



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial 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 10TH FLOOR

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 \$ 114,220,574

F Name and address of principal officer

MARY A PITTMAN

555 12TH STREET 10TH FLOOR

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																																										
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>SEE PART III, LINE 1</div></div>																																										
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>13</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>11</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>880</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>11</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	13	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	880	6	Total number of volunteers (estimate if necessary)	11	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0																								
3	Number of voting members of the governing body (Part VI, line 1a)	13																																									
4	Number of independent voting members of the governing body (Part VI, line 1b)	11																																									
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	880																																									
6	Total number of volunteers (estimate if necessary)	11																																									
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0																																									
7b	Net unrelated business taxable income from Form 990-T, line 34	0																																									
Expenses	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>48,284,148</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>65,934,157</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>2,269</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>0</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>114,220,574</td></tr><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>17,112,424</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>66,400,262</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) 1,522</td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>30,657,355</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>114,170,041</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>50,533</td></tr></table>		Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	48,284,148	9	Program service revenue (Part VIII, line 2g)	65,934,157	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,269	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)	114,220,574	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,112,424	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)	66,400,262	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	b	Total fundraising expenses (Part IX, column (D), line 25) 1,522		17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	30,657,355	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	114,170,041	19	Revenue less expenses Subtract line 18 from line 12	50,533
	Prior Year	Current Year																																									
8	Contributions and grants (Part VIII, line 1h)	48,284,148																																									
9	Program service revenue (Part VIII, line 2g)	65,934,157																																									
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,269																																									
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)	114,220,574																																									
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,112,424																																									
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)	66,400,262																																									
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0																																									
b	Total fundraising expenses (Part IX, column (D), line 25) 1,522																																										
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	30,657,355																																									
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	114,170,041																																									
19	Revenue less expenses Subtract line 18 from line 12	50,533																																									
Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>30,779,030</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>17,984,790</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>12,794,240</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	30,779,030	21	Total liabilities (Part X, line 26)	17,984,790	22	Net assets or fund balances Subtract line 21 from line 20	12,794,240																														
	Beginning of Current Year	End of Year																																									
20	Total assets (Part X, line 16)	30,779,030																																									
21	Total liabilities (Part X, line 26)	17,984,790																																									
22	Net assets or fund balances Subtract line 21 from line 20	12,794,240																																									

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

2014-11-13

Date

TAMAR DORFMAN CHIEF FINANCIAL OFFICER

Type or print name and title

Prnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

GELMAN ROSENBERG & FREEDMAN

Firm's EIN

52-1392008

Firm's address

4550 MONTGOMERY AVE SUITE 650N

BETHESDA, MD 208142930

Phone no

(301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y






















Form 990 (2013)

Part IIIStatement 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?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \$ 27,907,935	including grants of \$)	(Revenue \$)	
GLOBAL HEALTH FELLOWS PROGRAM II (GHFP-II). THE PUBLIC HEALTH INSTITUTE, WITH ITS PARTNERS, IMPLEMENTS THE GHFP-II, FUNDED BY A FIVE-YEAR COOPERATIVE AGREEMENT WITH THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT. GHFP-II’S VISION IS TO CREATE THE GLOBAL HEALTH LEADERS OF THE FUTURE BY SUPPORTING A LARGE, SUSTAINABLE POOL OF TALENTED GLOBAL HEALTH PROFESSIONALS (FELLOWS AND INTERNS) AND TO STRENGTHEN THE EFFECTIVENESS OF USAID’S GLOBAL HEALTH BUREAU PROGRAMS. GHFP-II RECRUITS, PLACES AND SUPPORTS TECHNICAL EXPERTS AT ALL PROFESSIONAL LEVELS IN WASHINGTON, D.C., AND ABROAD, AND PROVIDES CAREER AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES. GHFP-II’S DIVERSITY INITIATIVE CREATES INCREASED OPPORTUNITIES FOR UNDERREPRESENTED POPULATIONS IN THE FIELD OF GLOBAL HEALTH. WORKING WITH COLLEGES AND UNIVERSITIES AROUND THE U.S., THE PROGRAM PROVIDES GUIDANCE AND ADVICE FOR INDIVIDUALS SEEKING A CAREER IN GLOBAL HEALTH. EACH YEAR THE PROGRAM TAKES PART IN APPROXIMATELY 50 DIFFERENT OUTREACH EVENTS, PROVIDING RELEVANT INFORMATION TO SEVERAL THOUSAND INDIVIDUALS INTERESTED IN THE FIELD OF GLOBAL HEALTH. THESE EVENTS INCLUDE PROFESSIONAL CONFERENCES, UNIVERSITY CAREER FAIRS, INFORMATION SESSIONS, AND WEBINARS. GHFP-II’S FELLOWS, AT ALL LEVELS, WORK WITH USAID IN WASHINGTON, DC AND OVERSEAS IN A VARIETY OF TECHNICAL AREAS INCLUDING MATERNAL AND CHILD HEALTH, FAMILY PLANNING, REPRODUCTIVE HEALTH, HIV/AIDS, INFECTIOUS DISEASES, HEALTH POLICY AND OTHER GLOBAL HEALTH SPECIALTIES. THE PROGRAM ALSO SUPPORTS A COHORT OF SUMMER INTERNS AND ON-DEMAND INTERNS THROUGHOUT THE YEAR THAT WORK IN THE GLOBAL HEALTH BUREAU AT USAID IN WASHINGTON, DC IN SUPPORT OF ITS MANDATE TO HELP DEVELOP THE NEXT GENERATION OF GLOBAL HEALTH PROFESSIONALS. THE PROGRAM ESTABLISHED WORKING RELATIONSHIPS WITH SEVERAL PARTNERS INCLUDING PYXERA GLOBAL, GLOBEMED, GLOBAL HEALTH CORPS AND MANAGEMENT SYSTEMS INTERNATIONAL. GLOBEMED, IS AN ORGANIZATION THAT AIMS TO STRENGTHEN THE MOVEMENT FOR GLOBAL HEALTH EQUITY BY EMPOWERING STUDENTS AND COMMUNITIES TO WORK TOGETHER TO IMPROVE THE HEALTH OF PEOPLE LIVING IN POVERTY AROUND THE WORLD. GLOBEMED HAS CHAPTERS ON 50 PLUS CAMPUSES ACROSS THE U.S. AND PARTNERS WITH ORGANIZATIONS THROUGHOUT THE DEVELOPING WORLD INCLUDING IN INDIA, RWANDA, UGANDA, NEPAL, CAMBODIA AND LAOS. GHFP-II WILL BE FUNDING SCHOLARSHIPS FOR GLOBEMED INTERNS BASED ON NEED AND FOR THOSE UNDERREPRESENTED IN THE FIELD. PYXERA GLOBAL PROVIDES CORPORATE VOLUNTEERS TO SUPPORT LOCAL BUSINESSES, NONPROFITS, AND GOVERNMENTS IN EMERGING MARKETS WORLDWIDE. OVER THE PAST 20 YEARS, THEY HAVE PLACED THOUSANDS OF BUSINESS-ORIENTED VOLUNTEERS IN MORE THAN 80 COUNTRIES. GHFP-II WILL SUPPORT SEVERAL HUNDRED OF THESE VOLUNTEERS OVER A FIVE-YEAR PERIOD. GLOBAL HEALTH CORPS PAIRS INTELLIGENT AND PASSIONATE FELLOWS WITH DEVELOPING COUNTRY ORGANIZATIONS THAT REQUIRE NEW THINKING AND INNOVATIVE SOLUTIONS. THEY PROVIDE THESE YOUNG LEADERS WITH THE TOOLS TO REMAIN CONNECTED AFTER THEIR FELLOWSHIP YEAR FINISHES, DEEPENING THEIR ABILITY TO ENACT CHANGE THROUGH HEIGHTENED SKILLS AND STRONG PARTNERSHIPS. GHFP-II WILL PROVIDE FUNDING FOR SEVERAL OF THESE FELLOWSHIPS IN THE COMING YEAR. MANAGEMENT SYSTEMS INTERNATIONAL PROVIDES CAREER AND PROFESSIONAL DEVELOPMENT SUPPORT TO GHFP-II FELLOWS. IN ADDITION, THEY PROVIDE COACHING SERVICES AS WELL AS REVIEWING AND COMPILING AN INVENTORY OF PROFESSIONAL DEVELOPMENT STRATEGIES AND ACTIVITIES.					
4b	(Code)	(Expenses \$ 18,362,932	including grants of \$)	(Revenue \$ 18,362,932)	
NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH, CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (NETWORK FOR A HEALTHY CALIFORNIA). PHI PARTNERS WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO IMPLEMENT THE NETWORK FOR A HEALTHY CALIFORNIA (NETWORK), A STATEWIDE MOVEMENT OF LOCAL, STATE AND NATIONAL PARTNERS COLLECTIVELY WORKING TOWARD IMPROVING THE HEALTH STATUS OF MILLIONS OF LOW-INCOME CALIFORNIA PARENTS AND CHILDREN. SINCE ITS INCEPTION MORE THAN TEN YEARS AGO, THE NETWORK HAS GROWN TO BE THE LARGEST AND MOST DIVERSE NUTRITION AND PHYSICAL ACTIVITY INITIATIVE IN THE UNITED STATES. FUNDED THROUGH THE U.S. DEPARTMENT OF AGRICULTURE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NUTRITION EDUCATION, THE NETWORK FACILITATES BEHAVIOR CHANGE IN HOMES, SCHOOLS, WORKSITES, AND COMMUNITIES THAT HELP SUPPORT FRUIT AND VEGETABLE CONSUMPTION AND PHYSICAL ACTIVITY. THE NETWORK WORKS WITH PUBLIC AND NONPROFIT AGENCIES, PROVIDING STATE LEADERSHIP THROUGH CONTRACTS AND GRANTS TO LOCAL HEALTH DEPARTMENTS, HEALTH CENTERS, NONPROFIT ORGANIZATIONS AND OTHER GROUPS. ACTIVITIES INCLUDE DEVELOPING HEALTH EDUCATION TOOLS, MOUNTING SOCIAL MARKETING CAMPAIGNS, AND PROVIDING EVALUATION AND RESEARCH. THE NETWORK ENGAGES LOW-INCOME CONSUMERS TO IMPROVE THEIR COMMUNITIES AND CREATE NEW SOCIAL NORMS THAT SUPPORT HEALTHY EATING AND PHYSICAL ACTIVITY. ONE INITIATIVE, THE CHAMPIONS FOR CHANGE BRAND, IS PROMOTED THROUGH THE NETWORK’S STATEWIDE ADVERTISING AND PUBLIC RELATIONS CAMPAIGNS. ALONGSIDE COMMUNITY AND CONSUMER ACTIVITIES THAT ACTIVELY ENGAGE LOCAL LEADERS AND COMMUNITIES. PEER-TO-PEER EDUCATION PROJECTS, SUCH AS MOTHER’S TAKING ACTION, USE A COMMUNITY ENGAGEMENT AND LEADERSHIP DEVELOPMENT APPROACH TO CREATE LOCAL CHAMPIONS FOR CHANGE. THE NETWORK’S COMMUNITY-BASED PLANNING APPROACH, COMMUNITIES OF EXCELLENCE (CX3), PROVIDES COMMUNITIES WITH TOOLS TO ASSESS MARKETING CUES, FOOD QUALITY, AND ACCESS TO HEALTHY FOOD AND PHYSICAL ACTIVITY IN LOW-INCOME NEIGHBORHOODS. THE CX3 ASSESSMENTS HAVE ALREADY RESULTED IN EFFORTS TO IMPROVE NEIGHBORHOOD WALKING BY MAKING SIDEWALK AND STREET MODIFICATIONS, STARTING NEW SCHOOL AND COMMUNITY GARDENS, AND INSTITUTING HEALTHY POLICIES FOR VENDING MACHINES AND MOBILE VENDORS. THE YOUTH ENGAGEMENT INITIATIVE ENGAGES LOW-RESOURCE, MIDDLE AND HIGH SCHOOL YOUTH (AGES 12-18) IN CONDUCTING YOUTH-LED PARTICIPATORY ACTION RESEARCH PROJECTS. THE PROJECTS PROVIDE YOUTH WITH THE OPPORTUNITY TO BUILD LEADERSHIP, CRITICAL THINKING, PROBLEM-SOLVING, SERVICE LEARNING, AND STRATEGIZING SKILLS TO ADDRESS AND PROMOTE NUTRITION AND/OR PHYSICAL ACTIVITY ISSUES. YOUTH CREATE COMMUNITY CHANGES SUCH AS INSTALLING HYDRATION STATIONS TO PROVIDE CLEAN DRINKING WATER, AND MAKING HEALTHY FOOD CHOICES THE EASY CHOICE IN SCHOOLS. THE NETWORK’S BEST PRACTICE PROGRAMS HAVE DEMONSTRATED GAINS IN FRUIT AND VEGETABLE CONSUMPTION AND PHYSICAL ACTIVITY AMONG QUALIFYING LOW-INCOME FAMILIES. CALIFORNIA SURVEYS SHOW THAT THE PERCENT OF LOW-INCOME ADULTS WHO REACHED THE MINIMUM 5-SERVING GOAL FOR FRUIT AND VEGETABLE CONSUMPTION ROSE FROM A BASELINE OF 24 PERCENT IN 1997 TO 46 PERCENT IN 2007. THIS IS A 90 PERCENT INCREASE IN 10 YEARS. FROM 2000 TO 2009, CALIFORNIA’S OVERALL RANKING FOR FRUIT AND VEGETABLE CONSUMPTION ROSE FROM 11TH TO 5TH AMONG ALL STATES. THESE SURVEYS ALSO SHOW THAT THE PROPORTION OF LOW-INCOME ADULTS MEETING THE RECOMMENDED LEVEL OF AT LEAST 150 MINUTES PER WEEK OF MODERATE TO VIGOROUS PHYSICAL ACTIVITY GREW FROM 36 PERCENT IN 2001 TO 46 PERCENT IN 2007. THIS REPRESENTS A SIGNIFICANT INCREASE OF 28 PERCENT. IN 2010, NETWORK PARTNERS BROUGHT IN AN ESTIMATED 28,400 ADDITIONAL HOUSEHOLDS TO SNAP. THIS YIELDED \$4.1 MILLION IN FEDERAL REIMBURSEMENTS FOR OUTREACH EFFORTS, WHICH RESULTED IN NEARLY \$120.6 MILLION IN ANNUAL SNAP BENEFITS FOR FOOD AND ANOTHER \$215.9 MILLION IN ECONOMIC STIMULUS TO CALIFORNIA COMMUNITIES.					
4c	(Code)	(Expenses \$ 9,243,634	including grants of \$)	(Revenue \$ 9,243,634)	
CHILDREN’S ONCOLOGY GROUP COORDINATING CENTER. MONROVIA, CA. THE PUBLIC HEALTH INSTITUTE SERVES AS THE FISCAL PARTNER FOR THE CHILDREN’S ONCOLOGY GROUP COORDINATING CENTER (COGCC) IN MONROVIA, CALIFORNIA. COGCC IS THE PRIMARY HEADQUARTERS FOR THE CHILDREN’S ONCOLOGY GROUP (COG), PROVIDING ADMINISTRATIVE AS WELL AS STATISTICAL AND DATA MANAGEMENT SUPPORT. THE CHILDREN’S ONCOLOGY GROUP AND ITS COORDINATING CENTER IN MONROVIA HAVE NEARLY FIFTEEN YEARS OF EXPERIENCE IN CARRYING OUT EFFICIENT, HIGH-IMPACT RESEARCH FOR CHILDREN WITH CANCER. COG, A NATIONAL CANCER INSTITUTE (NCI) SUPPORTED CLINICAL TRIALS GROUP, IS THE WORLD’S LARGEST ORGANIZATION DEVOTED EXCLUSIVELY TO CHILDHOOD AND ADOLESCENT CANCER RESEARCH. THE NCI COOPERATIVE GROUP SYSTEM FOR CLINICAL RESEARCH BEGAN IN 1955 WITH A CONSORTIUM FOCUSED ON CHILDHOOD CANCER RESEARCH. BY THE END OF THE 1990S THERE WERE NINE GROUPS FUNDED BY THE NCI TO CONDUCT RESEARCH IN ADULTS WITH CANCER, AND FOUR COOPERATIVE GROUPS FUNDED WITH A FOCUS ON CHILDHOOD CANCER RESEARCH. IN THE YEAR 2000 THE FOUR PEDIATRIC GROUPS VOLUNTARILY MERGED EFFORTS TO CREATE THE CHILDREN’S ONCOLOGY GROUP. THE COG COORDINATING CENTER INCLUDES ELEVEN DISTINCT WORK-GROUPS SUPPORTING DIFFERENT, BUT INTER-RELATED FUNCTIONS: (I) ADMINISTRATION, (II) STUDY DEVELOPMENT, (III) STATISTICS, (IV) DATA MANAGEMENT, (V) QUALITY ASSURANCE, REGULATORY AFFAIRS & SITE AUDITING, (VI) INFORMATION TECHNOLOGY, (VII) CLINICAL PROJECTS, (VIII) PHASE 1 TRIAL OPERATIONS, (IX) PHARMACEUTICAL INDUSTRY RELATIONS, (X) GROUP MEMBERSHIP AND (XI) COMMUNICATIONS & PUBLICATIONS. EACH WORKGROUP HAS A MANAGER OR DIRECTOR WITH CONSIDERABLE INDEPENDENCE AND FLEXIBILITY IN MANAGING HIS/HER AREA TO ENSURE RAPID AND EFFICIENT RESPONSE TO COG NEEDS. COG HAS BEEN STRUCTURED TO MAXIMIZE EFFICIENCY, PROMOTE COLLABORATION, AND RETAIN THE FLEXIBILITY TO FOCUS RESOURCES ON THE MOST PROMISING SCIENTIFIC ADVANCES. EXTENSIVE COLLABORATION AND INTEGRATION IS FOUND THROUGHOUT COG’S ORGANIZATION. FOR EXAMPLE, THE STRATEGIC DECISION TO ESTABLISH THE FREESTANDING COG COORDINATING CENTER IN MONROVIA, CA, COMPOSED OF COG’S OPERATIONS CENTER CO-LOCATED WITH KEY COMPONENTS OF COG’S STATISTICS & DATA CENTER, HELPS ENSURE THE LONG-TERM STABILITY OF THE COG RESEARCH ENTERPRISE AND ALLOWS FOR UNINTERRUPTED RESEARCH OPERATIONS THROUGH LEADERSHIP TRANSITIONS. MORE THAN 90% OF THE 13,500 CHILDREN AND ADOLESCENTS DIAGNOSED WITH CANCER EACH YEAR IN THE UNITED STATES ARE CARED FOR AT COG MEMBER INSTITUTIONS, ALLOWING FOR APPROXIMATELY 50% TO 60% OF NEWLY DIAGNOSED CHILDREN WITH CANCER TO BE ENROLLED ONTO A COG CLINICAL TRIAL, WITH ALMOST 90% OF THOSE LESS THAN 5 YEARS OF AGE PARTICIPATING IN COG RESEARCH. AT ANY GIVEN TIME, THE COG COORDINATING CENTER IS SUPPORTING APPROXIMATELY 45 STUDIES IN DEVELOPMENT, 70 STUDIES ACTIVELY ENROLLING NEW SUBJECTS, AND 100 STUDIES CLOSED TO ENROLLMENT FOR WHICH DATA COLLECTION IS COMPLETING AND DATA ANALYSIS IS IN PROCESS. ANNUALLY, THE COG COORDINATING CENTER FACILITATES APPROXIMATELY 4,000 ENROLLMENTS ONTO COG THERAPEUTIC STUDIES AND MORE THAN 13,000 ENROLLMENTS ONTO NON-THERAPEUTIC STUDIES, WHICH INCLUDE BIOLOGY, SUPPORTIVE CARE, EPIDEMIOLOGY, QUALITY OF LIFE, BEHAVIORAL SCIENCE, AND LATE-EFFECT STUDIES. THE COORDINATING CENTER ALSO SUPPORTS THE ONGOING FOLLOW-UP DATA COLLECTION FOR THE MORE THAN 25,000 CHILDREN ANNUALLY WHO CONTINUE TO BE EVALUATED AT COG MEMBER INSTITUTIONS FOR STUDIES ON WHICH THEY HAVE COMPLETED THERAPY.					
	(Code)	(Expenses \$ 44,424,917	including grants of \$ 17,112,424)	(Revenue \$ 38,327,591)	
FOR OVER 50 YEARS, PHI HAS IMPLEMENTED RESEARCH AND PROGRAMS TO IMPROVE THE HEALTH AND WELLBEING OF PEOPLE ACROSS CALIFORNIA, THE U.S., AND THE WORLD. PHI IS A HUB FOR PUBLIC HEALTH INNOVATION, PROVIDING INFRASTRUCTURE, RESOURCES, AND INTELLECTUAL FREEDOM TO SOME OF THE BEST MINDS IN PUBLIC HEALTH. WITH OVER 100 RESEARCHERS AND PROJECT DIRECTORS - AND NEARLY 600 STAFF WORLDWIDE - PHI LEADS NEW RESEARCH, TESTS NOVEL INTERVENTIONS, AND IMPLEMENTS 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 EPIDEMIC PROPORTIONS 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., PHI IS TRAINING AND GRADUATING HEALTH CARE PROFESSIONALS REPRESENTING THE DIVERSITY OF OUR POPULATION AND WHO WILL MEET THE GROWING DEMAND FOR CARE, AND IMPLEMENTING PROGRAMS, SYSTEMS AND RESEARCH THAT CONNECT PUBLIC HEALTH AND HEALTH CARE DELIVERY. PHI SPEARHEADS CONVERSATIONS 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.					
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ 44,424,917	including grants of \$ 17,112,424)	(Revenue \$ 38,327,591)		
4e	Total program service expenses ▶		99,939,418		

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 Revenue Procedure 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	No
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 Yes	
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	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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	381			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
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	880			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the 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? <i>If "No," provide an explanation in Schedule O.</i>	14b				

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	13	
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			
b	Enter the number of voting members included in line 1a, above, who are independent	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	
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 in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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 in 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 in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, physical address, and telephone number of the person who possesses the books and records of the organization RALPH MCKINNON 555 12TH STREET 10TH FLOOR OAKLAND, CA 946074046 (510) 285-5541	

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY A PITTMAN PRESIDENT & CEO	40.00	X		X				528,219	0	56,353
(2) FREDERICK HESSLER BOARD CHAIR	1.00	X		X				0	0	0
(3) JOHN O'BRIEN BOARD VICE CHAIR	1.00	X		X				0	0	0
(4) DILEEP G BAL BOARD SECRETARY	1.00	X		X				0	0	0
(5) JOHN B SEFFRIN BOARD TREASURER	1.00	X		X				0	0	0
(6) ELAINE BATCHLOR BOARD MEMBER	1.00	X						0	0	0
(7) CLAIRE D BRINDIS BOARD MEMBER	1.00	X						0	0	0
(8) KATHY CAHILL BOARD MEMBER	1.00	X						0	0	0
(9) KATHY KO CHIN BOARD MEMBER	1.00	X						0	0	0
(10) SHARON LEVINE BOARD MEMBER	1.00	X						0	0	0
(11) FAITH MITCHELL BOARD MEMBER	1.00	X						0	0	0
(12) KIMBERLYDAWN WISDOM BOARD MEMBER	1.00	X						0	0	0
(13) MARTA INDUNI SEE SCHEDULE O BOARD MEMBER, RESEARCH PROG DIR II	40.00	X						130,402	0	24,466
(14) TAMAR DORFMAN CHIEF FINANCIAL OFFICER	40.00			X				194,811	0	44,771
(15) B MELANGE MATTHEWS CHIEF OF STAFF / COO	40.00				X			303,891	0	44,816
(16) SHARON RUDY PI PROGRAM DIRECTOR IV	40.00				X			214,816	0	36,234
(17) JIM SIMPSON GENERAL COUNSEL	40.00					X		246,239	0	46,050

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	2,480,197	0	385,106

2

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*

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*

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*

Section B. Independent Contractors

1

(A) Name and business address	(B) Description of services	(C) Compensation
NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE ST 20TH FL CHICAGO IL 60603	PROJECT CONSULTANT	617,916
BROWN MILLER COMMUNICATIONS 1114 JONES STREET MARTINEZ CA 94553	PUBLIC RELATIONS	258,703
GROUP HEALTH RESEARCH INSTITUTE 1730 MINOR AVE 1600 SEATTLE WA 98101	PROJECT CONSULTANT	226,906
CENTER FOR COLLABORATIVE SOLUTIONS 1337 HOWE AVE SUITE 210 SEATTLE WA 98101	PROJECT CONSULTANT	178,726
GALEWILL DESIGN 1 BRIDGE STREET SUITE 97 IRVINGTON NY 10533	IT CONSULTANT	148,679

2

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	7,885			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	35,192,482			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,083,781			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		48,284,148			
Program Service Revenue	2a	CONTRACTS	Business Code 900009	65,769,096	65,769,096		
	b	PUBLICATION SALES	900009	164,411	164,411		
	c	TRAINING FEES	900009	650	650		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		65,934,157			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,269		2,269
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			114,220,574	65,934,157	0	2,269

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 governments and organizations in the United States. See Part IV, line 21.	16,499,514	16,499,514		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	227,881	227,881		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	385,029	385,029		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,578,781	435,148	1,143,633	
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.	49,186,829	42,965,706	6,221,123	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,232,608	3,678,806	553,802	
9	Other employee benefits.	7,798,613	6,747,532	1,051,081	
10	Payroll taxes.	3,603,431	3,088,732	514,699	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	26,596	116	26,480	
c	Accounting.	105,821		105,821	
d	Lobbying.	48,288		48,288	
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).	5,446,589	5,301,538	145,051	
12	Advertising and promotion.	11,220	9,706	1,514	
13	Office expenses.	9,026,322	7,829,860	1,196,054	408
14	Information technology.	808,819	62,897	745,922	
15	Royalties.				
16	Occupancy.	4,841,005	3,306,041	1,534,964	
17	Travel.	5,766,570	5,541,465	224,091	1,014
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	755,369	695,528	59,841	
20	Interest.	10,597	10,587	10	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	62,390		62,390	
23	Insurance.	174,715	31,941	142,774	
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 & PROF DEV	1,139,858	1,060,625	79,233	
b	OTHER	1,123,311	810,048	313,163	100
c	SUBCONTRACTS	919,030	917,130	1,900	
d	TEMPORARY HELP	390,855	333,588	57,267	
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	114,170,041	99,939,418	14,229,101	1,522
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,109	1	4,470
	2	Savings and temporary cash investments			9,150,398	2	5,385,175
	3	Pledges and grants receivable, net			16,863,732	3	24,114,020
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			961,749	9	1,016,490
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	668,618			
	b	Less accumulated depreciation	10b	472,903	226,699	10c	195,715
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			93,805	15	63,160
16	Total assets. Add lines 1 through 15 (must equal line 34)			27,301,492	16	30,779,030	
Liabilities	17	Accounts payable and accrued expenses			10,729,844	17	13,786,059
	18	Grants payable				18	
	19	Deferred revenue			3,827,941	19	4,198,731
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			14,557,785	26	17,984,790
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			4,884,919	27	5,736,556
	28	Temporarily restricted net assets			7,858,788	28	7,057,684
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			12,743,707	33	12,794,240
	34	Total liabilities and net assets/fund balances			27,301,492	34	30,779,030

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	114,220,574
2	Total expenses (must equal Part IX, column (A), line 25)	2	114,170,041
3	Revenue less expenses Subtract line 2 from line 1	3	50,533
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,743,707
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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 33, column (B))	10	12,794,240

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 11, 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)
- 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 organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	63,925,445	53,143,566	50,755,598	50,951,403	48,284,148	267,060,160
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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	65,123,445	54,341,566	51,953,598	52,149,403	49,482,148	273,050,160
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18,151,739
6 Public support. Subtract line 5 from line 4						254,898,421

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	65,123,445	54,341,566	51,953,598	52,149,403	49,482,148	273,050,160
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,198	30,219	14,248	8,189	2,269	128,123
9 Net income from unrelated business activities, whether or not the business is regularly carried on		159,801	66,738			226,539
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	68,939					68,939
11 Total support (Add lines 7 through 10)						273,473,761
12 Gross receipts from related activities, etc. (see instructions)					12	240,331,174
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	93 210 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	90 140 %
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2012. 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 IV 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

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)		3,551													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		44,737													
c Total lobbying expenditures (add lines 1a and 1b)		48,288													
d Other exempt purpose expenditures		114,121,753													
e Total exempt purpose expenditures (add lines 1c and 1d)		114,170,041													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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	10,108	20,825	42,533	48,288	121,754
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	3,032	4,165	791	3,551	11,539

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

Part III-A

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

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
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, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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" to Form 990, Part IV, line 10.

- | | (a)Current year | (b)Prior year | b (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

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No
- 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' to 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		668,618	472,903	195,715
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				195,715

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	114,220,574
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	114,220,574
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	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	114,220,574

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	114,170,041
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	114,170,041
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	
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	114,170,041

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, THE INSTITUTE HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES 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.

[illegible]

SCHEDULE F
(Form 990)

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. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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" to 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			2,047,598
b Total from continuation sheets to Part I	0	0			4,711,162
c Totals (add lines 3a and 3b)	1	1			6,758,760

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 ▶

16

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" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) ADOLESCENT HEALTH	CENTRAL AMERICA AND THE CARIBBEAN	12	32,725	WIRE			
(2) REPRODUCTIVE HEALTH	CENTRAL AMERICA AND THE CARIBBEAN	33	57,598	WIRE			
(3) ADOLESCENT HEALTH	NORTH AMERICA	5	9,206	WIRE			
(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 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)*

☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	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 CIRCULAR A-133 REQUIREMENTS WHERE APPLICABLE PHI EMPLOYEES MAINTAIN REGULAR CONTACT WITH THE GRANTEE, REVIEW FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE GRANTEE, MAKE APPROPRIATE INQUIRIES

Additional Data

Software ID:
Software Version:
EIN: 94-1646278
Name: PUBLIC HEALTH INSTITUTE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ADOLESCENT HEALTH	417,977
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	APPLIED RESEARCH	388,331
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	REPRODUCTIVE EDUCATION	538,913

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	27,858
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	APPLIED RESEARCH	38,537
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH	251,145

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	TECHNICAL ASSISTANCE	384,521
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	316
NORTH AMERICA	0	0	PROGRAM SERVICES	ADOLESCENT HEALTH	10,439

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	110,211
NORTH AMERICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	28,166
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	COMMUNITY DEVELOPMENT	128,681

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	REPRODUCTIVE EDUCATION	34,545
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	307,875
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	3,706,216

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS		259,323
NORTH AMERICA	0	0	GRANTS		56,206
SUB-SAHARAN AFRICA	0	0	GRANTS		69,500

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	ADOLESCENT HEALTH	80,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	ADOLESCENT HEALTH	5,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE EDUCATION	10,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE EDUCATION	7,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE EDUCATION	7,500	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE EDUCATION	10,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE EDUCATION	7,500	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE EDUCATION	10,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE EDUCATION	10,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH	20,000	WIRE			
		NORTH AMERICA	ADOLESCENT HEALTH	47,000	WIRE			
		SUB-SAHARAN AFRICA	REPRODUCTIVE EDUCATION	35,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE EDUCATION	10,000	WIRE			
		SUB-SAHARAN AFRICA	REPRODUCTIVE EDUCATION	11,500	WIRE			
		SUB-SAHARAN AFRICA	REPRODUCTIVE EDUCATION	8,000	WIRE			
		SUB-SAHARAN AFRICA	REPRODUCTIVE EDUCATION	5,000	WIRE			

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

123

3

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

20

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) LEADERSHIP AWARDS	5	181,533			
(2) NUTRITION/DIET-COMMUNITY DEVELOPMENT AWARDS	1	25,468			
(3) REPRODUCTIVE HEALTH AWARDS	1	20,880			

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
PART I, LINE 2	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 CIRCULAR A-133 REQUIREMENTS WHERE APPLICABLE. PHI EMPLOYEES MAINTAIN REGULAR CONTACT WITH THE GRANTEE, REVIEW FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE GRANTEE.

Additional Data

Software ID:
Software Version:
EIN: 94-1646278
Name: PUBLIC HEALTH INSTITUTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS PROJECT OF THE EAST BAY 1320 WEBSTER STREET OAKLAND, CA 94607	94-3061583	501(C)(3)	69,912				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMEDA COUNTY HEALTH CARE AGENCY 3600 TELEGRAPH AVE OAKLAND, CA 94609		GOVERNMENT	15,587				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMEDA COUNTY OFFICES OF EDUC 313 WEST WINTON AVENUE HAYWARD, CA 945441136		GOVERNMENT	389,270				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMEDA COUNTY PUBLIC HEALTH DEP 1000 BROADWAY SUITE 500 OAKLAND,CA 94607		GOVERNMENT	77,501				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FARMLAND TRUST 1200 18TH STREET NW SUITE 800 WASHINGTON, DC 20036	52-1190211	501(C)(3)	18,500				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION IN CALIFORNIA 333 HEGENBERGER RD SUITE 450 OAKLAND, CA 94621	94-0362650	501(C)(3)	186,355				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA BRIDGE TO INDEPENDENT LIVING 5025 EAST WASHINGTON ST STE200 PHOENIX,AZ 850341101	86-0486447	501(C)(3)	9,286				DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CENTER FOR DISABLTY LW 5025 EAST WASHINGTON ST 202 PHOENIX,AZ 85034	23-7408586	501(C)(3)	9,286				DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AND PACIFIC ISLANDER WEL 730 POLK STREET 4TH FLOOR SAN FRANCISCO, CA 941097813	94-3096109	501(C)(3)	57,448				DRUG/SUBSTANCE ABUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN CMMUNITY MENTAL HEALTH SERVICE 310 8TH STREET 201 OAKLAND,CA 946076527	94-2248390	501(C)(3)	7,514				DRUG/SUBSTANCE ABUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF REPRODCTVE HEALTH PROFESSIONALS 1300 19TH STREET NW SUITE 200 WASHINGTON,DC 20036	52-1591381	501(C)(3)	20,000				REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAUMGARTNER HEALTH LLC 75166 WOODLAND ROAD ABITA SPRINGS, LA 70420	72-1507516	N/A	15,750				LEADERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYVIEW CHARITIES 6134 BENSON AVENUE SAN DIEGO, CA 92114	33-0917039	501(C)(3)	132,273				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEHR COMMUNICATIONS INC 528 ARIZONA AVENUE SUITE 217 SANTA MONICA, CA 90401		N/A	135,000				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKELEY AIR MONITORING GROUP 2124 KITTREDGE STREET 57 BERKELEY, CA 947041486	23-3881064	N/A	110,638				CANCER SURVEILLANCE RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLE SOLUTIONS LLC 3822 5TH ST N 1 ARLINGTON,VA 222033423	46-2601480	501(C)(3)	60,000				REPRODUCTIVE HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEPATH HEALTH INC 929 SIR FRANCES DRAKE BLVD SUITE 101C KENTFIELD,CA 94904		N/A	40,000				HEALTH POLICY RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITY 25 BUICK STREET 2ND FLOOR BOSTON, MA 022151301		GOVERNMENT	9,038				ALCHOHOL ABUSE & ALCHOHOLISM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIAN AUGUSTA DBA CALIFORNIA HOUSING LAW PROJECT 1553 36TH STREET SACRAMENTO,CA 95816	54-9198924	501(C)(3)	23,400				ATHSMA MANAGEMENT & PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWN MILLER COMMUNICATIONS 1114 JONES STREET MARTINEZ, CA 945531814	68-0318635	501(C)(3)	183,061				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CA CENTER FOR PUBLIC HEALTH ADVOCACY PO BOX 2309 DAVIS,CA 95617	95-4723901	501(C)(3)	96,939				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CA CENTER FOR PUBLIC HEALTH ADVOCACY PO BOX 2309 DAVIS,CA 95617	95-4723901	501(C)(3)	53,457				COMMUNITY HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CA SCHOOL-BASED HEALTH ALLIANCE 1203 PRESERVATION PARK WAY SUITE 302 OAKLAND,CA 94612	94-3201896	501(C)(3)	20,946				ADOLESCENT HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALAVERAS COUNTY PUBLIC HEALTH 891 MOUNTAIN RANCH ROAD SAN ANDREAS, CA 95249	94-6000507	GOVERNMENT	316,358				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA CONFERENCE OF LOCAL HEALTH DEPT NUTRITIONISTS 2650 BRESLAUER WAY REDDING, CA 960014246	68-0427712	501(C)(3)	115,529				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PO BOX 997376 MS 1601 SACRAMENTO,CA 958997376	74-3204993	GOVERNMENT	81,498				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA FOUNDATION FOR AGRICULTURE IN THE CLASSROOM 2300 RIVER PLAZA DRIVE SACRAMENTO,CA 95814	68-0100601	501(C)(3)	13,237				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA HEALTH COLLABORATIVE 519 17TH STREET 500 OAKLAND, CA 94612	94-2862660	501(C)(3)	522,988				CANCER SURVEILLANCE RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA HEALTH COLLABORATIVE 519 17TH STREET 500 OAKLAND, CA 94612	94-2862660	501(C)(3)	126,913				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA PACIFIC MEDICAL CENTER 2333 BUCHANAN ST SAN FRANCISCO, CA 94115	94-0562680	501(C)(3)	35,120				ALCHOHOL ABUSE & ALCHOHOLISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA PRIMARY CARE ASSOCIATION 1231 I STREET SUITE 400 SACRAMENTO, CA 95814	94-3215565	501(C)(3)	43,391				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMARENA HEALTH 344 EAST 6TH STREET MADERA, CA 93638	94-2503904	501(C)(3)	28,743				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPACITY BUILDERS INC PO BOX 1348 VISALIA,CA 93279		N/A	20,000				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR COLLABORATIVE SOLUTIONS 1337 HOWE AVE SUITE 210 SACRAMENTO,CA 95825	68-0245255	501(C)(3)	185,531				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HUMAN SERVICES 1700 MCHENRY VILLAGE WAY 11 MODESTO,CA 953504332	94-1725620	501(C)(3)	5,901				HEALTH POLICY RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR SCIENCE IN THE PUBLIC INTEREST 1220 L ST NW SUITE 300 WASHINGTON, DC 20005	23-7122879	501(C)(3)	197,129				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER ON RACE POVERTY AND THE ENVIRONMENT 1012 JEFFERSON ST DELANO,CA 93215	05-0558231	501(C)(3)	10,000				INFRASTRUCTURE - COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER ON RACE POVERTY AND THE ENVIRONMENT 1012 JEFFERSON ST DELANO,CA 93215	05-0558231	501(C)(3)	9,506				HEALTH POLICY RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO LA FAMILIA ADVOCACY SERVICES INC 302 FRESNO ST SUITE 102 FRESNO, CA 93706	77-0310310	501(C)(3)	12,856				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANGELAB SOLUTIONS 2201 BROADWAY AVENUE SUITE 502 OAKLAND, CA 946123063	26-3710746	501(C)(3)	236,720				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANGELAB SOLUTIONS 2201 BROADWAY AVENUE SUITE 502 OAKLAND, CA 946123063	26-3710746	501(C)(3)	152,820				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL & RESRC CT DBA UCSF BENIOFF CHILDREN'S 5700 MARTIN LUTHER KIND JR WAY OAKLAND,CA 94609	94-0382330	501(C)(3)	93,099				COMMUNITY HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MAILSTOP 97 LOS ANGELES,CA 90027	95-1690977	501(C)(3)	28,188				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FONTANA 16860 VALENCIA AVENUE FONTANA, CA 92335		GOVERNMENT	10,000				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINFORCE LLC PO BOX 404696 ATLANTA, GA 303844696		N/A	241,241				CANCER SURVEILLANCE RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 100879789	13-5598093	501(C)(3)	244,352				GLOBAL HEALTH FELLOWS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ALLIANCE WITH FAMILY FARMERS PO BOX 363 DAVIS,CA 95617	94-2914745	501(C)(3)	83,525				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS ON BEHALF OF THE SOCIAL JUSTICE LEARNING INSTITUE 664 E REGENT STREET INGLEWOOD, CA 90301	26-3413373	501(C)(3)	9,956				CLIMATE CHANGE - TECHNICAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICE & EMPLOYMENT 312 NW 3RD AVENUE VISALIA,CA 932913626	94-1701352	501(C)(3)	13,181				HEALTH POLICY RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSUMERS UNION OF US INC 101 TRUMAN AVENUE YONKERS,NY 107031057	13-1776434	501(C)(3)	27,000				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTRA COSTA CHILD CARE COUNCIL 1035 DETROIT AVENUE SUITE 200 CONCORD, CA 94518	94-2383037	501(C)(3)	99,476				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTRA COSTA HEALTH SERVICES 597 CENTER AVE SUITE 125 MARTINEZ, CA 94553		GOVERNMENT	77,500				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY OF TULARE 5957 S MOONEY BLVD VISALIA, CA 932779394	94-6000545	GOVERNMENT	381,618				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSU CHICO RESEARCH FOUNDATION BELL MEMORIAL UNION ROOM 219 CHICO,CA 959290248	68-0386518	501(C)(3)	91,458				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVIS JA AND ASSOCIATES INC 362 VICTORIA STREET SAN FRANCISCO ,CA 94132		N/A	73,019				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEL NORTE LOCAL TRANSPORTATION 1301 B NORTHCREST DRIVE PMB 16 CRESCENT CITY,CA 95531	94-2254126	GOVERNMENT	27,500				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABILITY COMMUNICATION ACCESS BOARD STATE OF HAWAII 919 ALA MOANA BLVD SUITE 101 HONOLULU,HI 96814		GOVERNMENT	21,106				DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABILITY RIGHTS LEGAL CENTER LOYOLA LAW SCHOOL 800 S FIGUEROA ST SUITE 1120 LOS ANGELES, CA 900172759	95-2960607	501(C)(3)	25,000				DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL TEATRO CAMPESINO PO BOX 1240 SAN JUAN BAUTISTA, CA 95045	94-2214186	501(C)(3)	33,894				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENVIRONMENTAL HEALTH COALITION 2727 HOOVER AVENUE SUITE 202 NATIONAL CITY,CA 91950	95-3798792	501(C)(3)	44,179				LEAD POISONING PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENVIRONMENTAL HEALTH COALITION 2727 HOOVER AVENUE SUITE 202 NATIONAL CITY,CA 91950	95-3798792	501(C)(3)	10,000				CLIMATE CHANGE - TECHNICAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAME ASSISTANCE CORPORATION 1968 W ADAMS BLVD LOS ANGELES, CA 900183510	95-4282097	501(C)(3)	110,709				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIELD RESEARCH CORPORATION PO BOX 100018 PASADENA, CA 911890018	94-1351805	N/A	161,411				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLEISHMAN HILLARD INC PO BOX 771733 ST LOUIS,MO 63177		N/A	389,757				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESNO METRO MINISTRY 4270 N BLACKSTONE AVE 212 FRESNO, CA 937261907	94-2181848	501(C)(3)	12,572				HEALTH POLICY RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALEWILL DESIGN 1 BRIDGE ST SUITE 97 IRVINGTON, NY 10533	45-3957524	N/A	10,680				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL HEALTH CORPS 5 PENN PLAZA FLOOR 2 NEW YORK, NY 100011737	80-0512336	501(C)(3)	226,471				REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBEMED 620 LIBRARY PL EVANSTON, IL 60201	76-0708721	501(C)(3)	410,640				REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROUP HEALTH RESEARCH INSTITUTE 1730 MINOR AVE 1600 SEATTLE, WA 98101	91-0511770	501(C)(3)	150,000				EVALUATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROUP HEALTH RESEARCH INSTITUTE 1730 MINOR AVE 1600 SEATTLE,WA 98101	91-0511770	501(C)(3)	73,021				LEADERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROW GREEN INDUSTRIES INC DBA EAT CLEANER 27 SPECTRUM POINTE STE 306 LAKE FOREST,CA 92630		N/A	14,995				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUTTMACHER INSTITUTE 125 MAIDEN LANE 7TH FLOOR NEW YORK, NY 10038	13-2890727	501(C)(3)	26,250				REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD 600 WEST SACRAMENTO, CA 956913430	68-0249296	501(C)(3)	11,346				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHRIGHT 360 1735 MISSION STREET SUITE 2001 SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	130,932				AIDS - TECHNICAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES 529 I STREET EUREKA,CA 95501		GOVERNMENT	281,934				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACT ASSESSMENT INC 2166-F AVENIDA DE LA PLAYA SUITE F LA JOLLA,CA 920373238	95-3649615	N/A	11,773				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPERIAL CO PUBLIC HEALTH DEPARTMENT 935 BROADWAY STREET EL CENTRO,CA 922432349	95-6000924	GOVERNMENT	311,485				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPERIAL VALLEY REGIONAL OCC 687 W STATE STREET EL CENTRO, CA 92243	91-2133310	501(C)(3)	25,000				ADOLESCENT HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT LIVING CENTER 14407 GILMORE ST SUITE 101 VAN NUYS,CA 914011400	95-3026060	501(C)(3)	8,764				DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT LIVING SERVICES OF NORTHERN CALIFORNIA 1161 EAST AVENUE CHICO, CA 959261018	94-2735218	501(C)(3)	6,383				DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR AGRICULT & TRADE 2105 FIRST AVE SOUTH MINNEAPOLIS, MN 55404	36-3501938	501(C)(3)	10,000				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR PEOPLE PLACE AND POSSIBILITY 501 FAY ST 206 COLUMBIA,MO 65201		501(C)(3)	87,000				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR PUBLIC HEALTH INNOVATION 1301 CONNECTICUT AVE NW 200 WASHINGTON, DC 20036	27-3888796	501(C)(3)	9,075				LEADERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR SUSTAINABLE ECONONMY 1625 CLAY STREET 600 OAKLAND, CA 94612	90-0777307	501(C)(3)	86,738				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	23-7424444	501(C)(3)	5,039				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSEPH ROMANO DBA NWJ GROUP LLC 101 OAKFORD CIRCLE WAYNE,PA 19087	27-3218411	501(C)(3)	29,975				REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUDITH STARK CONSULTING 124 COUNTRY CLUB DRIVE SAN FRANCISCO, CA 941321106	20-8031093	501(C)(3)	21,900				DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KID WORKS 1902 W CHESTNUT AVENUE SANTA ANA, CA 92703	74-3081569	501(C)(3)	64,478				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOBO GEO LLC 1026 TAYLOR AVENUE ALAMEDA,CA 94501	26-2675013	N/A	52,988				INFRASTRUCTURE - COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL GOVERNMENT COMMISSON 1303 J STREET SUITE 250 SACRAMENTO, CA 958142936	94-2791699	501(C)(3)	10,648				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON ST LOMA LINDA, CA 92354	95-3522679	501(C)(3)	603,439				CANCER SURVEILLANCE RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA PUBLIC HEALTH 1515 POYDRAS ST 1200 NEW ORLEANS, LA 70112	72-1739921	501(C)(3)	23,250				LEADERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LPC CONSULTING ASSOCIATES 2015 J STREET SUITE 205 SACRAMENTO,CA 958113124	05-0525129	N/A	44,541				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADERA COUNTY PUBLIC HEALTH 14215 ROAD 28 MADERA, CA 93638	94-6000518	GOVERNMENT	297,221				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CONNECTICUT AVE NW 200 WASHINGTON,DC 20036		N/A	243,999				REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIN CENTER FOR INDEPENDENT LIVING 710 FOURTH STREET SAN RAFAEL, CA 94901	94-2605669	501(C)(3)	7,033				DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDIC MOBILE 144 2ND STREET SAN FRANCISCO, CA 94105	27-5104203	501(C)(3)	22,500				COMMUNITY HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENDOCINO COUNTY PUBLIC HEALTH 1120 SOUTH DORA STREET UKIAH, CA 954826340	94-6000520	GOVERNMENT	353,547				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCED CO DEPARTMENT PUBLIC HEALTH 260 EAST 15TH STREET MERCED, CA 95341	94-6000521	GOVERNMENT	171,805				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCED CO DEPARTMENT PUBLIC HEALTH 260 EAST 15TH STREET MERCED, CA 95341	94-6000521	GOVERNMENT	399,155				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTEREY COUNTY HEALTH DEPARTMENT 1270 NATIVIDAD ROAD SALINAS, CA 93906	94-6000524	GOVERNMENT	128,699				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL OPINION RESEARCH CENTER AT UNIVERSITY OF CHICAGO 55 EAST MONROE ST CHICAGO, IL 60603	36-2167808	501(C)(3)	797,242				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL DEVELOPMENT & RESEARCH INSTITUTE 71 W 23RD ST NEW YORK, NY 10010	23-7009089	501(C)(3)	39,672				ALCHOHOL ABUSE & ALCHOHOLISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCCIDENTAL COLLEGE 1600 CAMPUS ROAD LOS ANGELES, CA 90041	95-1667177	501(C)(3)	50,184				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE CO HEALTH CARE AGENCY 333 W SANTA ANA BLVD SANTA ANA, CA 92646	95-6000928	GOVERNMENT	44,761				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OXS CONSULTING INC PO BOX 322 MORAGA,CA 945560322		N/A	7,260				HEALTH POLICY RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC INSTITUTE 654 13TH STREET OAKLAND, CA 94612	94-3050434	501(C)(3)	9,996				CLIMATE CHANGE - TECHNICAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH ADVOCACY INSTITUTE 360 HUNTINGTON AVE 117CU BOSTON,MA 02115	04-2668916	501(C)(3)	20,000				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH FOUNDATION ENTERPRISES INC 12801 CROSSROADS PKWY SOUTH SUITE 200 CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	50,564				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PYXERA GLOBAL 1030 15TH ST NW SUITE 730 EAST WASHINGTON,DC 20005	52-1706852	N/A	112,074				REPRODUCTIVE HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA UNIVERISITY OF CALIFORNIA-SF SAN FRANCISCO,CA 941430897	94-1539563	501(C)(3)	200,591				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SAN FRANCISCO, CA 941430897	94-1539563	501(C)(3)	46,284				ALCHOHOL ABUSE & ALCHOHOLISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SAN FRANCISCO, CA 941430897	94-1539563	501(C)(3)	20,000				DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UC BERKELEY 2195 HEARST AVE RM 130 MC 1103 BERKELEY, CA 947201103	94-6002123	501(C)(3)	723,401				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UC DAVIS-SPONSORED PROGRAMS PO BOX 989062 WEST SACRAMENTO, CA 957989062	94-6036494	501(C)(3)	223,326				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UC IRVINE SUITE 1400 IRVINE, CA 926971050	95-2226406	501(C)(3)	19,955				HEALTH CARE REFORM/MANAGED CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UCSF 500 PARNASSUS SAN FRANCISCO, CA 941430815	94-6036493	501(C)(3)	67,278				CANCER SURVEILLANCE RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UCSF 500 PARNASSUS SAN FRANCISCO, CA 941430815	94-6036493	501(C)(3)	338,488				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 92093	95-6006144	501(C)(3)	80,985				CANCER SURVEILLANCE RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH TRIANGLE INSTITUTE 3040 CORNWALLIS ROAD RTP, NC 27709	56-0686338	501(C)(3)	64,576				CANCER SURVEILLANCE RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH TRIANGLE INSTITUTE 3040 CORNWALLIS ROAD RTP, NC 27709	56-0686338	501(C)(3)	18,478				TECHNOLOGY - APPLIED RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERSIDE CO DEPARTMENT OF PUBLIC HEALTH 4065 COUNTY CIRCLE DRIVE RIVERSIDE, CA 92503		GOVERNMENT	155,000				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMUELS AND ASSOCIATES INC 1222 PRESERVATION PARK WAY OAKLAND, CA 946121201	94-3300311	N/A	381,882				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO GENERAL PO BOX 410836 SAN FRANCISCO, CA 94141	94-3189424	501(C)(3)	20,000				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHASTA COUNTY DEPARTMENT OF PUBLIC HEALTH 1810 MARKET STREET REDDING, CA 960011930		GOVERNMENT	287,963				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILENT SPRING INSTITUTE 29 CRAFTS STREET NEWTON,MA 02458	04-3237106	501(C)(3)	52,138				CANCER SURVEILLANCE RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISKIYOU COUNTY PUBLIC HEALTH 810 SOUTH MAIN STREET YREKA,CA 96097		GOVERNMENT	369,509				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITH AND LEHMANN CONSULTING 1520 E COVELL SUITE 5 251 DAVIS,CA 95618	26-3550451	N/A	87,143				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLANO CO PUBLIC HEALTH DEPARTMENT 275 BECK AVE MS 5-240 FAIRFIELD, CA 94533		GOVERNMENT	358,366				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUZANNE THOMAS 212 WOODLEY STREET LAS VEGAS, NV 891063918	27-0190225	501(C)(3)	6,974				DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS A&M RESEARCH FOUNDATION PO BOX 201918 DALLAS, TX 753201918	74-1238434	501(C)(3)	154,329				ALCHOHOL ABUSE & ALCHOHOLISM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS TECH UNIVERSITY HEALTH SCIENCES 3601 4TH STREET LUBBOCK, TX 794305868	75-2668014	501(C)(3)	111,170				ALCHOHOL ABUSE & ALCHOHOLISM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TGG ENTERPRISES INC 218 LAREDO DRIVE SUITE A DECATUR,GA 30030	45-2475491	N/A	30,082				LEADERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUOLOMNE COUNTY PUBLIC HEALTH DEPARTMENT 20111 CEDAR ROAD NORTH SONORA,CA 95370		GOVERNMENT	327,499				NUTRITION/DIET- COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCLA CENTER FOR HEALTH POLICY 10960 WILSHIRE BLVD SUITE 1550 LOS ANGELES, CA 900243801		501(C)(3)	190,000				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MERCED COUNTY 658 W MAIN STREET MERCED, CA 953404718	94-2633265	501(C)(3)	17,567				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SANTA CRUZ CNTY POBOX 1458 CAPITOLA,CA 950101458	94-1422471	501(C)(3)	25,000				HEALTH CARE REFORM/MANAGED CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 3100 CATHEDRAL OF LEARNING PITTSBURGH,PA 15260	25-0965591	501(C)(3)	59,016				ADOLESCENT HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA FILE NO 52095 LOS ANGELES, CA 900742095	95-1642394	501(C)(3)	117,506				ADOLESCENT HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 787137159		GOVERNMENT	40,298				ALCHOHOL ABUSE & ALCHOHOLISM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURA COUNTY PUBLIC HEALTH DEPARTMENT 2323 KNOLL DRIVE SUITE 300 VENTURA,CA 93003		GOVERNMENT	91,867				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION Y COMPROMISO 2536 EDWARDS AVENUE EL CERRITO,CA 94530	32-0071651	501(C)(3)	12,500				HEALTH CARE REFORM/MANAGED CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST FRESNO HEALTH CARE COALITION 1802 E CALIFORNIA AVE FRESNO, CA 93706	77-0577093	501(C)(3)	122,990				NUTRITION/DIET-COMMUNITY DEVELOPMENT

Schedule J
(Form 990)

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" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PUBLIC HEALTH INSTITUTE

Employer identification number
94-1646278

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in 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</div></div>	1b	
<div><div>2</div><div>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 in line 1a?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	Yes
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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 in 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 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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
PART I, LINE 4A	DIANA PASCUAL RECEIVED A SEVERANCE PAYMENT OF \$21,694
PART I, LINE 7	THE ORGANIZATION MADE NON-FIXED PAYMENTS TO THE FOLLOWING PEOPLE ON THE LIST DURING 2013 MARY A PITTMAN B MELANGE MATTHEWS SHARON RUDY NORM CONSTANTINE BARBARA COHN

Additional Data

Software ID:
Software Version:
EIN: 94-1646278
Name: PUBLIC HEALTH INSTITUTE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARY A PITTMAN PRESIDENT & CEO	(i) (ii)	365,495 0	75,000 0	87,724 0	25,500 0	30,853 0	584,572 0	0 0
MARTA INDUNI SEE SCHEDULE O BOARD MEMBER, RESEARCH PROG DIR II	(i) (ii)	130,066 0	0 0	336 0	12,892 0	11,574 0	154,868 0	0 0
TAMAR DORFMAN CHIEF FINANCIAL OFFICER	(i) (ii)	176,739 0	0 0	18,072 0	20,483 0	24,288 0	239,582 0	0 0
B MELANGE MATTHEWS CHIEF OF STAFF / COO	(i) (ii)	267,054 0	27,500 0	9,337 0	20,355 0	24,461 0	348,707 0	0 0
SHARON RUDY PI PROGRAM DIRECTOR IV	(i) (ii)	205,752 0	6,380 0	2,684 0	20,865 0	15,369 0	251,050 0	0 0
JIM SIMPSON GENERAL COUNSEL	(i) (ii)	242,949 0	0 0	3,290 0	25,000 0	21,050 0	292,289 0	0 0
NORM CONSTANTINE PI RESEARCH PROGRAM DIRECTOR	(i) (ii)	194,373 0	6,115 0	2,674 0	20,273 0	22,760 0	246,195 0	0 0
BARBARA COHN PI RESEARCH PROGRAM DIRECTOR	(i) (ii)	183,657 0	5,000 0	2,708 0	18,616 0	4,968 0	214,949 0	0 0
YA DIUL MUKADI TECHNICAL ADVISOR IV	(i) (ii)	185,500 0	0 0	533 0	18,550 0	2,295 0	206,878 0	0 0
MATTHEW MARSOM VICE PRESIDENT, POLICY AND ADVOCACY	(i) (ii)	158,295 0	0 0	15,950 0	16,472 0	13,901 0	204,618 0	0 0
DIANA PASCUAL VICE PRESIDENT, HUMAN RESOURCES	(i) (ii)	66,034 0	0 0	40,980 0	6,726 0	7,855 0	121,595 0	0 0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
PUBLIC HEALTH INSTITUTE

Employer identification number
94-1646278

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID LINDEMAN	FAMILY MEMBER OF CEO & PRINCIPAL INVESTIGATOR	147,025	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PUBLIC HEALTH INSTITUTE

Employer identification number
94-1646278

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	PHI'S WRITTEN CONFLICT OF INTEREST POLICIES APPLY TO DIRECTORS, OFFICERS, EMPLOYEES, CONSUL TANTS AND AGENTS, CERTAIN POLICIES MAY APPLY TO OTHER PERSONS, E.G , PHI'S RESEARCH CONFL ICT OF INTEREST POLICY POTENTIAL, ALLEGED, OR ACTUAL CONFLICTS MAY BE REVIEWED BY A SUPER VISOR, EXECUTIVE MANAGEMENT, THE CEO OR THE COMPLIANCE OFFICER, THE CEO IS THE FINAL AUTHO RITY, PHI'S POLICIES PROVIDE FOR APPROPRIATE EXCLUSIONS OR RESTRICTIONS DEPENDING ON THE C IRCUMSTANCES, MONITORING AND ENFORCEMENT INCLUDES MANDATORY ANNUAL CERTIFICATION OF COMPLI ANCE, MANDATORY DISCLOSURE, PRIOR APPROVAL PROCEDURES, TRAINING, INSPECTION OF RECORDS AND OTHER INVESTIGATIVE MECHANISMS
FORM 990, PART VI, SECTION B, LINE 15	ALL PHI EMPLOYEES INCLUDING THE CEO AND KEY EMPLOYEES ARE COMPENSATED IN ACCORDANCE WITH A TITLE AND PAY PLAN BASED ON COMPARABILITY DATA PROVIDED BY INDEPENDENT COMPENSATION CONSU LTANTS AND ADMINISTERED BY PHI'S HUMAN RESOURCES DEPARTMENT DECISION ABOUT COMPENSATING T HE CEO, COMPENSATED OFFICERS, IF ANY, AND KEY EMPLOYEES MAY INCLUDE SEPARATE COMPARABILITY DATA AND ARE COVERED BY A SPECIAL APPROVAL PROCESS ADOPTED BY THE BOARD OF DIRECTORS IN A CCORDANCE WITH IRS EXCESS BENEFIT TRANSACTION REGULATIONS AND COMPARABLE CALIFORNIA REQUIR EMENTS COMPENSATION WAS ESTABLISHED ACCORDING TO THESE PROCEDURES PHI ENGAGED THE SERVIC ES OF AN INDEPENDENT CONSULTING FIRM TO CONDUCT A COMPREHENSIVE REVIEW OF PAY DATA AND SAL ARY RANGES USING CUSTOM SURVEYS OF COMPARABLE AND PEER ORGANIZATIONS AND PUBLISHED SURVEY SOURCES THERE IS A PROCESS OF DOCUMENTING/SUBSTANTIATING SALARY DECISIONS MADE FOR KEY EM PLOYEES, BASED UPON GUIDELINES ESTABLISHED UNDER PHI'S TITLE & PAY PLAN THE LAST CEO COMP ENSATION REVIEW TOOK PLACE IN JULY 2012 AND THE LAST CFO COMPENSATION REVIEW TOOK PLACE IN AUGUST 2013
FORM 990, PART VI, SECTION C, LINE 19	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 TH EY ARE PROVIDED TO INTERESTED PARTIES (I.E. GOVERNMENT AND PRIVATE FUNDING AGENCIES) UPON REQUEST THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES ARE PROVIDED TO INTERESTED PERSO NS UPON REQUEST FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST
FORM 990, PART VII, SECTION A	MARTA INDUNI IS BOTH AN EMPLOYEE OF PHI AND A VOTING MEMBER ON THE BOARD SHE RECEIVES COM PENSATION FOR HER CAPACITY AS A RESEARCH PROGRAM DIRECTOR FOR PHI AND IS NOT BEING COMPENS ATED FOR HER SERVICES AS A BOARD MEMBER