MA 02215	04-2263040	501(c)(3)	16,047				Research
(349) ACCMA COMMUNITY HEALTH FOUNDATION 3697 MT DIABLO BLVD STE 175 LAFAYETTE,CA 94549	46-1703508	501(c)(3)	15,000				Technical Assistance
(350) ADVOCATE HEALTH AND HOSPITALS PO BOX 735028 CHICAGO,IL 606735027	36-2169147	501(c)(3)	15,000				Research
(351) CENTRAL COAST OVERDOSE PREVENTION PO BOX 2101 MONTEREY,CA 93942	93-3195468	501(c)(3)	15,000				Technical Assistance
(352) COMMUNITY SERVICE EDUCATION & RESEARCH 5380 ELVAS AVE SACRAMENTO,CA 95819	23-7003581	501(c)(3)	15,000				Technical Assistance
(353) COUNTY OF CALAVERAS 891 MOUNTAIN RANCH ROAD SAN ANDREAS,CA 95249	94-6000507	COUNTY OF CALAVERAS	15,000				Technical Assistance
(354) COUNTY OF LAKE 922 BEVINS COURT LAKEPORT,CA 95453	94-6000825	COUNTY OF LAKE	15,000				Technical Assistance
(355) COUNTY OF MENDOCINO 501 LOW GAP ROAD ROOM 1080 UKIAH,CA 95482	94-6000520	COUNTY OF MENDOCINO	15,000				Technical Assistance
(356) COUNTY OF SAN LUIS OBISPO 1055 MONTEREY ST RM D2900 SAN LUIS OBISPO,CA 93408	95-6000939	COUNTY OF SAN LUIS	15,000				Technical Assistance
(357) EL DORADO COUNTY COMMUNITY HEALTH CENTER 4212 MISSOURI FLAT RD PLACERVILLE,CA 95667	42-1533531	501(c)(3)	15,000				Technical Assistance
(358) HEALTH IMPROVEMENT PARTNERSHIP OF SANTA CRUZ COUNTY INC 343 SOQUEL AVENUE 343 SANTA CRUZ,CA 95062	01-0826156	501(c)(3)	15,000				Technical Assistance
(359) HEALTHY RURAL CALIFORNIA INC 1905 NOTRE DAME BLVD SUITE 200 CHICO,CA 95928	84-3230424	501(c)(3)	15,000				Technical Assistance
(360) HOPE IN THE VALLEY 12317 CHAMPLIN PLACE BAKERSFIELD,CA 93311	93-3923603	501(c)(3)	15,000				Technical Assistance
(361) REACH OUT WEST END 1126 W FOOTHILL BLVD STE 250 UPLAND,CA 91786	95-2642747	501(c)(3)	15,000				Technical Assistance
(362) SCOTTS VALLEY BAND OF POMO INDIANS 800 11TH ST LAKEPORT,CA 95453	68-0226509	501(c)(3)	15,000				Technical Assistance
(363) WASHINGTON UNIVERSITY 660 S EUCLID AVE MSC 8208-0016-11 ST LOUIS,MO 631101010	43-0653611	501(c)(3)	14,000				Research
(364) ANN & ROBERT H LURIE CHILDREN'S 225 E CHICAGO AVE BOX 271 CHICAGO,IL 60611	36-2170833	501(c)(3)	13,750				Research
(365) DRISCOLL CHILDREN'S HOSPITAL 3533 SOUTH ALAMEDA STREET CORPUS CHRISTI,TX 78411	74-2577746	501(c)(3)	13,000				Research
(366) RENOWN HEALTH FOUNDATION 1155 MILL STREET RENO,NV 89502	94-2972749	501(c)(3)	13,000				Research
(367) VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDRENS PLACE MS FP MADERA,CA 936368792	94-1294954	501(c)(3)	13,000				Research
(368) WEILL MEDICAL COLLEGE OF CORNELL PO BOX 22371 NEW YORK,NY 100872371	13-1623978	501(c)(3)	13,000				Research
(369) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE	52-0595110	501(c)(3)	12,600				Capacity Building
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]
(405) WHITE MEMORIAL MEDICAL CENTER CHARITABLE 1828 EAST CESAR E CHAVEZ AVENUE S LOS ANGELES,CA 90033	95-3760201	501(c)(3)	12,500				Technical Assistance
(406) WOODLAND MEMORIAL HOSPITAL FOUNDATION 1321 COTTONWOOD STREET 207 WOODLAND,CA 956955131	94-6167964	501(c)(3)	12,500				Technical Assistance
(407) MAINEHEALTH 1 DANA COURT WESTBROOK,ME 04092	01-0238552	501(c)(3)	12,000				Research
(408) ST JUDE CHILDREN'S RESEARCH HOSPITAL INC PO BOX 1000 DEPT 949 MEMPHIS,TN 381480949	62-0646012	501(c)(3)	11,500				Capacity Building
(409) THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY JACKSONVILLE,FL 322560532	59-0634433	501(c)(3)	11,500				Capacity Building
(410) BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA PO BOX 26901 OKLAHOMA CITY,OK 731260901	73-1563627	State of Oklahoma	10,500				Research
(411) PHOENIX CHILDRENS HOSPITAL 1919 E THOMAS ROAD PHOENIX,AZ 850167710	86-0422559	501(c)(3)	10,000				Capacity Building
(412) UNIVERSITY OF KENTUCKY RESEARCH PO BOX 931113 CLEVELAND,OH 44193	61-6033693	501(c)(3)	10,000				Research
(413) VANDERBILT UNIVERSITY MEDICAL CENTER PO BOX 121236 DALLAS,TX 753121236	35-2528741	501(c)(3)	10,000				Technical Assistance
(414) SAN DIEGO YOUTH SERVICES 3255 WING STREET SAN DIEGO,CA 92110	95-2648050	501(c)(3)	9,353				Capacity Building
(415) RAIZES COLLECTIVE PO BOX 8606 SANTA ROSA,CA 95407	47-3129493	501(c)(3)	9,156				Research
(416) ALBANY MEDICAL CENTER 47 NEW SCOTLAND AVE MC 88 ALBANY,NY 122083479	14-1338310	501(c)(3)	9,000				Research
(417) KAISER FOUNDATION HOSPITALS 1800 HARRISON STREET 16TH FLOOR OAKLAND,CA 946123433	94-1105628	501(c)(3)	9,000				Technical Assistance
(418) MAYO CLINIC PO BOX 860334 MINNEAPOLIS,MN 554860334	41-6011702	501(c)(3)	9,000				Research
(419) SACRED HEART HEALTH SYSTEM INC 5153 N 9TH AVENUE BOX B-25 PENSACOLA,FL 32504	59-0634434	501(c)(3)	9,000				Research
(420) THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK RD MILWAUKEE,WI 532260509	39-0806261	501(c)(3)	9,000				Technical Assistance
(421) THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE MC 4060 CHICAGO,IL 60637	36-2177139	501(c)(3)	9,000				Research
(422) WILLIAM BEAUMONT HOSPITAL 3811 W 13 MILE RD SUITE 501 ROYAL OAK,MI 480736769	38-1459362	501(c)(3)	9,000				Research
(423) ADVOCATE HEALTH AND HOSPITALS 1675 DEMPSTER STREET PARK RIDGE,IL 60068	36-2169147	501(c)(3)	8,000				Technical Assistance
(424) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501(c)(3)	8,000				Technical Assistance
(425) DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BP437 BOSTON,MA 02215	04-2263040	501(c)(3)	8,000				Technical Assistance
(426) ST JOSEPH'S HOSPITAL INC 3001 W DR MARTIN LUTHER KING JR TAMPA,FL 33607	59-0774199	501(c)(3)	8,000				Research
(427) THE BOARD OF TRUSTEES OF THE LELAND PO BOX 884253 LOS ANGELES,CA 900884253	94-1156365	501(c)(3)	7,500				Capacity Building
(428) INTERFACE CHILDREN & FAMILY SERVICES 4001 MISSION OAKS BLVD SUITE I CAMARILLO,CA 93012	95-2944459	501(c)(3)	7,494				Technical Assistance
(429) UNIVERSITY OF UTAH PO BOX 581374 SALT LAKE CITY,UT 84158	87-6000525	501(c)(3)	7,200				Capacity Building
(430) LITTLE MANILA FOUNDATION PO BOX 1356 STOCKTON,CA 95201	20-2661354	501(c)(3)	7,194				Capacity Building
(431) RAIZES COLLECTIVE PO BOX 8606 SANTA ROSA,CA 95407	47-3129493	501(c)(3)	7,194				Capacity Building
(432) SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS ROAD SUITE 201 CALABASAS,CA 91302	95-4116679	501(c)(3)	7,194				Capacity Building
(433) DIGNITY COMMUNITY CARE CALIFORNIA 1401 SOUTH GRAND AVENUE LOS ANGELES,CA 90015	81-5009488	501(c)(3)	7,000				Research
(434) LOMA LINDA UNIVERSITY HEALTH 24887 TAYLOR STREET SUITE 202 LOMA LINDA,CA 92354	95-3804495	501(c)(3)	7,000				Capacity Building
(435) YALE UNIVERSITY 2 WHITNEY AVENUE 6TH FLOOR NEW HAVEN,CT 06510	06-0646973	501(c)(3)	7,000				Research
(436) CAL STATE LA UNIVERSITY AUXILIARY 5151 STATE UNIVERSITY DRIVE GE 314 LOS ANGELES,CA 90032	95-4016653	501(c)(3)	6,500				Capacity Building
(437) ORLANDO HEALTH INC 1414 KUHL AVENUE ORLANDO,FL 32806	59-1726273	501(c)(3)	6,500				Research
(438) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(c)(3)	6,000				Technical Assistance
(439) NEWARK BETH ISRAEL MEDICAL CENTER INC 201 LYONS AVE NEWARK,NJ 07112	22-3452311	501(c)(3)	5,534				Research
(440) THE FEINSTEIN INSTITUTES FOR MEDICAL RESEARCH PO BOX 95000-7530 PHILADELPHIA,PA 191957530	11-2673595	501(c)(3)	5,500				Technical Assistance
(441) UNIVERSITY OF PITTSBURGH PO BOX 640458 PITTSBURGH,PA 152640458	25-0965591	501(c)(3)	5,250				Capacity Building
(442) MIXTECOINDIGENA COMMUNITY ORGANIZING PO BOX 20543 OXNARD,CA 93034	30-0045901	501(c)(3)	5,214				Capacity Building
(443) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD PHILADELPHIA,PA 19104	23-1352166	501(c)(3)	5,100				Capacity Building
(444) UNIVERSITY OF ALABAMA BIRMINGHAM 1600 7TH AVENUE SOUTH LOWDER 606 BIRMINGHAM,AL 35233	63-6005396	State of AL	5,100				Capacity Building
(445) UNIVERSITY OF NORTH CAROLINA 260 MACNIDER CB7220 CHAPEL HILL,NC 275997220	56-6001393	501(c)(3)	5,050				Research

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 259

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 49

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)						
(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.

Return Reference	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.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Schedule J (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization
Public Health Institute

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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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 Melissa Stafford-Jones President & CEO (As of January 2024)	(i)	482,277	30,000	0	22,000	34,945	569,222	0
	(ii)	0	0	0	0	0	0	0
2 Dr Mary A Pittman President & CEO (Through January 2024)	(i)	119,400	103,240	23,000	1,992	0	247,632	0
	(ii)	0	0	0	0	0	0	0
3 Dr Michael Rodriguez Special Advisor III/Board Member	(i)	202,775	0	2,928	20,301	3,001	229,005	0
	(ii)	0	0	0	0	0	0	0
4 Dr Derrick Browning Chief Financial Officer	(i)	296,262	0	593	28,805	14,053	339,713	0
	(ii)	0	0	0	0	0	0	0
5 Susan Watson Senior VP of Programs and Community Engagement	(i)	233,757	2,187	2,134	22,585	13,184	273,847	0
	(ii)	0	0	0	0	0	0	0
6 B Melange Matthews Exec VP & Chief Operating Officer	(i)	387,233	0	8,659	34,500	26,400	456,792	0
	(ii)	0	0	0	0	0	0	0
7 Nicole Torrado Interim Co-General Counsel (Through November 2024)	(i)	283,345	0	670	20,050	1,035	305,100	0
	(ii)	0	0	0	0	0	0	0
8 Matthew Marsom Chief of Programs, Policy & Govt Relations (Through October 2024)	(i)	280,990	0	85,410	22,199	11,690	400,289	0
	(ii)	0	0	0	0	0	0	0
9 Valerie McCann Woodson Chief Human Resources Officer	(i)	267,477	0	13,331	27,512	38,650	346,970	0
	(ii)	0	0	0	0	0	0	0
10 Laura LaCorte Senior VP of Compliance & Ethics and Privacy Officer (Through December 2024)	(i)	323,590	5,625	2,580	21,923	13,368	367,086	0
	(ii)	0	0	0	0	0	0	0
11 Rebecca Silva VP of Program Award Management	(i)	241,366	4,583	1,213	24,442	35,393	306,997	0
	(ii)	0	0	0	0	0	0	0
12 Dr Denise Dunning Program Director IV	(i)	242,841	4,891	770	24,293	13,655	286,450	0
	(ii)	0	0	0	0	0	0	0
13 Dr David Hausner Program Director IV	(i)	224,297	4,000	2,167	23,595	36,355	290,414	0
	(ii)	0	0	0	0	0	0	0
14 Lalit Saluja Senior Enterprise Applications	(i)	223,991	4,729	24,244	25,224	36,823	315,011	0
	(ii)	0	0	0	0	0	0	0

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	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	Matthew Marsom received $84,665 severance
Schedule J, Part I, Line 7 Non-fixed payments	The organization's prior CEO Mary Pittman (through January 2024) received a non-fixed performance-based payment in 2024 that was awarded at the discretion of the Board of Directors. Additionally, Mary Pittman received a payout of accrued and unused PTO during 2024. The Organization's current CEO, Melissa Stafford-Jones (beginning January 2024) received a non-fixed sign-on payment in 2024 that was awarded at the discretion of the Board of Directors. The following individuals received non-fixed performance-based payments during 2024 that were determined by the organization's CEO: -LAURA LACORTE -SUSAN WATSON The following individuals received non-fixed performance-based payments during 2024 that were determined by their supervisor, the COO. -REBECCA SILVA - LALIT SALUJA The following individuals received non-fixed performance-based payments during 2024 that were determined by the individual's respective Program Director or supervisor and approved by Human Resources: -Dr. Denise Dunning -Dr. David Hausner

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the 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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Public Health Institute

Employer identification number
94-1646278

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 90,814,942 including grants of $ 29,759,086)(Revenue $ 16,695,785) FOR 60 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. CIVICSPARK FELLOWS ASSIST IN BUILDING LOCAL WORKFORCE CAPACITY TO RESPOND TO COMMUNITY IDENTIFIED PRIORITIES ON A VARIETY OF LOCAL ISSUES SUCH AS DISASTER PREPAREDNESS AND RESPONSE, WATER, NATURAL RESOURCE MANAGEMENT, HOUSING, ECONOMIC DEVELOPMENT, TRANSPORTATION AND INFRASTRUCTURE, PARKS AND RECREATION, PUBLIC HEALTH AND COMMUNITY ENGAGEMENT. FELLOWS WORK FOR UP TO 11 MONTHS AND COMPLETE RESEARCH, PLANNING AND IMPLEMENTATION PROJECTS FOR THEIR COMMUNITIES AND LEAD VOLUNTEER ENGAGEMENT ACTIVITIES. CIVICSPARK FELLOWS HAVE PROVIDED OVER 1,250,000 HOURS OF SERVICE TO COMMUNITIES IN THREE STATES (CALIFORNIA, COLORADO, AND WASHINGTON) WITH EXPANSION PLANNED FOR 2025.
Form 990, Part VI, Line 1a Delegate broad authority to a committee	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: (a) The filling of vacancies on the Board or any committee; (b) The amendment or repeal of Bylaws or the adoption of new Bylaws; (c) The amendment or repeal of any resolution of the Board which by its express terms is not so amendable or repealable; (d) The appointment of other committees of the Board or the members thereof; and (e) The approval of any self-dealing transaction, except as permitted by state law.
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY MANAGEMENT BEFORE SIGNING. A COPY OF THE FORM 990 WAS ELECTRONICALLY SUBMITTED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS.
Form 990, Part VI, Line 12c Conflict of interest policy	PHI'S WRITTEN CONFLICT OF INTEREST POLICIES APPLY TO DIRECTORS, OFFICERS, EMPLOYEES, CONSULTANTS AND AGENTS. CERTAIN POLICIES MAY APPLY TO OTHER PERSONS, E.G., PHI'S RESEARCH CONFLICT OF INTEREST POLICY. POTENTIAL, ALLEGED, OR ACTUAL CONFLICTS MAY BE REVIEWED BY A SUPERVISOR, EXECUTIVE MANAGEMENT, THE CEO OR THE COMPLIANCE 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.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	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. 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 JANUARY 2024.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	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. PHI PURCHASES SEVERAL PUBLISHED SALARY SURVEYS OF COMPARABLE AND PEER ORGANIZATIONS. THERE IS A PROCESS OF DOCUMENTING AND SUBSTANTIATING SALARY DECISIONS MADE FOR

Return Reference	Explanation
	KEY EMPLOYEES, BASED UPON GUIDELINES ESTABLISHED UNDER PHI'S COMPENSATION POLICIES AND PROCEDURES. THE LAST CHIEF EXECUTIVE OFFICER COMPENSATION REVIEW TOOK PLACE IN JANUARY 2024.
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 IX, Line 11g Other Fees	Subcontractors - Total Expense: 40444137, Program Service Expense: 40444137, Management and General Expenses: , Fundraising Expenses: ; Project Consultant - Total Expense: 18028885, Program Service Expense: 16330432, Management and General Expenses: 1698453, Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ;
Form 990, Part VII, Section A COMPENSATION	Michael Rodriguez IS BOTH AN EMPLOYEE OF PHI AND A VOTING MEMBER ON THE BOARD. HE RECEIVES COMPENSATION FOR HISCAPACITY AS A Special Advisor FOR PHI AND IS NOT BEING COMPENSATED FOR HIS SERVICES AS A BOARD MEMBER.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization
Public Health Institute

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 B-4 GREATER KAILASH ENCLAVE NEW DELHI, PART-II 11048 IN 82-5394021	HEALTH SERVICES	IN	0	159,429	PUBLIC HEALTH INSTITUTE

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	(g) No

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) Disproprtionate 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	

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

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 orgranization 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

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) Disproprtionate 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1