

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PUBLIC HEALTH INSTITUTE</b>		<b>D</b> Employer identification number <b>94-1646278</b>	
	Doing business as		<b>E</b> Telephone number <b>510-285-5500</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>555 12TH STREET, 10TH FLOOR</b>		<b>G</b> Gross receipts \$ <b>107,092,250.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>OAKLAND, CA 94607-4046</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>F</b> Name and address of principal officer: <b>MARY A. PITTMAN</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

**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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>886</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 48,284,148.	<b>Current Year</b> 48,735,733.
	<b>9</b> Program service revenue (Part VIII, line 2g)	65,934,157.	58,352,003.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,269.	49.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-322,317.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,220,574.	106,765,468.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,112,424.	13,724,628.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	66,400,262.	65,481,932.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>217,115.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,657,355.	26,223,584.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	114,170,041.	105,430,144.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	50,533.	1,335,324.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 30,779,030.	<b>End of Year</b> 28,937,070.
	<b>21</b> Total liabilities (Part X, line 26)	17,984,790.	14,807,506.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	12,794,240.	14,129,564.

**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.

<b>Sign Here</b>	Signature of officer		Date
	<b>TAMAR DORFMAN, CHIEF FINANCIAL OFFICER</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANDREAS ALEXANDROU, CPA</b>	Preparer's signature <b>ANDREAS ALEXANDROU,</b>	Date
	Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN <b>52-1392008</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01330558</b>
	Firm's address <b>4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930</b>	Phone no. <b>(301) 951-9090</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 27,247,244. including grants of \$ ) (Revenue \$ ) GLOBAL HEALTH FELLOWS PROGRAM II (GHFP-II): THE PUBLIC HEALTH INSTITUTE, WITH ITS PARTNERS, IMPLEMENTS THE GLOBAL HEALTH FELLOWS PROGRAM, 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 POPULATION, HEALTH AND NUTRITION 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

4b (Code: ) (Expenses \$ 13,210,321. including grants of \$ ) (Revenue \$ 14,923,970.) 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

4c (Code: ) (Expenses \$ 10,088,633. including grants of \$ ) (Revenue \$ 11,580,053.) 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

4d Other program services (Describe in Schedule O.) (Expenses \$ 40,789,308. including grants of \$ 13,724,628.) (Revenue \$ 31,847,980.)

4e Total program service expenses 91,335,506.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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> .....	X	
<b>24a</b> 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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> 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 "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> 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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 429		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 886		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>INDIA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <b>N/A</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? <b>N/A</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>N/A</b>	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>N/A</b>	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>N/A</b> <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: RALPH MCKINNON - 510-285-5541 555 12TH STREET, 10TH FLOOR, OAKLAND, CA 94607-4046

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 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				477,606.	0.	56,853.
(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 R. SEFFRIN BOARD TREASURER	1.00	X		X				0.	0.	0.
(6) ELAINE BACHLOR 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) SUSAN DENTZER BOARD MEMBER	1.00	X						0.	0.	0.
(11) FAITH MITCHELL BOARD MEMBER	1.00	X						0.	0.	0.
(12) MARTA INDUNI (SEE SCHEDULE O) BOARD MEMBER, PI RESEARCH PROG.	40.00	X						128,637.	0.	24,839.
(13) EDUARDO J. SANCHEZ BOARD MEMBER	1.00	X						0.	0.	0.
(14) KIMBERLY DAWN WISDOM BOARD MEMBER	1.00	X						0.	0.	0.
(15) TAMAR DORFMAN CHIEF FINANCIAL OFFICER	40.00			X				212,844.	0.	46,373.
(16) B. MELANGE MATTHEWS CHIEF OF STAFF / COO	40.00				X			309,259.	0.	50,461.
(17) SHARON RUDY PI PROGRAM DIRECTOR IV	40.00				X			221,646.	0.	36,900.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) ELIZABETH O'CONNOR PI PROGRAM DIRECTOR IV	40.00				X			175,017.	0.	32,882.
(19) JAMES SIMPSON GENERAL COUNSEL	40.00					X		267,198.	0.	46,146.
(20) NORMAN CONSTANTINE PI RESEARCH PROGRAM DIRECT	40.00					X		203,395.	0.	43,222.
(21) BARBARA COHN PI RESEARCH PROGRAM DIRECT	40.00					X		191,476.	0.	23,745.
(22) YA DIUL MUKADI TECHNICAL ADVISOR IV	40.00					X		185,532.	0.	20,916.
(23) ERICA JONES PI RESEARCH PROG DIRECTOR III	40.00					X		189,673.	0.	31,418.
<b>1b Sub-total</b>								2,562,283.	0.	413,755.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,562,283.	0.	413,755.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **113**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NATIONAL OPINION RESEARCH CENTER, 55 EAST MONROE ST, 20TH FL, CHICAGO, IL 60603	PROJECT CONSULTANT	388,012.
GROUP HEALTH RESEARCH INSTITUTE 1730 MINOR AVE, #1600, SEATTLE, WA 98101	PROJECT CONSULTANT	365,141.
BROWN MILLER COMMUNICATIONS 1114 JONES STREET, MARTINEZ, CA 94553	PROJECT CONSULTANT	297,348.
CENTER FOR SCIENCE IN THE PUBLIC INTEREST 1220 L ST, #300, WASHINGTON, DC 20005	PROJECT CONSULTANT	256,340.
CENTER FOR COLLABORATIVE SOLUTIONS 1337 HOWE AVE, SUITE 210, SEATTLE, WA 98101	PROJECT CONSULTANT	170,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	12,135.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	34,177,536.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,546,062.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			48,735,733.			
<b>Program Service Revenue</b>	<b>2 a</b> CONTRACTS	<b>Business Code</b>	900009	58,180,043.	58,180,043.		
	<b>b</b> PUBLICATION SALES		900009	171,960.	171,960.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			58,352,003.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			49.		49.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ 12,135. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		4,465.			
		<b>b</b> Less: direct expenses	<b>b</b>	326,782.			
		<b>c</b> Net income or (loss) from fundraising events			-322,317.		-322,317.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.			106,765,468.	58,352,003.	0.	-322,268.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,985,092.	12,985,092.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	49,377.	49,377.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	690,159.	690,159.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,773,316.	619,921.	1,085,253.	68,142.
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	47,868,034.	41,328,760.	6,482,780.	56,494.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,214,623.	3,626,128.	582,738.	5,757.
9 Other employee benefits	8,069,492.	6,898,819.	1,155,882.	14,791.
10 Payroll taxes	3,556,467.	3,013,635.	534,494.	8,338.
11 Fees for services (non-employees):				
a Management				
b Legal	35,974.	9,651.	26,323.	
c Accounting	120,500.		120,500.	
d Lobbying	67,879.		67,879.	
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 Sch O.)	6,565,117.	6,474,576.	84,372.	6,169.
12 Advertising and promotion	2,610.	2,580.	30.	
13 Office expenses	4,684,240.	3,616,697.	1,058,775.	8,768.
14 Information technology	144,376.	36,794.	107,582.	
15 Royalties				
16 Occupancy	4,981,889.	3,482,139.	1,499,750.	
17 Travel	6,083,597.	5,800,940.	260,489.	22,168.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,046,324.	953,232.	93,092.	
20 Interest	10,660.	5,369.	5,291.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,172.		65,172.	
23 Insurance	171,576.	24,255.	147,321.	
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.	1,083,827.	979,600.	85,070.	19,157.
b OTHER	824,095.	454,522.	362,242.	7,331.
c TEMPORARY HELP	288,797.	236,309.	52,488.	
d SUBCONTRACTS	46,951.	46,951.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	105,430,144.	91,335,506.	13,877,523.	217,115.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,470.	<b>1</b>	2,354.
	<b>2</b> Savings and temporary cash investments .....	5,385,175.	<b>2</b>	10,989,550.
	<b>3</b> Pledges and grants receivable, net .....	24,114,020.	<b>3</b>	15,663,139.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,016,490.	<b>9</b>	1,205,458.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,367,289.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 538,075.	195,715.	<b>10c</b> 829,214.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	63,160.	<b>15</b>	247,355.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	30,779,030.	<b>16</b>	28,937,070.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,786,059.	<b>17</b>	10,607,232.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	4,198,731.	<b>19</b>	4,200,274.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	17,984,790.	<b>26</b>	14,807,506.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,736,556.	<b>27</b>	6,478,946.
	<b>28</b> Temporarily restricted net assets .....	7,057,684.	<b>28</b>	7,650,618.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	12,794,240.	<b>33</b>	14,129,564.
<b>34</b> Total liabilities and net assets/fund balances .....	30,779,030.	<b>34</b>	28,937,070.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	106,765,468.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	105,430,144.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,335,324.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	12,794,240.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	14,129,564.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		X
<b>b</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	X	
<b>c</b>	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.	X	
<b>3a</b>	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? _____	X	
<b>b</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 _____	X	

Form 990 (2014)



**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	53,143,566.	50,755,598.	50,951,403.	48,284,148.	48,735,733.	251,870,448.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> 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.
<b>4 Total.</b> Add lines 1 through 3 .....	54,341,566.	51,953,598.	52,149,403.	49,482,148.	49,933,733.	257,860,448.
<b>5</b> 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) .....						11,923,394.
<b>6 Public support.</b> Subtract line 5 from line 4.						245,937,054.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	54,341,566.	51,953,598.	52,149,403.	49,482,148.	49,933,733.	257,860,448.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	30,219.	14,248.	8,189.	2,269.	49.	54,974.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	159,801.	66,738.				226,539.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						258,141,961.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b> 266,956,418.	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	95.27 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	93.21 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **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).

Lined area for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

<b>Name of organization</b>  <b>PUBLIC HEALTH INSTITUTE</b>	<b>Employer identification number</b>  <b>94-1646278</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>31,582,441.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>3,392,537.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,298,939.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,144,058.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,107,452.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,039,215.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>PUBLIC HEALTH INSTITUTE</b>	Employer identification number  <b>94-1646278</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>PUBLIC HEALTH INSTITUTE</b>	Employer identification number  <b>94-1646278</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization <b>PUBLIC HEALTH INSTITUTE</b>	Employer identification number <b>94-1646278</b>
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**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? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	6,764.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	61,115.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	67,879.													
<b>d</b>	Other exempt purpose expenditures .....	105,362,265.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	105,430,144.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	20,825.	42,533.	48,288.	67,879.	179,525.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	4,165.	791.	3,551.	6,764.	15,271.

Schedule C (Form 990 or 990-EZ) 2014

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

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

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**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.

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 a 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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:

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

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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		1,367,289.	538,075.	829,214.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				829,214.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	107,092,250.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	107,092,250.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-326,782.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-326,782.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	106,765,468.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	105,756,926.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	326,782.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	326,782.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	105,430,144.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	105,430,144.

**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.

**PART X, LINE 2:**

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, 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.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**





**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CENTER CORE SUPPORT	33,456.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	COMMUNITY DEVELOPMENT	705,470.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	POLICY DEVELOPMENT	11,767.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH	123,902.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	11,326.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAINING	335,011.
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	COMMUNITY DEVELOPMENT	19,873.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH	234,077.
<b>3 a</b> Sub-total .....	1	1			1,474,882.
<b>b</b> Total from continuation sheets to Part I .....	0	0			6,746,619.
<b>c Totals</b> (add lines 3a and 3b) .....	1	1			8,221,501.

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

Schedule F (Form 990) 2014

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	1,107,348.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAINING	46,064.
EUROPE	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	62,681.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	48,138.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAINING	8,141.
NORTH AMERICA	0	0	PROGRAM SERVICES	POLICY DEVELOPMENT	147,119.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	143,083.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAINING	11,114.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	186,647.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAINING	8,141.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAINING	4,993.
SOUTH ASIA	0	0	PROGRAM SERVICES	COMMUNITY DEVELOPMENT	6,624.
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH	9,680.
SOUTH ASIA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	75,894.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CENTER CORE SUPPORT	167,623.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	COMMUNITY DEVELOPMENT	224,852.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	568,512.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TECHNICAL ASSISTANCE	3,031,285.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAINING	198,521.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		119,098.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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		296,418.
NORTH AMERICA	0	0	GRANTS		132,143.
SUB-SAHARAN AFRICA	0	0	GRANTS		138,200.
EUROPE	0	0			4,300.
<b>Totals</b> .....					6,746,619.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	25,285.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	6,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITY DEVELOPMENT	15,020.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	11,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	11,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	8,715.	WIRE	0.		

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 ..... **30**

3 Enter total number of other organizations or entities ..... **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	8,715.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TRAINING	12,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TRAINING	30,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TRAINING	18,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	12,295.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	36,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	9,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	36,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	17,515.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		NORTH AMERICA	RESEARCH	30,276.	WIRE	0.		
		NORTH AMERICA	RESEARCH	13,558.	WIRE	0.		
		NORTH AMERICA	RESEARCH	20,676.	WIRE	0.		
		NORTH AMERICA	TECHNICAL ASSISTANCE	10,000.	WIRE	0.		
		NORTH AMERICA	TECHNICAL ASSISTANCE	10,000.	WIRE	0.		
		NORTH AMERICA	TRAINING	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESEARCH	8,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESEARCH	5,700.	WIRE	0.		
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOPMENT	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOPMENT	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	56,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	10,000.	WIRE	0.		



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
REPRODUCTIVE HEALTH	CENTRAL AMERICA AND THE CARIBBEAN	12	21,784.	WIRE	0.		
TRAINING	CENTRAL AMERICA AND THE CARIBBEAN	11	97,095.	WIRE	0.		
COMMUNITY DEVELOPMENT	EAST ASIA AND THE PACIFIC	1	2,500.	WIRE	0.		
REPRODUCTIVE HEALTH	NORTH AMERICA	2	2,133.	WIRE	0.		
TRAINING	NORTH AMERICA	2	20,500.	WIRE	0.		

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; do not file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**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.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PHI @ 50 (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	16,600.			16,600.
	<b>2</b> Less: Contributions .....	12,135.			12,135.
	<b>3</b> Gross income (line 1 minus line 2) .....	4,465.			4,465.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	194,114.			194,114.
	<b>7</b> Food and beverages .....	83,957.			83,957.
	<b>8</b> Entertainment .....	3,600.			3,600.
	<b>9</b> Other direct expenses .....	45,111.			45,111.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				326,782.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-322,317.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL DEVELOPMENT AND RESEARCH INSTITUTES - 71 W 23RD ST., 4TH FLOOR - NEW YORK, NY 10010	23-7009089	501(C)(3)	5,561.	0.			ALCOHOL ABUSE & ALCOHOLISM
YOUTH SPEAK COLLECTIVE 444 SOUTH BRAND BLVD. #201 SAN FERNANDO, CA 91340	27-0126980	501(C)(3)	6,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
REGENTS OF UC-UCLA 405 HILGARD AVENUE LOS ANGELES, CA 90095		501(C)(3)	6,020.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH
HAVEN WOMEN'S CENTER 618 13TH STREET MODESTO, CA 95354	94-2499361	501(C)(3)	6,399.	0.			COMMUNITY DEVELOPMENT/ADOLESCENT HEALTH
LIGHTBOX COLLABORATIVE LLC 916 STANYAN STREET SAN FRANCISCO, CA 94117	26-2688480	OTHER	6,940.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
JUNE ISAACSON KAILES 6201 OCEAN FRONT WALK, STE 2 PLAYA DEL REY, CA 90293	95-4303018	OTHER	7,200.	0.			DISABILITY AND BUSINESS TECHNICAL ASSISTANCE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 87.

**3** Enter total number of other organizations listed in the line 1 table ▶ 36.

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

Schedule I (Form 990) (2014)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIN CENTER FOR INDPNDNT LIVING 710 FOURTH STREET SAN RAFAEL, CA 94901	94-2605669	501(C)(3)	7,216.	0.			DISABILITY AND BUSINESS TECHNICAL ASSISTANCE
INDEPENDENT LIVING CENTER 14407 GILMORE ST. STE 101 VAN NUYS, CA 91401	95-3026060	501(C)(3)	7,400.	0.			DISABILITY AND BUSINESS TECHNICAL ASSISTANCE
SAN LUIS OBISPOCOUNTY HEALTH AGENCY - 2180 JOHNSON AVENUE - SAN LUIS OBISPO, CA 93401	95-6000939	501(C)(3)	7,685.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH
CONSULTANTS IN HEALTH 3236 RAVENSCOVE LANE ALAMEDA, CA 94501	45-5351876	OTHER	8,000.	0.			COMMUNITY DEVELOPMENT
TEXAS A&M RESEARCH FOUNDATION 400 HARVEY MITCHELL PKWY S, COLLEGE STATION, TX 77845	74-1238434	501(C)(3)	8,063.	0.			ALCOHOL ABUSE & ALCOHOLISM
BOSTON UNIVERSITY 25 BUICK STREET, 2ND FLOOR BOSTON, MA 02215		501(C)(3)	8,269.	0.			ALCOHOL ABUSE & ALCOHOLISM
INDEPENDENT LIVING SERVICES 1161 EAST AVENUE CHICO, CA 95926	11-3753238	501(C)(3)	8,305.	0.			DISABILITY AND BUSINESS TECHNICAL ASSISTANCE
FREEMAN AND FREEMAN CONSULTING 9677 RIVER THREAD COURT ELK GROVE, CA 95824	26-1615004	OTHER	8,594.	0.			TRAINING/COMMUNITY HEALTH
FRESNO CENTER FOR NEW AMERICANS 4879 E. KINGS CANYON ROAD FRESNO, CA 93727	77-0280265	501(C)(3)	9,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CENTER FOR DISABLTY LAW 5025 EAST WASHINGTON ST. #202 PHOENIX, AZ 85034	23-7408586	501(C)(3)	9,130.	0.			DISABILITY AND BUSINESS TECHNICAL ASSISTANCE
PUBLIC HEALTH ADVOCACY INSTITUTE 360 HUNTINGTON AVE. #117CU BOSTON, MA 02115	04-2668916	501(C)(3)	9,344.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
COMMUNITY PARTNERS INGLEWOOD 664 E REGENT STREET INGLEWOOD, CA 90301		501(C)(3)	9,996.	0.			CLIMATE CHANGE - TECHNICAL ASSISTANCE
ARIZONA BRIDGE TO INDEPENDENT LIVING - 5025 E WASHINGTON ST, STE 200 - PHOENIX, AZ 85034	86-0486447	501(C)(3)	10,000.	0.			DISABILITY AND BUSINESS TECHNICAL ASSISTANCE
CEERT 1100 11TH STREET, STE 311 SACRAMENTO, CA 95814	68-0260751	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT/INFRASTRUCTUR
ENVIRONMENTAL HEALTH COALITION 2727 HOOVER AVENUE SUITE #202 NATIONAL CITY, CA 91950	95-3798792	501(C)(3)	10,000.	0.			TECHNICAL ASSISTANCE/CLIMATE CHANGE
SUZANNE THOMAS ADA 212 WOODLEY STREET LAS VEGAS, NV 89106	27-0190225	OTHER	10,037.	0.			DISABILITY AND BUSINESS TECHNICAL ASSISTANCE
JUDITH STARK CONSULTING 124 COUNTRY CLUB DRIVE SAN FRANCISCO, CA 94132	20-8031093	OTHER	12,641.	0.			DISABILITY AND BUSINESS TECHNICAL ASSISTANCE
PLUMAS COUNTY PUBLIC HEALTH 270 COUNTY HOSPITAL ROAD #206 QUINCY, CA 95971	94-6000528	GOVERNMENT	13,118.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA PO BOX 2450 MERCED, CA 95344	27-0093858	501(C)(3)	13,874.	0.			APPLIED RESEARCH/INFRASTRUCTURE
PUBLIC HEALTH FOUNDATION 300 FRANK H OGAWA PLAZA #520 OAKLAND, CA 94612	95-2557063	501(C)(3)	15,020.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE ASHBURN, VA 20147	53-0196584	501(C)(3)	17,536.	0.			CLIMATE CHANGE - TECHNICAL ASSISTANCE
ASSOC OF PREPRODUCTIVE HEALTH 1300 19TH ST NW SUITE 200 WASHINGTON, DC 20036	52-1591381	501(C)(3)	18,750.	0.			APPLIED RESEARCH/POPULATION RESEARCH
GUTTMACHER INSTITUTE 125 MAIDEN LANE, 7TH FLOOR NEW YORK, NY 10038	13-2890727	501(C)(3)	18,750.	0.			REPRODUCTIVE HEALTH
ROBERT WILLIAM PRENTICE 415 FRANCONIA STREET SAN FRANCISCO, CA 94110	37-3441627	501(C)(3)	20,197.	0.			TRAINING/COMMUNITY HEALTH
LOCAL GOVERNMENT COMMISSON 1303 J STREET SUITE #250 SACRAMENTO, CA 95814	94-2791699	501(C)(3)	20,407.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
LOMPOC VALLEY COMMUNITY PO BOX 368 LOMPOC, CA 93438	77-0494140	501(C)(3)	20,582.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH
YOLO COUNTY HEALTH DEPARTMENT 137 N COTTONWOOD ST, SUITE 2100 WOODLAND, CA 95695		GOVERNMENT	21,760.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC INSTITUTE 654 13TH STREET OAKLAND, CA 94612	94-3050434	501(C)(3)	21,844.	0.			CLIMATE CHANGE - TECHNICAL ASSISTANCE
DISABILITY AND COMM. ACCESS BOARD HAWAII - 919 ALA MOANA BLVD. SUITE 101 - HONOLULU, HI 96814		GOVERNMENT	22,662.	0.			TECHNICAL ASSISTANCE/DISABILITY
RESEARCH TRIANGLE INSTITUTE P.O BOX 900002 RALEIGH, NC 27675	56-0686338	501(C)(3)	23,381.	0.			CANCER SURVEILLANCE RESEARCH
DISABILITY RIGHTS LEGAL CENTER 800 S FIGUEROA ST. SUITE 1120 LOS ANGELES, CA 90017		501(C)(3)	24,225.	0.			DISABILITY AND BUSINESS TECHNICAL ASSISTANCE
EL DORADO COUNTY COMMUNITY 4327 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667		GOVERNMENT	25,000.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH
HEALTH PLAN OF SAN JOAQUIN 7751 SOUTH MANTHEY ROAD FRENCH CAMP, CA 95231		501(C)(3)	25,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
LOS ANGELES COUNTY DEPARTMENT 5555 FERGUSON DRIVE RM 100-50 COMMERCE, CA 90022		GOVERNMENT	25,000.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH
OPEN DOOR COMMUNITY HEALTH CENTERS 670 9TH STREET, STE #203 ARCATA, CA 95521	95-2671433	501(C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH
SHASTA COUNTY HLTH HMN SERVICES P.O. BOX 496005 REDDING, CA 96049		GOVERNMENT	201,078.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SONOMA COUNTY DEPT HEALTH SRVC 490 MENDOCINO AVE., STE. 101 SANTA ROSA, CA 95401		GOVERNMENT	25,000.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH
BERKELEY AIR MONITORING GROUP 2124 KITTREDGE STREET, #57 BERKELEY, CA 94704	23-3881064	501(C)(3)	25,799.	0.			CANCER SURVEILLANCE RESEARCH
CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE - 1203 PRESERVATION PARK WAY#302 - OAKLAND, CA 94612	94-3201896	501(C)(3)	26,087.	0.			COMMUNITY DEVELOPMENT/ASTHMA
CALIFORNIA DEPT OF PUBLIC HLTH P.O. BOX 997376, MS1601 SACRAMENTO, CA 95899		GOVERNMENT	26,403.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
REGENTS OF UCSF PO BOX 0815 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	27,266.	0.			CANCER SURVEILLANCE RESEARCH
UNITED WAY OF SANTA CRUZ COUNTY 4450 CAPITOLA RD., SUITE 106 CAPITOLA, CA 95010	94-1422471	GOVERNMENT	29,328.	0.			HEALTH CARE REFORM/MANAGED CARE
CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS - 2650 BRESLAUER WAY - REDDING, CA 96001	68-0427712	501(C)(3)	29,722.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
CHINESE COMMUNITY HEALTH 728 PACIFIC AVE. SUITE 115 SAN FRANCISCO, CA 94133	20-4251913	501(C)(3)	30,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
HMONG WOMEN'S HERITAGE 7275 E SOUTHGATE DR, STE 306 SACRAMENTO, CA 95823	68-0350323	501(C)(3)	30,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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INSTITUTE FOR PEOPLE, PLACE AND POSSIBILITY - 501 FAY ST #206 - COLUMBIA, MO 65201		501(C)(3)	30,000.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH
CALIFORNIA PRIMARY CARE ASSOCIATION - 1231 I STREET, SUITE 400 - SACRAMENTO, CA 95814	94-3215565	501(C)(3)	30,153.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
UNITED INDIAN HEALTH SVCS INC 1600 WEOTT WAY ARCATA, CA 95519		501(C)(3)	31,500.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
CAUSA JUSTA JUST CAUSE 3268 SAN PABLO AVENUE OAKLAND, CA 94608	55-0883038	501(C)(3)	34,000.	0.			TECHNICAL ASSISTANCE/COMMUNITY HEALTH
SACRAMENTO NATIVE AMERICAN HEALTH CENTER - 2020 J STREET - SACRAMENTO, CA 95811	20-4287737	501(C)(3)	38,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
COMMUNITY ALLIANCE WITH FAMILY P.O. BOX 363 DAVIS, CA 95617	94-2914745	501(C)(3)	39,938.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
SAMUELS AND ASSOCIATES INC 1222 PRESERVATION PARK WAY OAKLAND, CA 94612	94-3300311	OTHER	40,679.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
FUTURES WITHOUT VIOLENCE 100 MONTGOMERY ST, THE PRESIDIO SAN FRANCISCO, CA 94129	94-3110973	501(C)(3)	42,523.	0.			VIOLENCE PREVENTION/EDUCATION
INFOUSE PO BOX 544 LARKSPUR, CA 94977	68-0053526	501(C)(3)	45,000.	0.			APPLIED RESEARCH/POPULATION RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD. MAILSTOP 97 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	48,070.	0.			APPLIED RESEARCH/COMMUNITY HEALTH
UNIVERSITY OF PITTSBURGH P.O. BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	48,695.	0.			ADOLESCENT HEALTH RESEARCH
TEXAS TECH UNIV HLTH SCIENCES 3601 4TH STREET LUBBOCK, TX 79430	75-2668014	501(C)(3)	48,770.	0.			ALCOHOL ABUSE & ALCOHOLISM
DEL NORTE LOCAL TRANSPORTATION 1301 B NORTHCREST DRIVE,PMB 16 CRESCENT CITY, CA 95531	94-2254126	OTHER	50,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
REGENTS OF UNIV CALIFORNIA SAN DIEGO - 9500 GILMAN DR. MC 0009 - LA JOLLA, CA 92093		501(C)(3)	50,027.	0.			CANCER SURVEILLANCE RESEARCH
PROVIDENCE BAPTIST CHURCH 314 SOUTH 12TH STREET RICHMOND, CA 94804	68-0066348	501(C)(3)	50,801.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
FAME ASSISTANCE CORPORATION 1968 W ADAMS BLVD. LOS ANGELES, CA 90018	95-4282097	501(C)(3)	51,406.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
OCCIDENTAL COLLEGE 1600 CAMPUS ROAD M-1 LOS ANGELES, CA 90041	95-1667177	501(C)(3)	53,191.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK CAMPUS LOS ANGELES, CA 90074	95-1642394	501(C)(3)	55,114.	0.			COMMUNITY DEVELOPMENT/REPRODUCTIVE HEALTH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOMA LINDA UNIVERSITY 24877 TAYLOR STREET, SUITE 202 LOMA LINDA, CA 92354	95-1816009	501(C)(3)	59,296.	0.			SURVEILLANCE/CANCER
SAN FRANCISCO GENERAL HOSPITAL PO BOX 410836 SAN FRANCISCO, CA 94141	94-3189424	501(C)(3)	60,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
KID WORKS 1902 W CHESTNUT AVENUE SANTA ANA, CA 92703	74-3081569	501(C)(3)	65,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
CONTRA COSTA CHILDCARE COUNCIL 1035 DETROIT AVE, SUITE 200 CONCORD, CA 94518	94-2383037	501(C)(3)	65,810.	0.			TECHNICAL ASSISTANCE
ALAMEDA CTY PUBLIC HEALTH DEPT 1000 BROADWAY SUITE 310 OAKLAND, CA 94607	94-6000501	GOVERNMENT	66,000.	0.			CLIMATE CHANGE - TECHNICAL ASSISTANCE
BLUEPATH HEALTH INC. 929 SIR FRANCES DRAKE BLVD. SUITE 1 KENTFIELD, CA 94904		501(C)(3)	70,000.	0.			HEALTH POLICY RESEARCH
SOUTH SACRAMENTO CHRISTIAN CENTER 7710 STOCKTON BLVD. SACRAMENTO, CA 95823	68-0186235	501(C)(3)	71,349.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
REGENTS OF UC-UCLA 405 HILGARD AVENUE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	72,355.	0.			ALCOHOL ABUSE & ALCOHOLISM
CALIFORNIA CENTER FOR PUBLIC HEALTH - 2201 BROADWAY SUITE 502 - OAKLAND, CA 94612	95-4723901	501(C)(3)	73,200.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLIMAN INC 650 CALIFORNIA ST., 17TH FLOOR SAN FRANCISCO, CA 94108	91-0675641	OTHER	74,720.	0.			POLICY DEVELOPMENT/TECHNOLOGY
SILENT SPRING INSTITUTE 29 CRAFTS STREET NEWTON, MA 02458	04-3237106	501(C)(3)	75,461.	0.			CANCER SURVEILLANCE RESEARCH
UNIVERSITY OF TEXAS AT AUSTIN P.O. BOX 7159 AUSTIN, TX 78713	74-6000203	OTHER	81,177.	0.			ALCOHOL ABUSE & ALCOHOLISM
MENDOCINO COUNTY PUBLIC HEALTH 1120 SOUTH DORA STREET UKIAH, CA 95482	94-6000520	GOVERNMENT	82,454.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
CHILDREN'S HOSPITAL & RESRC CENTER 5700 MARTIN LUTHER KIND JR WAY OAKLAND, CA 94609	94-0382330	501(C)(3)	84,122.	0.			RESEARCH/COMMUNITY HEALTH
ORANGE CO. HEALTH CARE AGENCY 405 W. FIFTH STREET SANTA ANA, CA 92701		GOVERNMENT	89,522.	0.			COMMUNITY DEVELOPMENT
HEALTHRIGHT 360 1735 MISSION ST, STE 2001 SAN FRANCISCO, CA 94103		501(C)(3)	93,909.	0.			AIDS - TECHNICAL ASSISTANCE
PREVENTION INSTITUTE, INC. 221 OAK STREET OAKLAND, CA 94607	94-3282858	501(C)(3)	99,904.	0.			VIOLENCE PREVENTION/EDUCATION
INSTITUTE FOR SUSTAINABLE ECONOMIC DEVELOPMENT - 1625 CLAY STREET #600 - OAKLAND, CA 94612	90-0777307	501(C)(3)	99,997.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMEDA COUNTY OFFICES OF EDUCATION - 313 WEST WINTON AVE - HAYWARD, CA 94544		GOVERNMENT	100,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501(C)(3)	108,902.	0.			CLIMATE CHANGE - TECHNICAL ASSISTANCE
REGENTS OF UC BERKELEY 2195 HEARST AVE RM 130 MC 1103 BERKELEY, CA 94720		501(C)(3)	110,587.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
REGENTS OF UC DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	114,978.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
ALAMEDA HEALTH SERVICES 2040 CAMFIELD AVE. LOS ANGELES, CA 90040	95-2810095	501(C)(3)	119,624.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
AMERICAN LUNG ASSOCIATION 424 PENDLETON WAY OAKLAND, CA 94621	94-0362650	501(C)(3)	126,935.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
LOMA LINDA UNIVERSITY MEDICAL 11234 ANDERSON ST. LOMA LINDA, CA 92354		501(C)(3)	133,402.	0.			SURVEILLANCE/CANCER
SANTA CLARA VALLEY HEALTH AND P.O. BOX 740418 LOS ANGELES, CA 90074		GOVERNMENT	145,244.	0.			TRAINING/NUTRITION/DIET
ALAMEDA COUNTY PUBLIC HEALTH 3600 TELEGRAPH AVE. STE B OAKLAND, CA 94609	94-6000501	501(C)(3)	155,000.	0.			COMMUNITY DEVELOPMENT/NUTRITION/DIET

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTRA COSTA HEALTH SERVICES 597 CENTER AVE. SUITE 125 MARTINEZ, CA 94553		GOVERNMENT	155,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
RIVERSIDE CO DEPT OF PUB. HLTH 4065 COUNTY CIRCLE DRIVE RIVERSIDE, CA 92503		GOVERNMENT	155,000.	0.			COMMUNITY DEVELOPMENT
COMITE CIVICO DE VALLE, INC. 699 E STREET BRAWLEY, CA 92227	33-0411322	501(C)(3)	156,729.	0.			CLIMATE CHANGE - TECHNICAL ASSISTANCE
SISKIYOU COUNTY PUBLIC HEALTH 806 SOUTH MAIN STREET YREKA, CA 96097	94-6000537	GOVERNMENT	157,720.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
GROUP HEALTH RESEARCH PO BOX 34587 SEATTLE, WA 98124	91-0511770	501(C)(3)	163,328.	0.			EVALUATION
IMPERIAL CO PUBLIC HEALTH DEPT 935 BROADWAY STREET EL CENTRO, CA 92243	95-6000924	GOVERNMENT	192,354.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
REGENTS OF UCSF PO BOX 0815 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	779,096.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
MADERA COUNTY PUBLIC HEALTH 14215 ROAD 28 MADERA, CA 93638	94-6000518	GOVERNMENT	197,974.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
CENTER FOR COLLABORATIVE 1337 HOWE AVENUE #210 SACRAMENTO, CA 95825	68-0245255	501(C)(3)	199,000.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE ST., 20TH FLR CHICAGO, IL 60603	36-2167808	501(C)(3)	203,709.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
COUNTY OF TULARE 5957 S. MOONEY BLVD. VISALIA, CA 93277	94-6000545	GOVERNMENT	209,369.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
CALAVERAS COUNTY PUBLIC HEALTH 509 EAST ST. CHARLES STREET SAN ANDREAS, CA 95249	94-6000507	GOVERNMENT	227,275.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
CHANGELAB SOLUTIONS 2201 BROADWAY AVENUE,STE 502 OAKLAND, CA 94612	26-3710746	501(C)(3)	228,928.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
COLUMBIA UNIVERSITY P.O. BOX 29789 NEW YORK, NY 10087		501(C)(3)	229,995.	0.			CANCER SURVEILLANCE RESEARCH
MONTEREY COUNTY HEALTH DEPT 1270 NATIVIDAD ROAD SALINAS, CA 93906	94-6000524	GOVERNMENT	231,066.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
TUOLUMNE COUNTY PUBLIC HEALTH 20111 CEDAR ROAD NORTH SONORA, CA 95370	94-6000547	GOVERNMENT	233,598.	0.			COMMUNITY DEVELOPMENT/COMMUNITY HEALTH
HUMBOLDT COUNTY DEPT OF HEALTH 529 "I" STREET EUREKA, CA 95501		GOVERNMENT	237,053.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
CENTER FOR SCIENCE IN THE PUBLIC INTEREST - 1220 L STREET SUITE 300 - WASHINGTON, DC 20005	23-7122879	501(C)(3)	282,755.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLANO CO. PUBLIC HEALTH DEPT. 275 BECK AVE. FAIRFIELD, CA 94533		GOVERNMENT	285,736.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
MERCED CO. DEPT. PUBLIC HEALTH 260 EAST 15TH STREET MERCED, CA 95341	94-6000521	GOVERNMENT	289,544.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT
ICF MACRO INC 740 S MILDRED ST PHILADELPHIA, PA 15253		501(C)(3)	348,323.	0.			ALCOHOL ABUSE & ALCOHOLISM
LOMA LINDA UNIV MEDICAL CENTER PO BOX 926 LOMA LINDA, CA 92354	95-3522679	501(C)(3)	381,178.	0.			CANCER SURVEILLANCE RESEARCH
PYXERA GLOBAL 1030 15TH ST NW, STE 730 EAST WASHINGTON, DC 20005	52-1706852	501(C)(3)	415,892.	0.			TECHNICAL ASSISTANCE/LEADERSHIP
CALIFORNIA HLTH COLLABORATIVE 1680 W. SHAW AVE FRESNO, CA 93711	94-2862660	501(C)(3)	419,170.	0.			CANCER SURVEILLANCE RESEARCH
GLOBEMED 601 UNIVERSITY PL. EVANSTON, IL 60208	76-0708721	501(C)(3)	443,127.	0.			TECHNICAL ASSISTANCE/LEADERSHIP
GLOBAL HEALTH CORPS 236 WEST 30TH STREET 5TH FLOOR NEW YORK, NY 10001	80-0512336	501(C)(3)	459,714.	0.			TECHNICAL ASSISTANCE/LEADERSHIP
WESTAT, INC. PO BOX 1004 ROCKVILLE, MD 20850		501(C)(3)	1,353,905.	0.			NUTRITION/DIET-COMMUNITY DEVELOPMENT

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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
COMMUNITY DEVELOPMENT/HEALTH POLICY RESEARCH	1	9,999.	0.		
EVALUATION/REPRODUCTIVE HEALTH	1	12,121.	0.		
COMMUNITY DEVELOPMENT/ASTHMA	1	12,600.	0.		
COMMUNITY DEVELOPMENT/COMMUNITY HEALTH	1	14,657.	0.		

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

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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**PUBLIC HEALTH INSTITUTE**

Employer identification number

**94-1646278**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

**6** 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:

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

**7** 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 .....

**8** 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 .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014

**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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY A. PITTMAN PRESIDENT & CEO	(i)	384,612.	51,760.	41,234.	26,000.	30,853.	534,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTA INDUNI (SEE SCHEDULE O) BOARD MEMBER, PI RESEARCH PROG.	(i)	128,283.	0.	354.	13,265.	11,574.	153,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TAMAR DORFMAN CHIEF FINANCIAL OFFICER	(i)	192,171.	2,525.	18,148.	22,085.	24,288.	259,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) B. MELANGE MATTHEWS CHIEF OF STAFF / COO	(i)	267,523.	30,025.	11,711.	26,000.	24,461.	359,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHARON RUDY PI PROGRAM DIRECTOR IV	(i)	212,364.	6,511.	2,771.	21,531.	15,369.	258,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH O'CONNOR PI PROGRAM DIRECTOR IV	(i)	157,187.	0.	17,830.	17,513.	15,369.	207,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JAMES SIMPSON GENERAL COUNSEL	(i)	243,584.	20,324.	3,290.	25,096.	21,050.	313,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NORMAN CONSTANTINE PI RESEARCH PROGRAM DIRECT	(i)	196,603.	4,077.	2,715.	20,462.	22,760.	246,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BARBARA COHN PI RESEARCH PROGRAM DIRECT	(i)	187,768.	1,000.	2,708.	18,777.	4,968.	215,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) YA DIUL MUKADI TECHNICAL ADVISOR IV	(i)	184,714.	0.	818.	18,621.	2,295.	206,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ERICA JONES PI RESEARCH PROG DIRECTOR III	(i)	174,737.	5,200.	9,736.	17,517.	13,901.	221,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE ORGANIZATION MADE NON-FIXED PAYMENTS TO THE FOLLOWING PEOPLE DURING

2014:

MARY A. PITTMAN

TAMAR DORFMAN

B. MELANGE MATTHEWS

SHARON RUDY

JAMES SIMPSON

NORMAN CONSTANTINE

BARBARA COHN

ERIC JONES





**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 990-EZ 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH COLLEGES AND UNIVERSITIES AROUND THE US, 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 AND 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 CAMPUSES ACROSS THE US AND PARTNERS WITH

ORGANIZATIONS THROUGHOUT THE DEVELOPING WORLD INCLUDING IN INDIA,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 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

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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



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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FOR 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

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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.

EXPENSES \$ 40,789,308. INCL GRANTS OF \$ 13,724,628. REVENUE \$ 31,847,980

FORM 990, PART VI, SECTION A, LINE 4:

PHI RESTATED ITS ARTICLES OF INCORPORATION. THE CHANGES BRING THE STATEMENT OF CORPORATE PURPOSES UP TO DATE.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY MANAGEMENT BEFORE SIGNING. A COPY OF THE FORM 990 WAS ELECTRONICALLY SUBMITTED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

PHI'S WRITTEN CONFLICT OF INTEREST POLICIES APPLY TO DIRECTORS, OFFICERS, EMPLOYEES, CONSULTANTS AND AGENTS, CERTAIN POLICIES MAY APPLY TO OTHER PERSONS, E.G., PHI'S RESEARCH CONFLICT OF INTEREST POLICY. POTENTIAL, ALLEGED, OR ACTUAL CONFLICTS MAY BE REVIEWED BY A SUPERVISOR, EXECUTIVE MANAGEMENT, THE CEO OR THE COMPLIANCE OFFICER, THE CEO IS THE FINAL AUTHORITY, PHI'S POLICIES PROVIDE FOR APPROPRIATE EXCLUSIONS OR RESTRICTIONS DEPENDING ON THE CIRCUMSTANCES, MONITORING AND ENFORCEMENT INCLUDES MANDATORY ANNUAL CERTIFICATION OF COMPLIANCE, MANDATORY DISCLOSURE, PRIOR APPROVAL PROCEDURES, TRAINING, INSPECTION OF RECORDS AND OTHER INVESTIGATIVE MECHANISMS.

FORM 990, PART VI, SECTION B, LINE 15:

432212  
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization PUBLIC HEALTH INSTITUTE	Employer identification number 94-1646278
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ALL PHI EMPLOYEES INCLUDING THE CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES ARE COMPENSATED IN ACCORDANCE WITH A TITLE AND PAY PLAN BASED ON COMPARABILITY DATA REPORTED IN SEVERAL INDEPENDENT SALARY SURVEYS AND ADMINISTERED BY PHI'S HUMAN RESOURCES DEPARTMENT. DECISIONS ABOUT COMPENSATING THE CHIEF EXECUTIVE OFFICER, 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 ACCORDANCE WITH IRS EXCESS BENEFIT TRANSACTION REGULATIONS AND COMPARABLE CALIFORNIA REQUIREMENTS. COMPENSATION WAS ESTABLISHED ACCORDING TO THESE PROCEDURES.

PHI PURCHASES SEVERAL PUBLISHED SALARY SURVEYS OF COMPARABLE AND PEER ORGANIZATIONS. THERE IS A PROCESS OF DOCUMENTING AND SUBSTANTIATING SALARY DECISIONS MADE FOR KEY EMPLOYEES, BASED UPON GUIDELINES ESTABLISHED UNDER PHI'S TITLE & PAY PLAN. THE LAST CHIEF EXECUTIVE OFFICER COMPENSATION REVIEW TOOK PLACE IN MARCH 2015 AND THE LAST CHIEF FINANCIAL OFFICER COMPENSATION REVIEW TOOK PLACE IN APRIL 2015.

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. THEY ARE PROVIDED TO INTERESTED PARTIES (I.E. GOVERNMENT AND PRIVATE FUNDING AGENCIES) UPON REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES ARE PROVIDED TO INTERESTED PERSONS UPON REQUEST. FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A:

MARTA INDUNI IS BOTH AN EMPLOYEE OF PHI AND A VOTING MEMBER ON THE BOARD. SHE RECEIVES COMPENSATION FOR HER CAPACITY AS A RESEARCH PROGRAM

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

DIRECTOR FOR PHI AND IS NOT BEING COMPENSATED FOR HER SERVICES AS A BOARD MEMBER.