

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

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

**C** Name of organization **PUBLIC HEALTH INSTITUTE**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**555 12TH STREET, 10TH FLOOR**  
 City or town, state or province, country, and ZIP or foreign postal code  
**OAKLAND, CA 94607-4046**

**D** Employer identification number  
**94-1646278**

**E** Telephone number  
**(510) 285-5500**

**F** Name and address of principal officer: **MARY A. PITTMAN**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **101,667,328**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ **WWW.PHI.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1964** **M** State of legal domicile: **CA**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PUBLIC HEALTH INSTITUTE GENERATES AND PROMOTES RESEARCH, LEADERSHIP AND PARTNERSHIPS TO BUILD CAPACITY FOR STRONG PUBLIC HEALTH POLICY, PROGRAMS, SYSTEMS AND PRACTICES.</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>12</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>836</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>10</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>47,812,406</b>	Current Year <b>52,486,717</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>48,222,333</b>	<b>49,180,498</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3</b>	<b>113</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>96,034,742</b>	<b>101,667,328</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>7,228,108</b>	<b>7,457,836</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>63,517,441</b>	<b>67,405,980</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,606</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>25,557,670</b>	<b>27,539,723</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>96,303,219</b>	<b>102,403,539</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>(268,477)</b>	<b>(736,211)</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>29,678,107</b>	End of Year <b>27,156,840</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>15,817,020</b>	<b>14,031,964</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>13,861,087</b>	<b>13,124,876</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **TAMAR DORFMAN, CHIEF FINANCIAL OFFICER**  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **NICOLE BENCIK**  
 Preparer's signature: *Nicole Bencik*  
 Date: **11-15-17**  
 Check  if self-employed  
 PTIN: **P00756195**

Firm's name ▶ **CROWE HORWATH LLP**  
 Firm's EIN ▶ **35-0921680**  
 Firm's address ▶ **575 MARKET STREET, SUITE 3300, SAN FRANCISCO, CA 94105-5829**  
 Phone no. **(415) 576-1100**

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

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print  File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. <b>PUBLIC HEALTH INSTITUTE</b>	Employer identification number (EIN) or <b>94-1646278</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>555 12TH STREET, 10TH FLOOR, 3300</b>	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OAKLAND, CA 94607-4046</b>		

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **TAMAR DORFMAN**

Telephone No. ► **(510) 285-5655** Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . . If it is for part of the group, check this box . . . . .  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 20 17, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 16 or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Part III Statement of Program Service Accomplishments**

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

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

4a (Code: ) (Expenses \$ 31,321,569 including grants of \$ 0 ) (Revenue \$ 31,321,569 )  
 GLOBAL HEALTH FELLOWS PROGRAM II (GHFP-II): THE PUBLIC HEALTH INSTITUTE, WITH ITS PARTNERS, IMPLEMENTS THE GLOBAL HEALTH FELLOWS PROGRAM, FUNDED BY A SEVEN-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 INCREASES OPPORTUNITIES FOR UNDERREPRESENTED POPULATIONS IN THE FIELD OF GLOBAL HEALTH. WORKING 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  
 (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 11,769,661 including grants of \$ 24,807 ) (Revenue \$ 11,769,661 )  
 THE ALCOHOL RESEARCH GROUP (ARG), A PROJECT OF THE PUBLIC HEALTH INSTITUTE, WAS ESTABLISHED IN 1959 TO CONDUCT AND DISSEMINATE HIGH-QUALITY RESEARCH IN EPIDEMIOLOGY OF ALCOHOL CONSUMPTION AND PROBLEMS INCLUDING ALCOHOL USE DISORDERS, ALCOHOL-RELATED HEALTH SERVICES RESEARCH, AND ANALYSES OF ALCOHOL POLICY AND ITS IMPACTS. ARG IS HOME TO THE NATIONAL ALCOHOL RESEARCH CENTER, ONE OF 18 SUCH CENTERS FUNDED BY THE US NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA), AND IS THE ONLY ONE OF ITS KIND SPECIALIZING IN THE EPIDEMIOLOGY OF ALCOHOL USE AND PROBLEMS.  
 ARG'S MISSION FOCUSES ON BETTER UNDERSTANDING THE PUBLIC HEALTH IMPLICATIONS OF ALCOHOL USE PATTERNS AND ASSOCIATED PROBLEMS. TO ACHIEVE ITS MISSION, ARG IS COMMITTED TO PROVIDING THE FOLLOWING:  
 •CONDUCT CRITICALLY NEEDED RESEARCH IN ALCOHOL EPIDEMIOLOGY IN THE GENERAL POPULATION AND IN SUBGROUPS SUCH AS WOMEN, ETHNIC MINORITIES, YOUNG ADULTS AND THE ELDERLY;  
 •INVESTIGATE COMMUNITY RESPONSES TO ALCOHOL USE AND RELATED PROBLEMS: INFORMAL INDIVIDUAL AND  
 (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 4,236,234 including grants of \$ 307,316 ) (Revenue \$ 4,236,234 )  
 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 SEVENTEEN YEARS OF EXPERIENCE IN CARRYING OUT EFFICIENT, HIGH IMPACT RESEARCH FOR CHILDREN WITH CANCER. COG, A NATIONAL CANCER INSTITUTE (NCI) SUPPORTED CLINICAL TRIALS GROUP, IS THE WORLD'S LARGEST ORGANIZATION DEVOTED EXCLUSIVELY TO CHILDHOOD AND ADOLESCENT CANCER RESEARCH. THE NCI COOPERATIVE GROUP SYSTEM FOR CLINICAL RESEARCH BEGAN IN 1955 WITH A CONSORTIUM FOCUSED ON CHILDHOOD CANCER RESEARCH. BY THE END OF THE 1990S THERE WERE NINE GROUPS FUNDED BY THE NCI TO CONDUCT RESEARCH IN ADULTS WITH CANCER, AND FOUR COOPERATIVE GROUPS FUNDED WITH A FOCUS ON CHILDHOOD CANCER RESEARCH. IN THE YEAR 2000 THE FOUR PEDIATRIC GROUPS  
 (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ 40,519,548 including grants of \$ 7,125,713 ) (Revenue \$ 1,853,034 )

4e Total program service expenses ▶ 87,847,012

**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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12 a</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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<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>	✓	
<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>	✓	
<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>	✓	
<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>		✓
<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</b> <b>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>		✓
<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>		✓
<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>		✓
<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>		✓
<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>		✓
<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>		✓
<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>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<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>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<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>		✓
<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>		✓
<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>		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<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</b> <b>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>		✓
<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>		✓
<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.	✓	

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.



**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

**Section A. Governing Body and Management**

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

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

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

**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. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
TAMAR DORFMAN, 555 12TH STREET, 10TH FLOOR, OAKLAND, CA 94607-4046, (510) 285-5655

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MARY A. PITTMAN PRESIDENT & CEO	40.0	✓		✓				475,192	0	54,287
(2) JOHN O'BRIEN BOARD CHAIR	1.0	✓		✓				0	0	0
(3) KATHY KO CHIN BOARD TREASURER	1.0	✓		✓				0	0	0
(4) SUSAN DENTZER BOARD SECRETARY	1.0	✓		✓				0	0	0
(5) SHARON RUDY (SEE SCHEDULE O) BOARD MEMBER, PI PROGRAM DIRECTOR IV	40.0	✓						232,883	0	39,306
(6) CLAIRE D. BRINDIS BOARD MEMBER	1.0	✓						0	0	0
(7) ERIC P. GOOSBY MD BOARD MEMBER	1.0	✓						0	0	0
(8) JOHN R. SEFFRIN BOARD MEMBER	1.0	✓						0	0	0
(9) ANTHONY BARRUETA BOARD MEMBER	1.0	✓						0	0	0
(10) JAMES HESTER, JR BOARD MEMBER	1.0	✓						0	0	0
(11) FREDERICK HESSLER BOARD MEMBER	1.0	✓						0	0	0
(12) KIMBERLYDAWN WISDOM BOARD MEMBER	1.0	✓						0	0	0
(13) TAMAR DORFMAN CHIEF FINANCIAL OFFICER	40.0			✓				213,945	0	50,013
(14) B. MELANGE MATTHEWS CHIEF OF STAFF / COO	40.0				✓			264,830	0	45,444



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) ELIZABETH O'CONNOR PI PROGRAM DIRECTOR IV	40.0				<input checked="" type="checkbox"/>		173,626	0	28,478	
(16) JAMES SIMPSON GENERAL COUNSEL	40.0					<input checked="" type="checkbox"/>	250,093	0	48,483	
(17) YA DIUL MUKADI TECHNICAL ADVISOR IV	40.0					<input checked="" type="checkbox"/>	224,284	0	18,814	
(18) ERICA JONES PI RESEARCH PROG DIRECTOR III	40.0					<input checked="" type="checkbox"/>	198,892	0	32,337	
(19) BAKER MAGGWA TECHNICAL ADVISOR IV	40.0					<input checked="" type="checkbox"/>	213,736	0	56,118	
(20) VALERIE MCCANN WOODSON VICE PRESIDENT, HUMAN RESOURCES	40.0					<input checked="" type="checkbox"/>	222,024	0	44,502	
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							2,469,505	0	417,782	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							2,469,505	0	417,782	

**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 **▶** 132

	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>		<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	
<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>		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SPEARMC MANAGEMENT CONSULTING, 5020 FRANKLIN DR SUITE 100, PLEASANTON, CA 94588	PROJECT CONSULTANT	1,381,896
WARNER INVESTMENTS LP, C/O VORNADO/CHARLES E SMITH, ARLINGTON, VA 22202	PROJECT CONSULTANT	316,102
FRESNO METRO MINISTRY, 4270 N. BLACKSTONE AVE. #212, FRESNO, CA 93726-1907	PROJECT CONSULTANT	284,207
INTERNATIONAL CENTER FOR RESEARCH, 1120 20TH STREET NW STE.500 NORTH, WASHINGTON, DC 20036	PROJECT CONSULTANT	269,558
UNIVERSITY OF SOUTHERN CALIFORNIA, 1975 ZONAL AVE., KAM 314, LOS ANGELES, CA 90089-9025	PROJECT CONSULTANT	212,350

**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 **▶** 13

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	36,239,372				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,247,345				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .		52,486,717				
<b>Program Service Revenue</b>	<b>2a</b> <u>CONTRACTS</u>		<b>Business Code</b>				
			900009	49,180,498	49,180,498		
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue .			0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .			49,180,498				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		113			113	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)		0	0		
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</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) . . . . .		0	0		
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</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>10a</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 . . . . .							
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> -----							
<b>b</b> -----							
<b>c</b> -----							
<b>d</b> All other revenue . . . . .			0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See instructions. . . . .			101,667,328	49,180,498	0	113	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	6,373,523	6,373,523		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	87,238	87,238		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	997,075	997,075		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,578,004	444,913	1,133,091	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	46,536,860	40,840,974	5,695,886	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	4,416,368	3,789,550	626,818	0
<b>9</b> Other employee benefits . . . . .	11,393,246	9,776,195	1,617,051	0
<b>10</b> Payroll taxes . . . . .	3,481,502	2,987,370	494,132	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	265,081	93,508	171,573	0
<b>c</b> Accounting . . . . .	132,489	0	132,489	0
<b>d</b> Lobbying . . . . .	71,527	19,669	51,858	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	6,585,394	5,355,649	1,226,450	3,295
<b>12</b> Advertising and promotion . . . . .	30,151	30,126	25	0
<b>13</b> Office expenses . . . . .	3,386,870	2,675,440	710,610	820
<b>14</b> Information technology . . . . .	40,811	5,380	35,431	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	5,023,328	3,756,856	1,266,472	0
<b>17</b> Travel . . . . .	7,194,124	7,054,774	139,350	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	1,255,452	1,219,789	35,663	0
<b>20</b> Interest . . . . .	6,872	5,644	1,228	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	308,558	0	308,558	0
<b>23</b> Insurance . . . . .	253,023	101,941	151,082	0
<b>24</b> 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.)				
<b>a</b> TRAINING & PROF. DEV. . . . .	1,281,813	1,219,388	62,425	0
<b>b</b> OTHER . . . . .	1,244,565	602,226	641,848	491
<b>c</b> TEMPORARY HELP . . . . .	298,146	248,265	49,881	0
<b>d</b> SUBCONTRACTS . . . . .	161,519	161,519	0	0
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e	102,403,539	87,847,012	14,551,921	4,606
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0	0	0	0

**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 . . . . .	2,200	<b>1</b>	800
	<b>2</b> Savings and temporary cash investments . . . . .	14,948,591	<b>2</b>	9,432,722
	<b>3</b> Pledges and grants receivable, net . . . . .	11,314,607	<b>3</b>	13,228,307
	<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 . . . . .	0	<b>5</b>	0
	<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 instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<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 . . . . .	1,267,605	<b>9</b>	1,479,780
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,787,599		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 920,972	2,071,483	<b>10c</b> 2,866,627
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	73,621	<b>15</b>	148,604
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	29,678,107	<b>16</b>	27,156,840	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	9,622,236	<b>17</b>	9,321,237
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	6,194,784	<b>19</b>	4,225,713
	<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 . . . . .	0	<b>25</b>	485,014
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	15,817,020	<b>26</b>	14,031,964
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	6,106,466	<b>27</b>	5,827,775
	<b>28</b> Temporarily restricted net assets . . . . .	7,754,621	<b>28</b>	7,297,101
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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 . . . . .	13,861,087	<b>33</b>	13,124,876
<b>34</b> Total liabilities and net assets/fund balances . . . . .	29,678,107	<b>34</b>	27,156,840	

**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>	101,667,328
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	102,403,539
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(736,211)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,861,087
<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>	13,124,876

**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		✓
<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	✓	
<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.	✓	
<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?	✓	
<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.	✓	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization <b>PUBLIC HEALTH INSTITUTE</b>	Employer identification number <b>94-1646278</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	50,951,403	48,284,148	48,735,733	47,812,406	52,486,717	248,270,407
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<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 . . . . .	52,149,403	49,482,148	49,933,733	49,010,406	53,684,717	254,260,407
<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) . . . . .						9,785,124
<b>6 Public support.</b> Subtract line 5 from line 4						244,475,283

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	52,149,403	49,482,148	49,933,733	49,010,406	53,684,717	254,260,407
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	8,189	2,269	49	3	113	10,623
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						254,271,030
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	274,599,977
<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 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.15 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.87 %
<b>16a 33 1/3% support test—2016.</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—2015.</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—2016.</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—2015.</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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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.) . . . .						
<b>14 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>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>		
5b	<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?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	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 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	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>11a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11b</b>	
<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> .	<b>11c</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>1</b>	
<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.	<b>2</b>	

**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).	<b>1</b>	

**Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<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>2</b>	
<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.	<b>3</b>	

**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. <b>Answer (a) and (b) below.</b>		
<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 identify those supported organizations and explain</b> 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>2a</b>	
<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>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<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>3a</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.	<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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) 2016

**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 2016 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-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 . . . . .			
<b>d</b> From 2014 . . . . .			
<b>e</b> From 2015 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 . . .			
<b>c</b> Excess from 2014 . . .			
<b>d</b> Excess from 2015 . . .			
<b>e</b> Excess from 2016 . . .			



**Schedule of Contributors**

**2016**

▶ **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).

<b>Name of the organization</b> PUBLIC HEALTH INSTITUTE	<b>Employer identification number</b> 94-1646278
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**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<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> PUBLIC HEALTH INSTITUTE	<b>Employer identification number</b> 94-1646278
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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	----- ----- -----	\$ 36,239,372	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	2,429,971	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 2,125,783	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 1,659,572	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> PUBLIC HEALTH INSTITUTE	<b>Employer identification number</b> 94-1646278
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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
-----	----- ----- -----	-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

<b>Name of organization</b> PUBLIC HEALTH INSTITUTE	<b>Employer identification number</b> 94-1646278
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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 information once. See instructions.) \$ \_\_\_\_\_

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

(a) No. from Part I			(d) Description of how gift is held
-----	-----	-----	-----

**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

**2016**

**Open to Public Inspection**

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).**

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

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

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

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

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

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

Name of organization <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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

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

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

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

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

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	20,202	0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	51,324	0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	71,526	0												
<b>d</b>	Other exempt purpose expenditures	102,332,013	0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	102,403,539	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	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)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 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	48,288	67,879	76,146	71,526	263,839
<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	3,551	6,764	12,578	20,202	43,095



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

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

	(a)		(b)
	Yes	No	Amount
<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?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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	<b>1</b>	
<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	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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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Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at 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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-2b for questions regarding collections of art and historical treasures, including dollar amounts.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		3,787,599	920,972	2,866,627
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 2,866,627

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	485,014	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	485,014	

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 XIII**

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, 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.</p> <p>THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.</p> <p>TAX POSITIONS TAKEN RELATED TO THE ORGANIZATION'S TAX EXEMPT STATUS, UNRELATED BUSINESS ACTIVITIES TAXABLE INCOME AND DEDUCTIBILITY OF EXPENSES AND OTHER MISCELLANEOUS TAX POSITIONS HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE ORGANIZATION WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS AS OF DECEMBER 31, 2016 AND 2015 NOR DOES IT EXPECT THERE WILL BE A MATERIAL CHANGE IN THE TWELVE MONTHS FOLLOWING THE YEAR ENDED DECEMBER 31, 2016. AS OF DECEMBER 31, 2016, THE ORGANIZATION'S TAX YEARS ENDED DECEMBER 31, 2013 THROUGH DECEMBER 31, 2016 REMAIN SUBJECT TO EXAMINATION IN THE UNITED STATES FEDERAL TAX JURISDICTION AND THE TAX YEARS ENDED DECEMBER 31, 2012 THROUGH DECEMBER 31, 2016 REMAIN SUBJECT TO EXAMINATION IN THE CALIFORNIA STATE TAX JURISDICTION.</p>

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

▶ **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).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICE ACTIVITIES	CAPACITY BUILDING	223,091
(2) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICE ACTIVITIES	CORE SUPPORT	86,334
(3) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICE ACTIVITIES	LEADERSHIP DEVELOPMENT	81
(4) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICE ACTIVITIES	RESEARCH	9,759
(5) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICE ACTIVITIES	TECHNICAL ASSISTANCE	246,501
(6) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICE ACTIVITIES	TRAINING	19,040
(7) EAST ASIA AND THE PACIFIC			PROGRAM SERVICE ACTIVITIES	CAPACITY BUILDING	138,806
(8) EAST ASIA AND THE PACIFIC			PROGRAM SERVICE ACTIVITIES	RESEARCH	1,096,821
(9) EAST ASIA AND THE PACIFIC			PROGRAM SERVICE ACTIVITIES	SURVEILLANCE	75,824
(10) EAST ASIA AND THE PACIFIC			PROGRAM SERVICE ACTIVITIES	TECHNICAL ASSISTANCE	2,012,288
(11) NORTH AMERICA (CANADA & MEXICO ONLY)			PROGRAM SERVICE ACTIVITIES	TECHNICAL ASSISTANCE	71,610
(12) RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICE ACTIVITIES	TECHNICAL ASSISTANCE	207,496
(13) SOUTH ASIA	1	4	PROGRAM SERVICE ACTIVITIES	TRAINING	17,991
(14) SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICE ACTIVITIES	CAPACITY BUILDING	1,556,376
(15) SUB-SAHARAN AFRICA			PROGRAM SERVICE ACTIVITIES	CONFERENCE SUPPORT	699
(16) SUB-SAHARAN AFRICA			PROGRAM SERVICE ACTIVITIES	CORE SUPPORT	166,362
(17) (SEE STATEMENT)					
<b>3a</b> Sub-total . . . . .	<b>1</b>	<b>5</b>			<b>5,929,079</b>
<b>b</b> Total from continuation sheets to Part I . . . . .	<b>0</b>	<b>0</b>			<b>4,419,223</b>
<b>c Totals</b> (add lines 3a and 3b)	<b>1</b>	<b>5</b>			<b>10,348,302</b>

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

Cat. No. 50082W

Schedule F (Form 990) 2016



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITY DEVELOPMENT	30,001	WIRE			
(2)			CENTRAL AMERICA AND THE CARIBBEAN	CORE SUPPORT	10,000	WIRE			
(3)			CENTRAL AMERICA AND THE CARIBBEAN	LEADERSHIP DEVELOPMENT	6,000	WIRE			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	182,500	WIRE			
(5)			EAST ASIA AND THE PACIFIC	COMMUNITY DEVELOPMENT	6,000	WIRE			
(6)			EAST ASIA AND THE PACIFIC	RESEARCH	25,500	WIRE			
(7)			EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	6,000	WIRE			
(8)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	12,630	WIRE			
(9)			NORTH AMERICA (CANADA & MEXICO ONLY)	TECHNICAL ASSISTANCE	49,000	WIRE			
(10)			SOUTH ASIA	COMMUNITY DEVELOPMENT	6,000	WIRE			
(11)			SOUTH ASIA	TECHNICAL ASSISTANCE	12,000	WIRE			
(12)			SUB-SAHARAN AFRICA	CAPACITY BUILDING	320,793	WIRE			
(13)			SUB-SAHARAN AFRICA	COMMUNITY DEVELOPMENT	51,300	WIRE			
(14)			SUB-SAHARAN AFRICA	RESEARCH	99,411	WIRE			
(15)			SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	122,000	WIRE			
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 15

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) RESEARCH	CENTRAL AMERICA AND THE CARIBBEAN	3	10,940	WIRE			
(2) TECHNICAL ASSISTANCE	CENTRAL AMERICA AND THE CARIBBEAN	2	22,000	WIRE			
(3) RESEARCH	NORTH AMERICA (CANADA & MEXICO ONLY)	1	5,000	WIRE			
(4) CAPACITY BUILDING	SUB-SAHARAN AFRICA	1	20,000	WIRE			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No



**Part I**

**Activities per Region** (continued)

(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
(18) SUB-SAHARAN AFRICA			PROGRAM SERVICE ACTIVITIES	RESEARCH	258,876
(19) SUB-SAHARAN AFRICA			PROGRAM SERVICE ACTIVITIES	TECHNICAL ASSISTANCE	3,072,251
(20) SUB-SAHARAN AFRICA			PROGRAM SERVICE ACTIVITIES	TRAINING	91,021
(21) CENTRAL AMERICA AND THE CARIBBEAN			GRANTS TO RECIPIENTS LOCATED IN THIS REGION		261,441
(22) EAST ASIA AND THE PACIFIC			GRANTS TO RECIPIENTS LOCATED IN THIS REGION		37,500
(23) NORTH AMERICA (CANADA & MEXICO ONLY)			GRANTS TO RECIPIENTS LOCATED IN THIS REGION		66,630
(24) SOUTH ASIA			GRANTS TO RECIPIENTS LOCATED IN THIS REGION		18,000
(25) SUB-SAHARAN AFRICA			GRANTS TO RECIPIENTS LOCATED IN THIS REGION		613,504

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	PRIOR TO MAKING AN AWARD, PHI EVALUATES THE CAPABILITY OF THE GRANTEE TO CARRY OUT GRANT AWARD TERMS AND CONDITIONS, INCLUDING EXERCISING RESPONSIBLE FINANCIAL MANAGEMENT. PHI NOTIFIES THE GRANTEE ABOUT COMPLIANCE REQUIREMENTS AND INCORPORATES COMPLIANCE, AUDIT AND ENFORCEMENT PROVISIONS INTO AWARD DOCUMENTS, INCLUDING OMB UNIFORM GUIDANCE REQUIREMENTS WHERE APPLICABLE. PHI EMPLOYEES MAINTAIN REGULAR CONTACT WITH THE GRANTEE, REVIEW FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE GRANTEE, MAKE APPROPRIATE INQUIRIES.
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL
SCHEDULE F, PART III - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on 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).

Name of the organization

PUBLIC HEALTH INSTITUTE

Employer identification number

94-1646278

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1) ABILITY 360</b> 5025 E WASHINGTON ST, STE 200, PHOENIX, AZ 85034	47-8604864	501(C)(3)	13,536				RESEARCH
<b>(2) CENTER FOR HUMAN SERVICES</b> 1317 GRANDVIEW AVENUE, CERES, CA 95307	20-9417256	501(C)(3)	181,205				CAPACITY BUILDING
<b>(3) COMMUNITY RESOURCES FOR INDEPENDENT</b> 439 A STREET, HAYWARD, CA 94541	73-9425988	501(C)(3)	5,000				RESEARCH
<b>(4) DISABILITY &amp; COMMUNICATION ACCESS BOARD</b> 919 ALA MOANA BLVD., STE 101, HONOLULU, HI 96814	08-9495880	GOVERNMENT	19,230				RESEARCH
<b>(5) INDEPENDENT LIVING CENTER OF SOUTHERN CA</b> 14407 GILMORE ST, STE 101, VAN NUYS, CA 91401	60-9530260	501(C)(3)	6,987				RESEARCH
<b>(6) DISABILITY ACTION CENTER</b> 1161 EAST AVENUE, CHICO, CA 95926	18-9427352	501(C)(3)	8,901				RESEARCH
<b>(7) LOMA LINDA UNIV MEDICAL CENTER</b> 24887 TAYLOR STREET, STE 202, LOMA LINDA, CA 92350	79-9535226	501(C)(3)	220,035				RESEARCH
<b>(8) CANCER PREVENTION INSTITUTE OF CA</b> 2201 WALNUT AVENUE, STE 300, FREMONT, CA 94538	32-2374272	501(C)(3)	139,488				RESEARCH
<b>(9) UNIVERSITY OF WASHINGTON</b> 12455 COLLECTIONS DRIVE, CHICAGO, IL 60693	37-9160015	501(C)(3)	121,726				RESEARCH
<b>(10) LOMA LINDA UNIVERSITY</b> 24887 TAYLOR STREET, STE 202, LOMA LINDA, CA 92350	09-9518160	501(C)(3)	72,809				RESEARCH
<b>(11) FRESNO METRO MINISTRY</b> 4270 N. BLACKSTONE AVE., #212, FRESNO, CA 93726	48-9421818	501(C)(3)	351,605				CAPACITY BUILDING
<b>(12) (SEE STATEMENT)</b>							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 68

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

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

Cat. No. 50055P

Schedule I (Form 990) (2016)





## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) FRIENDS RESEARCH INSTITUTE INC 17215 STUDEBAKER ROAD, STE 380, CERRITOS, CA 90703	45-5207014	501(C)(3)	7,946				RESEARCH
(13) CITY OF MINNEAPOLIS FINANCE 350 SOUTH 5TH STREET, MINNEAPOLIS, MN 55415	N/A	GOVERNMENT	15,000				CAPACITY BUILDING
(14) CALIFORNIA MEDICAL ASSOCIATION 2230 L STREET, SACRAMENTO, CA 95816	22-9460628	501(C)(3)	97,500				TRAINING
(15) RURAL CENTER FOR INDEPENDENT LIVING 1895 EAST LONG STREET, CARSON CITY, NV 89706	30-8803891	501(C)(3)	5,000				RESEARCH
(16) CALIFORNIA WIC ASSOCIATION 1450 DREW AVE, STE 150, DAVIS, CA 95618	96-6802716	501(C)(3)	11,189				RESEARCH
(17) MANAGEMENT SYSTEMS INT'L INC. 200 12TH STREET, STE 1200, ARLINGTON, VA 22202	89-0484075	501(C)(3)	297,063				TECHNICAL ASSISTANCE
(18) INTERNATIONAL CENTER FOR RESEARCH 1120 20TH STREET NW STE 500 NORTH, WASHINGTON, DC 20036	55-5210814	501(C)(3)	269,558				CAPACITY BUILDING
(19) CLINICA SIERRA VISTA INC 1430 TRUXTUN AVE., 4TH FLOOR, BAKERSFIELD, CA 93301	01-9527071	501(C)(3)	173,108				CAPACITY BUILDING
(20) HEALTH AND HUMAN SERVICES P.O. BOX 496005, REDDING, CA 96049	N/A	GOVERNMENT	29,000				RESEARCH
(21) CA SCHOOL-BASED HEALTH ALLIANCE 1203 PRESERVATION PARK WAY, #302, OAKLAND, CA 94612	96-9432018	501(C)(3)	50,000				CAPACITY BUILDING
(22) ARIZONA CENTER FOR DISABILITY LAW 5025 EAST WASHINGTON ST., #202, PHOENIX, AZ 85034	86-2374085	501(C)(3)	9,962				RESEARCH
(23) COMITE CIVICO DEL VALLE, INC. 235 MAIN STREET, BRAWLEY, CA 92227	22-3304113	501(C)(3)	156,180				RESEARCH
(24) SJSU RESEARCH FOUNDATION 210 N. 4TH ST., 4TH FLOOR, SAN JOSE, CA 95112	38-9460176	501(C)(3)	46,892				RESEARCH
(25) SILENT SPRING INSTITUTE 320 NEVADA STREET, STE 302, NEWTON, MA 02460	06-4323710	501(C)(3)	78,437				RESEARCH
(26) ICF MACRO INC PO BOX 775367, CHICAGO, IL 60677	32-5209552	OTHER	60,590				RESEARCH
(27) GLOBAL HEALTH CORPS 236 WEST 30TH STREET 5 FRONT, NEW YORK, NY 10001	36-8005123	501(C)(3)	501,409				TECHNICAL ASSISTANCE
(28) GLOBEMED 1800 SHERMAN AVE, SUITE 1-200, EVANSTON, IL 60201	21-7607087	501(C)(3)	443,722				TECHNICAL ASSISTANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(29) PYXERA GLOBAL 1030 15TH ST NW, STE 730 EAST, WASHINGTON, DC 20005	52-5217068	501(C)(3)	433,514				TECHNICAL ASSISTANCE
(30) CONSULTANTS IN HEALTH 322 LINCOLN AVENUE, ALAMEDA, CA 94501	76-4553518	501(C)(3)	30,000				CAPACITY BUILDING
(31) CALIFORNIA RURAL INDIAN HLTH B 4400 AUBURN BLVD, 2ND FLOOR, SACRAMENTO, CA 95841	41-2370525	501(C)(3)	21,063				RESEARCH
(32) BLUEPATH HEALTH, INC. 929 SIR FRANCES DRAKE BLVD., KENTFIELD, CA 94904	35-4634841	OTHER	70,000				POLICY DEVELOPMENT
(33) UNIVERSITY OF CALIFORNIA PO BOX 2450, MERCED, CA 95344	23-9460021	501(C)(3)	19,592				RESEARCH
(34) GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE, ASHBURN, VA 20147	84-5301965	501(C)(3)	12,606				RESEARCH
(35) LOMA LINDA UNIVERSITY MEDICAL CENTER 11165 MOUNTAIN VIEW AVENUE, STE 137, LOMA LINDA, CA 92354	N/A	501(C)(3)	285,648				RESEARCH
(36) REGENTS OF UC SAN FRANCISCO 1855 FOLSOM STREET, STE 425, SAN FRANCISCO, CA 94143	93-9460364	501(C)(3)	68,670				RESEARCH
(37) THE RESEARCH INSTITUTE AT NATIONWIDE PO BOX 781653, DETROIT, MI 48278	30-3160562	501(C)(3)	24,807				RESEARCH
(38) UNIVERSITY OF ALABAMA 1720 SECOND AVE SOUTH, BIRMINGHAM, AL 35294	96-6360053	501(C)(3)	95,179				RESEARCH
(39) REGENTS OF THE UC CALIFORNIA 50 UNIVERSITY HALL, MC#7630, BERKELEY, CA 94720	23-9460021	501(C)(3)	42,547				RESEARCH
(40) HAVEN WOMEN'S CENTER STANISLAUS 618 13TH STREET, MODESTO, CA 95354	61-9424993	501(C)(3)	105,197				CAPACITY BUILDING
(41) UNIVERSITY OF ILLINOIS PO BOX 20787, SPRINGFIELD, IL 62708	11-3760005	501(C)(3)	30,345				RESEARCH
(42) REGENTS OF THE UNIV OF CA, SF 3333 CALIFORNIA ST., SUITE 315, SAN FRANCISCO, CA 94143	93-9460364	501(C)(3)	12,073				RESEARCH
(43) MARICOPA COUNTY DEPARTMENT OF 4041 N CENTRAL AVE, STE 600, PHOENIX, AZ 85012	72-8660004	GOVERNMENT	15,000				CAPACITY BUILDING
(44) EMORY UNIVERSITY PO BOX 935084, ATLANTA, GA 31193	56-5805662	501(C)(3)	209,407				RESEARCH
(45) DOLORES HUERTA FOUNDATION P.O.BOX 2087, BAKERSFIELD, CA 93303	92-9121459	501(C)(3)	173,359				CAPACITY BUILDING
(46) SAMUELS & ASSOCIATES INC 1222 PRESERVATION PARK WAY, OAKLAND, CA 94609	11-9433003	OTHER	34,891				CAPACITY BUILDING
(47) CITY & COUNTY OF DENVER 201 W.COLFAX AVE, DENVER, CO 80202	80-8460005	GOVERNMENT	15,000				CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(48) CITY OF MILWAUKEE HEALTH DEPT 841 N BROADWAY, MILWAUKEE, WI 53202	32-3960055	GOVERNMENT	15,000				CAPACITY BUILDING
(49) PIMA COUNTY HEALTH DEPARTMENT 3950 S COUNTRY CLUB ROAD, TUCSON, AZ 85714	42-8660005	GOVERNMENT	15,000				CAPACITY BUILDING
(50) CITY OF NEW ORLEANS HEALTH DEPARTMENT 1300 PERDIDO ST, STE 8E18, NEW ORLEANS, LA 70112	69-7260009	GOVERNMENT	25,000				CAPACITY BUILDING
(51) TULSA CITY COUNTY HEALTH DEPT 5051 S 129TH E. AVENUE, TULSA, OK 74137	19-7360064	GOVERNMENT	25,000				CAPACITY BUILDING
(52) PHILADELPHIA DEPT OF PUBLIC 500 S. BROAD ST, PHILADELPHIA, PA 19146	85-2364052	501(C)(3)	15,000				CAPACITY BUILDING
(53) COLUMBUS PUBLIC HEALTH 240 PARSONS AVENUE, COLUMBUS, OH 43215	23-3164002	501(C)(3)	25,000				CAPACITY BUILDING
(54) COUNTY OF LOS ANGELES 5555 FERGUSON DR, ROOM 100-50, CITY OF COMMERCE, CA 90022	27-9560009	GOVERNMENT	15,000				CAPACITY BUILDING
(55) BROWN UNIVERSITY 69 BROWN STREET, 2ND FLOOR, PROVIDENCE, RI 02912	09-5025880	501(C)(3)	19,377				RESEARCH
(56) YOUTH LEADERSHIP INSTITUTE 940 HOWARD ST, SAN FRANCISCO, CA 94103	12-6801847	501(C)(3)	261,636				CAPACITY BUILDING
(57) FRESNO FOOD COMMONS 504 E.BELMONT AVE, FRESNO, CA 93701	86-4726074	501(C)(3)	275,444				CAPACITY BUILDING
(58) KING COUNTY DEPARTMENT OF NATURAL 201 S JACKSON ST., KSC-NR-700, SEATTLE, WA 98104	27-9160013	GOVERNMENT	15,000				CAPACITY BUILDING
(59) FIRST CHOICE COMMUNITY HEALTHCARE 2001 N CENTRO FAMILIAR BLVD SW, ALBUQUERQUE, NM 87105	09-8502244	501(C)(3)	20,000				CAPACITY BUILDING
(60) HARRIS COUNTY 2223 WEST LOOP SOUTH, HOUSTON, TX 77027	14-7604545	GOVERNMENT	10,000				CAPACITY BUILDING
(61) NATIONAL RESEARCH CORPORATION PO BOX 809030, CHICAGO, IL 60680	00-4706340	501(C)(3)	86,267				TRAINING
(62) DEVELOP SPRINGFIELD CORP 83 MAPLE STREET, SPRINGFIELD, MA 01105	76-2638629	501(C)(3)	20,000				CAPACITY BUILDING
(63) CERES UNIFIED SCHOOL DISTRICT P. O. BOX 307, CERES, CA 95307	01-3839456	501(C)(3)	144,690				CAPACITY BUILDING
(64) ALLIANCE FOR COMMUNITY TRANSFORMATIONS P.O.BOX 2075, MARIPOSA, CA 95338	19-7702723	501(C)(3)	86,441				CAPACITY BUILDING
(65) UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR, TWAMLEY HALL, GRAND FORKS, ND 58202	91-4560024	501(C)(3)	57,491				RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(66) MERCED COUNTY OFFICE OF EDUCATION 632 W 13TH STREET, MERCED, CA 95341	79-9460023	GOVERNMENT	74,700				CAPACITY BUILDING
(67) WATERFORD UNIFIED SCHOOL DISTR 219 N REINWAY AVE, #2, WATERFORD, CA 95386	09-3008521	501(C)(3)	21,514				CAPACITY BUILDING
(68) VERMONT PUBLIC HEALTH ASSOCIATION INC PO BOX 732, BURLINGTON, VT 05402	66-2060886	501(C)(3)	17,647				TRAINING
(69) JHPIEGO CORPORATION 1615 THAMES STREET, BALTIMORE, MD 21231	44-2374244	501(C)(3)	12,000				TECHNICAL ASSISTANCE
(70) HIGHER GROUND CHANGE STRATEGIES, LLC 929 NORTH VALLEY FALLS ROAD, JACKSON, MS 39212	50-8112627	501(C)(3)	5,733				CAPACITY BUILDING
(71) STANISLAUS COUNTY 830 SCENIC DRIVE, MODESTO, CA 95353	40-9460005	GOVERNMENT	18,606				CAPACITY BUILDING

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	PRIOR TO MAKING AN AWARD, PHI EVALUATES THE CAPABILITY OF THE GRANTEE TO CARRY OUT GRANT AWARD TERMS AND CONDITIONS, INCLUDING EXERCISING RESPONSIBLE FINANCIAL MANAGEMENT. PHI NOTIFIES THE GRANTEE ABOUT COMPLIANCE REQUIREMENTS AND INCORPORATES COMPLIANCE, AUDIT AND ENFORCEMENT PROVISIONS INTO AWARD DOCUMENTS, INCLUDING OMB UNIFORM GUIDANCE REQUIREMENTS WHERE APPLICABLE. PHI EMPLOYEES MAINTAIN REGULAR CONTACT WITH THE GRANTEE, REVIEW FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE GRANTEE, MAKE APPROPRIATE INQUIRIES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PUBLIC HEALTH INSTITUTE

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Employer identification number

94-1646278

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <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 (such as, maid, chauffeur, chef) </p>		
<p><b>b</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 . . . . .</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> 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.</p> <p> <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 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> DR. MARY A. PITTMAN PRESIDENT & CEO	(i)	371,199	38,415	65,578	26,500	27,787	529,479	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> SHARON RUDY (SEE SCHEDULE O) BOARD MEMBER, PI PROGRAM DIRECTOR IV	(i)	220,403	6,774	5,706	22,342	16,964	272,189	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> TAMAR DORFMAN CHIEF FINANCIAL OFFICER	(i)	195,285	0	18,660	22,504	27,509	263,958	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> B. MELANGE MATTHEWS CHIEF OF STAFF / COO	(i)	260,473	0	4,357	26,000	19,444	310,274	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> ELIZABETH O'CONNOR PI PROGRAM DIRECTOR IV	(i)	155,296	0	18,330	17,376	11,102	202,104	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> JAMES SIMPSON GENERAL COUNSEL	(i)	225,725	0	24,368	25,150	23,333	298,576	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> YA DIUL MUKADI TECHNICAL ADVISOR IV	(i)	166,491	0	57,793	16,695	2,119	243,098	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> ERICA JONES PI RESEARCH PROG DIRECTOR III	(i)	175,161	14,145	9,586	17,682	14,655	231,229	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> BAKER MAGGWA TECHNICAL ADVISOR IV	(i)	210,876	0	2,860	22,173	33,945	269,854	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> VALERIE MCCANN WOODSON VICE PRESIDENT, HUMAN RESOURCES	(i)	172,972	2,000	47,052	18,415	26,087	266,526	0
	(ii)	0	0	0	0	0	0	0
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	THE ORGANIZATION MADE NON-FIXED PAYMENTS TO THE FOLLOWING PEOPLE DURING 2016: MARY PITTMAN SHARON RUDY VALERIE MCCANN WOODSON ERICA JONES

Name of the Organization  
**PUBLIC HEALTH INSTITUTE**

Employer Identification Number  
**94-1646278**

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>THOUSAND INDIVIDUALS INTERESTED IN THE FIELD OF GLOBAL HEALTH. THESE EVENTS INCLUDE PROFESSIONAL CONFERENCES, UNIVERSITY CAREER FAIRS AND INFORMATION SESSIONS, AND WEBINARS.</p> <p>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.</p> <p>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, RWANDA, UGANDA, NEPAL, CAMBODIA AND LAOS. GHFP-II FUNDS SCHOLARSHIPS FOR GLOBEMED INTERNS BASED ON NEED AND FOR THOSE UNDERREPRESENTED IN THE FIELD.</p> <p>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 SEVEN YEAR PERIOD.</p> <p>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 PROVIDES FUNDING FOR APPROXIMATELY 20 OF THESE FELLOWSHIPS IN THE COMING YEAR.</p> <p>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.</p>
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>COMMUNITY RESPONSES, MUTUAL AID GROUPS AND FORMAL SERVICE PROVISION;</p> <ul style="list-style-type: none"> <li>•ADVANCE RESEARCH METHODS AND MEASUREMENT, TESTING KEY HYPOTHESES BY ANALYZING PERSON, ALCOHOL INTAKE AND ENVIRONMENTAL DATA;</li> <li>•ANALYZE AND EVALUATE THE DEVELOPMENT AND EFFECTS OF ALCOHOL-RELATED POLICIES AND LEGISLATIVE MEASURES;</li> <li>•CONDUCT NATIONAL, INTERNATIONAL AND OTHER SURVEYS; MONITOR AND ANALYZE TRENDS OVER TIME AND ACROSS GEOGRAPHIC AREAS IN ALCOHOL USE PATTERNS AND PROBLEMS INCLUDING MORTALITY USING INNOVATIVE STATISTICAL TECHNIQUES;</li> <li>•DISSEMINATE RESEARCH FINDINGS TO POLICY MAKERS, HEALTH CARE PROVIDERS, PUBLIC HEALTH AND PREVENTION SPECIALISTS, EDUCATORS AND THE PUBLIC;</li> <li>•TRAIN NEW RESEARCHERS THROUGH THE PRE- AND POST-DOCTORAL FELLOWSHIP PROGRAM (IN CONJUNCTION WITH UC BERKELEY'S SCHOOL OF PUBLIC HEALTH); ENHANCE AND PROMOTE THE CAREER DEVELOPMENT OF SCIENTIFIC STAFF; FOSTER AN CREATIVE ENVIRONMENT RICH IN OPPORTUNITY AND SPARKING INNOVATION.</li> </ul> <p>ARG IS HOME TO A MULTIDISCIPLINARY TEAM OF WIDELY RESPECTED RESEARCHERS, INCLUDING EPIDEMIOLOGISTS, PSYCHOLOGISTS, ECONOMISTS AND OTHER DISCIPLINES. ARG ENGAGES AND COLLABORATES WITH A NUMBER OF RESEARCH PARTNERS AROUND THE WORLD, INCLUDING THOSE IN THE WORLD HEALTH ORGANIZATION, THE PAN AMERICAN HEALTH ORGANIZATION, PRIVATE ORGANIZATIONS, CORPORATIONS, RESEARCH INSTITUTES, HOSPITALS AND HIGHER EDUCATION.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>VOLUNTARILY MERGED EFFORTS TO CREATE THE CHILDREN'S ONCOLOGY GROUP.</p> <p>THE COG COORDINATING CENTER STAFF COMPRISE A NUMBER OF MULTI-DISCIPLINARY TEAMS SUPPORTING CLINICAL TRIAL OPERATIONS. TEAMS ARE MADE UP OF PROTOCOL COORDINATORS, DATA MANAGEMENT PROFESSIONALS AND STATISTICIANS. ADDITIONAL STAFFING GROUPS INCLUDE OPERATIONS AND FINANCE, QUALITY ASSURANCE&amp; SITE AUDITING, INFORMATION TECHNOLOGY, COMPLEX CLINICAL PROJECTS, PHARMACEUTICAL INDUSTRY RELATIONS, AND GROUP MEMBERSHIP. 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. FULLY STAFFED HEADCOUNT IS APPROXIMATELY 105 WITH 6 ADDITIONAL UNIVERSITY OF SOUTHERN CALIFORNIA FACULTY STATISTICIANS WORKING OUT OF THE OFFICES IN MONROVIA.</p> <p>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 &amp; DATA CENTER, HELPS ENSURE THE LONG-TERM STABILITY OF THE COG RESEARCH ENTERPRISE AND ALLOWS FOR UNINTERRUPTED RESEARCH OPERATIONS THROUGH LEADERSHIP TRANSITIONS.</p> <p>MORE THAN 90% OF THE 13,500 CHILDREN AND ADOLESCENTS DIAGNOSED WITH CANCER EACH YEAR IN THE UNITED STATES ARE CARED FOR AT COG MEMBER INSTITUTIONS, ALLOWING FOR APPROXIMATELY 50% TO 60% OF NEWLY DIAGNOSED CHILDREN WITH CANCER TO BE ENROLLED ONTO A COG CLINICAL TRIAL, WITH ALMOST 90% OF THOSE LESS THAN 5 YEARS OF AGE PARTICIPATING IN COG RESEARCH. AT ANY GIVEN TIME, THE COG COORDINATING CENTER IS SUPPORTING APPROXIMATELY 45 STUDIES IN DEVELOPMENT, 70 STUDIES ACTIVELY ENROLLING NEW SUBJECTS, AND 100 STUDIES CLOSED TO ENROLLMENT FOR WHICH DATA COLLECTION IS COMPLETING AND DATA ANALYSIS IS IN PROCESS. ANNUALLY, THE COG COORDINATING CENTER FACILITATES APPROXIMATELY 4,000 ENROLLMENTS ONTO COG THERAPEUTIC STUDIES AND MORE THAN 13,000 ENROLLMENTS ONTO NON-THERAPEUTIC STUDIES, WHICH INCLUDE BIOLOGY, SUPPORTIVE CARE, EPIDEMIOLOGY, QUALITY OF LIFE, BEHAVIORAL SCIENCE, AND LATE-EFFECT STUDIES. THE COORDINATING CENTER ALSO SUPPORTS THE ONGOING FOLLOW-UP DATA COLLECTION FOR THE MORE THAN 25,000 CHILDREN ANNUALLY WHO CONTINUE TO BE EVALUATED AT COG MEMBER INSTITUTIONS FOR STUDIES ON WHICH THEY HAVE COMPLETED THERAPY.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$40,519,548 INCLUDING GRANTS OF \$7,125,713)(REVENUE \$1,853,034)</p> <p>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 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.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY MANAGEMENT BEFORE SIGNING. A COPY OF THE FORM 990 WAS ELECTRONICALLY SUBMITTED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>PHI'S WRITTEN CONFLICT OF INTEREST POLICIES APPLY TO DIRECTORS, OFFICERS, EMPLOYEES, CONSULTANTS AND AGENTS, CERTAIN POLICIES MAY APPLY TO OTHER PERSONS, E.G., PHI'S RESEARCH CONFLICT OF INTEREST POLICY. POTENTIAL, ALLEGED, OR ACTUAL CONFLICTS MAY BE REVIEWED BY A SUPERVISOR, EXECUTIVE MANAGEMENT, THE CEO OR THE COMPLIANCE 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.</p>

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FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>ALL PHI EMPLOYEES INCLUDING THE CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES ARE COMPENSATED IN ACCORDANCE WITH A TITLE AND PAY PLAN BASED ON COMPARABILITY DATA REPORTED IN SEVERAL INDEPENDENT SALARY SURVEYS AND ADMINISTERED BY PHI'S HUMAN RESOURCES DEPARTMENT. DECISIONS ABOUT COMPENSATING THE CHIEF EXECUTIVE OFFICER, 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.</p> <p>PHI PURCHASES SEVERAL PUBLISHED SALARY SURVEYS OF COMPARABLE AND PEER ORGANIZATIONS. THERE IS A PROCESS OF DOCUMENTING AND SUBSTANTIATING SALARY DECISIONS MADE FOR KEY EMPLOYEES, BASED UPON GUIDELINES ESTABLISHED UNDER PHI'S TITLE &amp; PAY PLAN. THE LAST CHIEF EXECUTIVE OFFICER COMPENSATION REVIEW TOOK PLACE IN JANUARY 2016 AND THE LAST CHIEF FINANCIAL OFFICER COMPENSATION REVIEW TOOK PLACE IN JANUARY 2016.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>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.</p>
FORM 990, PART VII, SECTION A -	<p>SHARON RUDY IS BOTH AN EMPLOYEE OF PHI AND A VOTING MEMBER ON THE BOARD. SHE RECEIVES COMPENSATION FOR HER CAPACITY AS A PROGRAM DIRECTOR FOR PHI AND IS NOT BEING COMPENSATED FOR HER SERVICES AS A BOARD MEMBER.</p>