

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2024Open to Public
Inspection**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.**Doing business as **HELUNA HEALTH; PHFE**Number and street (or P.O. box if mail is not delivered to street address) Room/suite
13300 CROSSROADS PARKWAY N #450City or town, state or province, country, and ZIP or foreign postal code
CITY OF INDUSTRY, CA 91746**F** Name and address of principal officer: **CHRISTINE SOW
SAME AS C ABOVE****D** Employer identification number**95-2557063****E** Telephone number**800-201-7320****G** Gross receipts \$ **686,293,901.****H(a)** Is this a group returnfor 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.HELUNAHEALTH.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1968** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ENHANCE THE HEALTH, WELLNESS, AND RESILIENCE OF EVERY COMMUNITY WE SERVE.
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 11
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 11
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 2463
	6	Total number of volunteers (estimate if necessary) 6 11
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 623,073,948. Prior Year 635,724,216. Current Year
	9	Program service revenue (Part VIII, line 2g) 46,549,780. 49,208,547.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 619,922. 1,272,071.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 912. 89,067.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 670,244,562. 686,293,901.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 183,218,515. 188,223,452.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 546,138.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 481,443,853. 497,311,528.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 664,662,368. 685,534,980.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 5,582,194. 758,921.
	20	Total assets (Part X, line 16) 302,098,431. Beginning of Current Year 266,603,260. End of Year
	21	Total liabilities (Part X, line 26) 275,732,771. 239,404,206.
	22	Net assets or fund balances. Subtract line 21 from line 20 26,365,660. 27,199,054.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	CHRISTINE SOW, PRES. & CEO Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	LORI ROTHE YOKOBOSKY	LORI ROTHE YOKOBOSKY	03/05/26		P01273422
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	COHNREZNICK ADVISORY LLC 621 CAPITOL MALL, SUITE 2150 SACRAMENTO, CA 95814	33-3709623	916-442-9100		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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ENTERPRISES, INC.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ENHANCE THE HEALTH, WELLNESS, AND RESILIENCE OF EVERY COMMUNITY WE
SERVE - SEE SCHEDULE O FOR MORE DETAILS

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 \$ 265,934,281. including grants of \$) (Revenue \$)
EPIDEMIOLOGY LABORATORY AND CAPACITY (ELC): CORE FUNDING:

SINCE 1995, THE EPIDEMIOLOGY AND LABORATORY CAPACITY FOR PREVENTION AND
CONTROL OF EMERGING INFECTIOUS DISEASES (ELC) COOPERATIVE AGREEMENT HAS
BEEN CRITICAL TO U.S. HEALTH DEPARTMENTS' ABILITY TO COMBAT INFECTIOUS
DISEASES. WHILE BEGINNING WITH ONLY 10 RECIPIENTS, THAT NUMBER
INCREMENTALLY GREW, REACHING THE CURRENT COMPLEMENT OF 64 JURISDICTIONS
IN 2012. FOR A QUARTER-CENTURY, THE ELC COOPERATIVE AGREEMENT HAS
PROVIDED HUNDREDS OF MILLIONS EACH YEAR TO ALL 50 STATES, SEVERAL LARGE
LOCAL HEALTH DEPARTMENTS, AND U.S. TERRITORIES AND AFFILIATES TO
DETECT, RESPOND TO, CONTROL, AND PREVENT INFECTIOUS DISEASES. THE
PRIMARY FOCUS OF THIS FUNDING FROM 2019-2029 WILL BE TO DETECT, PREVENT

4b (Code:) (Expenses \$ 176,261,497. including grants of \$) (Revenue \$)
CHILDREN & YOUTH BEHAVIORAL HEALTH INITIATIVE PROGRAM:

AS PART OF THE CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE (CYBHI),
DHCS IS ADMINISTERING GRANTS TO SCALE EVIDENCE-BASED AND
COMMUNITY-DEFINED EVIDENCE PRACTICES (EBP/CDEP) AND WILL UTILIZE FUNDS
TO SUPPORT MULTIPLE STATEWIDE EFFORTS FOR ELIGIBLE ENTITIES, INCLUDING
BEHAVIORAL HEALTH PROVIDERS, COMMUNITY-BASED ORGANIZATIONS, TRIBAL
ORGANIZATIONS, HEALTH PLANS, COUNTIES AND OTHERS, AS SPECIFIED. THESE
GRANTS WILL SUPPORT THE IMPLEMENTATION AND SCALING OF EBP/CDEPS TO
IMPROVE OUTCOMES FOR CHILDREN AND YOUTH WITH EMERGING AND EXISTING
BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE) NEEDS FOR CHILDREN
AND YOUTH AGES 0-25, AS WELL AS THEIR PARENTS AND CAREGIVERS. HELUNA

4c (Code:) (Expenses \$ 51,339,515. including grants of \$) (Revenue \$)
WOMEN, INFANT AND CHILDREN PROGRAM:

WIC, THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND
CHILDREN, IS A USDA-FUNDED FOOD AND NUTRITION EDUCATION PROGRAM FOR
PREGNANT, BREASTFEEDING, AND POSTPARTUM WOMEN, INFANTS AND CHILDREN
UNDER THE AGE OF FIVE WHO ARE LOWER INCOME (UP TO 185% OF POVERTY) AND
AT NUTRITIONAL RISK. ESTABLISHED IN 1974, THE GOAL OF THE WIC PROGRAM
IS TO IMPROVE THE HEALTH AND NUTRITIONAL STATUS OF PARTICIPANTS DURING
CRITICAL TIMES OF GROWTH AND DEVELOPMENT. CORE WIC SERVICES INCLUDE
NUTRITION EDUCATION, BREASTFEEDING EDUCATION AND SUPPORT, REFERRALS TO
COMMUNITY SERVICES AND NUTRITIOUS FOODS (I.E. LOWER FAT MILK, FRUITS
AND VEGETABLES, WHOLE GRAIN CEREALS, EGGS). APPROXIMATELY 20% OF THE

4d Other program services (Describe on Schedule O.)

(Expenses \$ 157,537,970. including grants of \$) (Revenue \$ 49,297,614.)

4e Total program service expenses 651,073,263.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: 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 ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	336
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2463		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
KEVIN TRAN, CONTROLLER/INTERIM CFO - 562-222-7824
13300 CROSSROADS PARKWAY NORTH, SUITE 450, CITY OF INDUSTRY, CA 91746

PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

Form 990 (2024)

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BLAYNE CUTLER, M.D., PH.D. PRES. & CEO (THRU 9/2025)	40.00			X				590,552.	0.	122,208.
(2) BRIAN GIESELER CFO (THRU 4/2025)	40.00			X				420,821.	0.	84,186.
(3) TIMOTHY SEIFERT CHIEF HR OFF. (THRU 1/2025)	40.00			X				373,987.	0.	58,601.
(4) PETER DALE CHIEF PROGRAM OFFICER	40.00			X				356,992.	0.	65,345.
(5) ELIZABETH POWER ROBISON CAO (THRU 7/2024)	40.00			X				393,650.	0.	23,038.
(6) ALI P. MODARESSI EXECUTIVE DIRECTOR - LANES PROGRAM	40.00				X			353,209.	0.	35,728.
(7) JOSEPH A. MANGARAPU SELVARAJ IT DIRECTOR - BUSINESS APPLICATIONS	40.00				X			316,234.	0.	42,454.
(8) KEVIN TRAN CONTROLLER/INTERIM CFO	40.00			X				278,858.	0.	42,809.
(9) JO KAY GHOSH DIRECTOR OF RESEARCH AND EVALUATION	40.00				X			252,460.	0.	37,642.
(10) KIRAN SALUJA EXEC. DIR. - PHFE WIC PROGRAM	40.00				X			236,612.	0.	47,692.
(11) LOUIS GUTIERREZ SENIOR DIR. OF HR/CHIEF HR OFFICER	40.00			X				212,965.	0.	54,484.
(12) ROCHELLE MCLAURIN DIRECTOR OF CONTRACTS AND GRANTS	40.00				X			226,949.	0.	27,503.
(13) ALESSANDRO LAZZARINI TREASURER	5.00	X		X				0.	0.	0.
(14) BONNIE MIDURA BOARD MEMBER	3.00	X						0.	0.	0.
(15) CARLADENISE EDWARDS VICE CHAIR OF THE BOARD	5.00	X		X				0.	0.	0.
(16) CELINA GORRE BOARD MEMBER	3.00	X						0.	0.	0.
(17) HOPE TARIRAI MAGO BOARD MEMBER	3.00	X						0.	0.	0.

**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEAN O'CONNOR BOARD MEMBER (THRU 8/2024)	3.00	X						0.	0.	0.
(19) JENNIFER COVICH BORDENICK BOARD MEMBER	3.00	X						0.	0.	0.
(20) NICOLE MACARCHUK SECRETARY	5.00	X		X				0.	0.	0.
(21) NWANDO ANYAOKU BOARD MEMBER	3.00	X						0.	0.	0.
(22) ROBERT JENKS TREASURER (THRU 8/2024)	3.00	X						0.	0.	0.
(23) SANTOSH VETTCADEN CHAIR OF THE BOARD	10.00	X		X				0.	0.	0.
(24) SARAH RICH BOARD MEMBER (THRU 8/2024)	3.00	X						0.	0.	0.
(25) TAMARA JOSEPH BOARD MEMBER (THRU 8/2024)	3.00	X						0.	0.	0.
(26) TERHILDA GARRIDO BOARD MEMBER	3.00	X						0.	0.	0.
1b Subtotal								4,013,289.	0.	641,690.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,013,289.	0.	641,690.

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

285

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WEBSTER KAPLAN LLP, 16830 VENTURA BLVD., SUITE 130, ENCINO, CA 91436	LEGAL	1,628,686.
JANEO, LLC DBA ELEMENTS PHARMACY, 12602 VENTURA BLVD., STUDIO CITY, CA 91604,	MOBILE VACCINATION SITES	691,000.
BRIDGING THE GAP ENTERPRISES LLC 317 S POINSETTIA AVE., COMPTON, CA 90221	PROGRAM RELATED SERVICES - CYBHI	562,417.
CENTURY GROUP, 222 N PACIFIC COAST HWY, STE 2150, EL SEGUNDO, CA 90245	TEMPORARY STAFFING SERVICES	403,456.
CLOVERLEAF FAMILY COUNSELING P.O BOX 1868, COARSEGOLD, CA 93614	PROGRAM RELATED SERVICES - CYBHI	396,248.

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

17

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

Form 990

Part VII

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

0.

0.

**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.**

Form 990 (2024)

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	635,339,023.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	385,193.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 299,906.					
	h Total. Add lines 1a-1f							635724216.
Program Service Revenue	2 a <u>MANAGEMENT FEES</u>	Business Code	624100	26,350,687.	26350687.			
	b <u>PRIVATE CONTRACTS</u>		624100	14,592,313.	14592313.			
	c <u>ADMINISTRATIVE FIXED FEES</u>		900099	8,265,547.	8,265,547.			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f				49,208,547.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,272,071.			1272071.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		6a	(i) Real (ii) Personal					
b Less: rental expenses ...		6b						
c Rental income or (loss)		6c						
d Net rental income or (loss)								
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other					
b Less: cost or other basis and sales expenses		7b						
c Gain or (loss)		7c						
d Net gain or (loss)								
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a						
b Less: direct expenses		8b						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19		9a						
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a <u>OTHER INCOME</u>	Business Code	900099	89,067.	89,067.			
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d				89,067.			
	12 Total revenue. See instructions				686293901.	49297614.	0.	1272071.

**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.**

Form 990 (2024)

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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 ☒ **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,084,904.		2,838,231.	246,673.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	137,883,302.	122,243,313.	15,473,541.	166,448.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,259,378.	7,373,412.	885,497.	469.
9 Other employee benefits	27,027,001.	23,855,630.	3,124,676.	46,695.
10 Payroll taxes	11,968,867.	10,595,418.	1,354,716.	18,733.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,268,927.	776,594.	3,492,333.	
c Accounting	192,035.		192,035.	
d Lobbying	126,000.		126,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	456,531,098.	454,907,921.	1,570,958.	52,219.
12 Advertising and promotion	8,099,204.	8,075,215.	23,989.	
13 Office expenses	1,203,726.	765,324.	438,112.	290.
14 Information technology	4,605,667.	3,128,114.	1,477,553.	
15 Royalties				
16 Occupancy	6,047,711.	5,086,075.	961,636.	
17 Travel	2,065,357.	1,799,559.	264,238.	1,560.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,963,781.	1,746,809.	216,834.	138.
20 Interest	21,243.	990.	20,253.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,969,905.	1,558,728.	411,177.	
23 Insurance	1,370,153.	523,027.	847,126.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES</u>	7,950,992.	7,950,992.		
b <u>MEMBERSHIP/SUBSCRIPTION</u>	379,475.	224,734.	141,828.	12,913.
c <u>IN-KIND SUPPLIES</u>	299,906.	299,906.		
d <u>EQUIP RENTAL & MAINT</u>	216,348.	161,502.	54,846.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	685,534,980.	651,073,263.	33,915,579.	546,138.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,007,116.	1	18,466,719.
	2 Savings and temporary cash investments	27,984,953.	2	28,454,174.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	222,252,101.	4	192,308,690.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,997,007.	9	3,443,923.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	26,337,755.		
	b Less: accumulated depreciation	14,118,213.	10c	12,219,542.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	11,448,436.	14	10,818,108.
	15 Other assets. See Part IV, line 11	1,067,968.	15	892,104.
16 Total assets. Add lines 1 through 15 (must equal line 33)	302,098,431.	16	266,603,260.	
Liabilities	17 Accounts payable and accrued expenses	221,552,654.	17	181,355,574.
	18 Grants payable		18	
	19 Deferred revenue	4,894,698.	19	8,376,744.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,132,116.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	48,153,303.	25	49,671,888.
	26 Total liabilities. Add lines 17 through 25	275,732,771.	26	239,404,206.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	26,365,660.	27	27,199,054.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	26,365,660.	32	27,199,054.
	33 Total liabilities and net assets/fund balances	302,098,431.	33	266,603,260.

Form **990** (2024)

PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

Form 990 (2024)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	686,293,901.
2	Total expenses (must equal Part IX, column (A), line 25)	2	685,534,980.
3	Revenue less expenses. Subtract line 2 from line 1	3	758,921.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,365,660.
5	Net unrealized gains (losses) on investments	5	74,473.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,199,054.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.
--------------------------	---

Employer identification number
95-2557063

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
---------------	---

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

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

f Enter the number of supported organizations

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

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		
Total						

**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.**

Schedule A (Form 990) 2024

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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	582347721	1570740411.	840712073	623073948	635724216	4252598369.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	582347721	1570740411.	840712073	623073948	635724216	4252598369.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						4252598369.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	582347721	1570740411.	840712073	623073948	635724216	4252598369.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	153.	366.	73,016.	619,871.	1272071.	1965477.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	39,718.	36,330.	62,030.	912.	89,067.	228,057.
11 Total support. Add lines 7 through 10						4254791903.
12 Gross receipts from related activities, etc. (see instructions)					12 188,363,781.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.95 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		☒
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		☐
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		☐
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
		☐

Schedule A (Form 990) 2024

**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.**

Schedule A (Form 990) 2024

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

Schedule A (Form 990) 2024

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

Schedule A (Form 990) 2024

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ 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) 2024

PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

Schedule A (Form 990) 2024

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Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2020 AMOUNT: \$ 39,718.
2021 AMOUNT: \$ 36,330.
2022 AMOUNT: \$ 62,030.
2023 AMOUNT: \$ 912.
2024 AMOUNT: \$ 89,067.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

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

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

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

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

Name of organization	PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.	Employer identification number (EIN)	95-2557063
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures	\$	
3 Volunteer hours for political campaign activities		

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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | | |

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

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

Schedule C (Form 990) 2024

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		126,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			126,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ADVOCACY FOR PUBLIC FUNDING PRIORITIES THAT MAY HAVE AN IMPACT ON OUR PROGRAMS.

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.**

Employer identification number
95-2557063

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

PUBLIC HEALTH FOUNDATION

Schedule D (Form 990) (Rev. 12-2024) ENTERPRISES, INC.

95-2557063 Page 2

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" 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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f 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 in Part XIII ☐

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

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

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

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

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

(i) Unrelated organizations? _____

(ii) Related organizations? _____

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		946,913.		946,913.
b Buildings		5,909,453.	421,699.	5,487,754.
c Leasehold improvements		960,818.	775,544.	185,274.
d Equipment		18,295,766.	12,920,970.	5,374,796.
e Other		224,805.		224,805.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,219,542.

Schedule D (Form 990) (Rev. 12-2024)

PUBLIC HEALTH FOUNDATION

Schedule D (Form 990) (Rev. 12-2024) ENTERPRISES, INC.

95-2557063 Page 3

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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) ADVANCE ON GRANTOR PAYMENTS	2,809,552.
(3) ACCOUNTABILITY FOR PROGRAM ASSETS	5,283,641.
(4) AGENCY AND OTHER FUNDS PAYABLE	30,268,408.
(5) LEASE LIABILITY	11,310,287.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	49,671,888.

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

Schedule D (Form 990) (Rev. 12-2024)

PUBLIC HEALTH FOUNDATION

Schedule D (Form 990) (Rev. 12-2024) ENTERPRISES, INC.

95-2557063 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	686,368,374.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	74,473.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	74,473.
3	Subtract line 2e from line 1	3	686,293,901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	686,293,901.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements	1	685,534,980.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	685,534,980.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	685,534,980.

Part XIII Supplemental Information

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

PART X, LINE 2:

MANAGEMENT EVALUATES UNCERTAINTY IN INCOME TAXES FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING HELUNA HEALTH'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORELIKELY- THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD ARE REQUIRED TO BE RECORDED AS A TAX BENEFIT OR EXPENSE IN THE CURRENT YEAR. ADDITIONALLY, THIS INTERPRETATION PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THERE WERE NO UNCERTAIN TAX POSITIONS THAT WERE CONSIDERED MORE-LIKELY- THAN-NOT OF BEING SUSTAINED BY APPLICABLE TAX AUTHORITIES AS OF JUNE 30, 2025 AND 2024. HELUNA HEALTH'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO 2022 AND 2021, RESPECTIVELY, ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

This image shows a full page of blank, lined paper. It features approximately 30 evenly spaced horizontal black lines running across the width of the page, typical of notebook or legal stationery. The margins are consistent on all sides, and there are no markings, text, or illustrations on the page.

SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

Employer identification number

95-2557063

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
EUROPE	0	0	SUPPORT SERVICES	MAINTENANCE & SUPPORT SERVICES	4,200.
EUROPE	0	0	PROGRAM SERVICES	RESEARCH SERVICES	8,925.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH SERVICES/HIV PREVENTION	389,122.
NORTH AMERICA	0	0	SUPPORT SERVICES	MAINTENANCE & SUPPORT SERVICES	7,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	LOGISTIC & ADMIN. SERVICES/HIV PREVENTION AND CARE DISPARITY	68,312.
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDY ANALYSIS & RESEARCH SERVICES	59,015.
3 a Subtotal	0	0			536,574.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			536,574.

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

Schedule F (Form 990) (Rev. 12-2024)

PUBLIC HEALTH FOUNDATION

Schedule F (Form 990) (Rev. 12-2024) ENTERPRISES, INC.

95-2557063

Page 2

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)

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) (Rev. 12-2024)

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.

[illegible]

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 the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.	Employer identification number 95-2557063
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Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"><tr><td>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☐ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (such as maid, chauffeur, chef)</td></tr></table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"><tr><td>☐ Compensation committee</td><td>☒ Written employment contract</td></tr><tr><td>☒ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☐ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☐ Compensation committee	☒ Written employment contract	☒ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☐ Compensation committee	☒ Written employment contract									
☒ Independent compensation consultant	☒ Compensation survey or study									
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

PUBLIC HEALTH FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) ENTERPRISES, INC.

95-2557063

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BLAYNE CUTLER, M.D., PH.D. PRES. & CEO (THRU 9/2025)	(i)	504,457.	86,095.	0.	75,700.	46,508.	712,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN GIESELER CFO (THRU 4/2025)	(i)	336,721.	84,100.	0.	53,187.	30,999.	505,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIMOTHY SEIFERT CHIEF HR OFF. (THRU 1/2025)	(i)	298,187.	75,800.	0.	47,647.	10,954.	432,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PETER DALE CHIEF PROGRAM OFFICER	(i)	279,192.	77,800.	0.	47,711.	17,634.	422,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH POWER ROBISON CAO (THRU 7/2024)	(i)	144,197.	99,369.	150,084.	22,922.	116.	416,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALI P. MODARESSI EXECUTIVE DIRECTOR - LANES PROGRAM	(i)	289,269.	63,940.	0.	21,352.	14,376.	388,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOSEPH A. MANGARAPU SELVARAJ IT DIRECTOR - BUSINESS APPLICATIONS	(i)	248,134.	68,100.	0.	19,510.	22,944.	358,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KEVIN TRAN CONTROLLER/INTERIM CFO	(i)	225,958.	52,900.	0.	17,124.	25,685.	321,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JO KAY GHOSH DIRECTOR OF RESEARCH AND EVALUATION	(i)	204,660.	47,800.	0.	15,621.	22,021.	290,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KIRAN SALUJA EXEC. DIR. - PHFE WIC PROGRAM	(i)	199,572.	37,040.	0.	34,160.	13,532.	284,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LOUIS GUTIERREZ SENIOR DIR. OF HR/CHIEF HR OFFICER	(i)	170,865.	42,100.	0.	13,890.	40,594.	267,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ROCHELLE MCLAURIN DIRECTOR OF CONTRACTS AND GRANTS	(i)	191,149.	35,800.	0.	13,743.	13,760.	254,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

Part III Supplemental Information

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

PART I, LINES 4A-B:**EXECUTIVE NON-QUALIFIED 457(F) PLAN:**

DURING THE YEAR ENDED JUNE 30, 2020, HELUNA HEALTH ESTABLISHED A SUPPLEMENTAL RETIREMENT PLAN FOR CERTAIN ELIGIBLE SENIOR EXECUTIVES. THE PLAN IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN INTENDED TO COMPLY WITH IRS CODE SECTION 457(F). CONTRIBUTIONS TO THE PLAN REMAIN UNRESTRICTED ASSETS OF HELUNA HEALTH UNTIL THE PLAN VESTING REQUIREMENTS ARE MET. EMPLOYER CONTRIBUTION PLUS ANY UNREALIZED GAIN OR LOSS AMOUNTED TO \$523,699 FOR THE YEAR ENDED JUNE 30, 2025.

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) PLAN DURING THE YEAR ENDED JUNE 30, 2025:

- BLAYNE CUTLER, M.D., PH.D.
- BRIAN GIESELER
- PETER DALE
- TIMOTHY SEIFERT
- KIRAN SALUJA

SEVERANCE PAYMENT: DURING THE YEAR ENDED JUNE 30, 2025, HELUNA HEALTH MADE A SEVERANCE PAYMENT OF \$138,031 TO ELIZABETH ROBISON, OUTGOING CHIEF ADVANCEMENT OFFICER.

PART I, LINE 7:

INCLUDED IN SCHEDULE J, COLUMN B(II) ARE AMOUNTS REPRESENTING BONUSES. THE BONUS AMOUNTS WERE APPROVED BY THE BOARD OF DIRECTORS WHEN THEY APPROVED 1) THE ANNUAL BUDGET FOR HELUNA HEALTH 2) THE CEO'S SPECIFIC BONUS, AND 3) THE CEO HAVING THE AUTHORITY TO AWARD BONUSES TO OTHER HELUNA HEALTH EMPLOYEES. ANY BONUSES AWARDED ARE INCLUDED IN EACH INDIVIDUAL'S 2024 W-2.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization **PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.**

Employer identification number
95-2557063

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		91,115.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>DIAPERS/OTHER</u>)	X	859,979	208,791.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.	Employer identification number 95-2557063
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. DBA HELUNA HEALTH IS A NOT-FOR-PROFIT 501(C)(3) AGENCY DEDICATED TO IMPROVING THE HEALTH, WELL-BEING AND RESILIENCE OF THE COMMUNITIES IT SERVES. HELUNA HEALTH PARTNERS WITH ACADEMIC RESEARCHERS, GOVERNMENT AGENCIES, FOUNDATIONS AND PRIVATE ENTITIES TO OFFER A SUITE OF SERVICES, INCLUDING CONTRACTS AND GRANTS MANAGEMENT; FISCAL SPONSORSHIP (PROVIDING A FINANCIAL 'HOME' FOR RESEARCHERS, PROGRAMS AND AGENCIES); HUMAN RESOURCES SUPPORT; ACCOUNTING SERVICES; REAL ESTATE/LEASING ASSISTANCE AND DIRECT PUBLIC HEALTH PROGRAM LEADERSHIP TO HELP IMPLEMENT PUBLIC HEALTH PROJECTS. HELUNA HEALTH PROVIDED SUCH SERVICES TO OVER 1,000 PROJECTS DURING FISCAL YEAR 2025.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AND RESPOND TO THE GROWING THREATS POSED BY INFECTIOUS DISEASE THROUGH THREE CORE AREAS: SURVEILLANCE, DETECTION AND RESPONSE; PREVENTION AND INTERVENTION AND COMMUNICATIONS, COORDINATION AND PARTNERSHIPS. THROUGH THIS FUNDING, HELUNA HEALTH HAS PARTNERED WITH CALIFORNIA DEPARTMENT OF PUBLIC HEALTH SINCE 1995 TO BOTH BUILD AND STRENGTHEN PUBLIC HEALTH SYSTEMS RELATED TO COMMUNICABLE DISEASES IN CALIFORNIA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
HEALTH IS PARTNERING WITH CIBHS TO ADMINISTER THE CYBHI EBP/CDEP GRANT PROGRAM AND ASSIST DHCS WITH REVIEWING, SCORING, AND AWARDING APPLICANTS ACROSS FIVE ROUNDS OF FUNDING. CIBHS IS SERVING AS THE PRIME WITH HELUNA HEALTH SERVING AS SUBS. HELUNA WILL PROVIDE SUPPORT WITH A SERIES OF PROJECT MANAGEMENT, FISCAL INTERMEDIARY, SUBCONTRACTING, AND PROGRAM MONITORING ACTIVITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
INDIVIDUALS SERVED ARE WOMEN, 25% ARE INFANTS, AND THE REMAINING 55% ARE CHILDREN AGE ONE TO FIVE.

PHFE WIC HAS BEEN PROVIDING HIGH-QUALITY WIC SERVICES IN SOUTHERN CALIFORNIA FOR NEARLY 50 YEARS. PHFE WIC STAFF SERVE A CURRENT CASELOAD OF OVER 190,000 PARTICIPANTS EACH MONTH THROUGH A HYBRID SERVICE DELIVERY MODEL THAT ALLOWS FOR BOTH VIRTUAL SERVICES AND IN-PERSON VISITS AT 28 WIC CENTERS STRATEGICALLY LOCATED IN HIGH-DENSITY AREAS OF NEED THROUGHOUT LOS ANGELES, ORANGE, AND SAN BERNARDINO COUNTIES.

PHFE WIC HAS APPROXIMATELY 540 EMPLOYEES, WHICH INCLUDE OVER 225 NUTRITION PROFESSIONALS, OVER 60 BREASTFEEDING STAFF SUCH AS LACTATION CONSULTANTS AND BREASTFEEDING PEER COUNSELORS, AND OVER 250 PARAPROFESSIONAL STAFF PROVIDING CULTURALLY APPROPRIATE SERVICES TO ELIGIBLE FAMILIES.

THE PHFE WIC PROGRAM IS THE LARGEST LOCAL AGENCY WIC PROGRAM IN THE COUNTRY SERVING APPROXIMATELY 3% OF THE NATION'S TOTAL AND 19% OF CALIFORNIA'S TOTAL WIC PARTICIPANTS. EIGHTY-FOUR PERCENT OF THE CLIENTS SERVED BY PHFE WIC ARE LATINO, 6% ARE AFRICAN-AMERICAN, 6% ARE ASIAN, 3% ARE CAUCASIAN AND 1% ARE NATIVE AMERICAN. PHFE WIC PROVIDES SERVICES

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.	Employer identification number	95-2557063
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AND WRITTEN INFORMATION IN ENGLISH, SPANISH, CHINESE, VIETNAMESE, KOREAN, ARABIC AND ARMENIAN.

PHFE WIC MAINTAINS A VERY ROBUST ONLINE AND SOCIAL MEDIA PRESENCE:
WWW.PHFEWIC.ORG.

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

BRIDGE HIV:

BRIDGE HIV IS A GLOBAL LEADER IN HIV PREVENTION RESEARCH, WORKING WITH BAY AREA AND INTERNATIONAL COMMUNITIES TO DISCOVER EFFECTIVE HIV PREVENTION STRATEGIES. OPERATING AS A CLINICAL TRIALS UNIT WITHIN THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH AND AFFILIATED WITH THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF), WE CONDUCT INNOVATIVE RESEARCH THAT GUIDES GLOBAL APPROACHES IN HIV PREVENTION. AS WE SEARCH FOR INNOVATIVE SOLUTIONS TO GUIDE HIV PREVENTION, WE CONTINUE TO CONDUCT CLINICAL TRIALS OF PROMISING STRATEGIES TO UNDERSTAND THEIR EFFECTIVENESS AND SAFETY ACROSS DIFFERENT POPULATIONS AT RISK FOR HIV INFECTION. THESE STRATEGIES INCLUDE THE SEARCH FOR AN EFFECTIVE HIV VACCINE, PREP (PREEXPOSURE PROPHYLAXIS), HIV SELF-TESTING, MHEALTH AND INTERVENTIONS TO HELP ACHIEVE HEALTH EQUITY.

ANGELS CHILD CARE FOOD PROGRAM:

ANGELS CHILD CARE FOOD PROGRAM (CCFP) EDUCATES AND TRAINS LICENSED DAY CARE PROVIDERS TO PROVIDE NUTRITIOUS MEALS THAT PROMOTE LIFELONG, HEALTHY EATING HABITS IN CHILDREN. ANGELS CCFP SERVICES LICENSED DAYCARE PROVIDERS IN THE LOS ANGELES, ORANGE, RIVERSIDE, AND SAN BERNARDINO COUNTIES WITH A NUTRITION EDUCATION AND REIMBURSEMENT PROGRAM. ANGELS CCFP PLAYS A VITAL ROLE IN IMPROVING THE QUALITY OF DAYCARE AND MAKING IT MORE AFFORDABLE FOR MANY LOW-INCOME FAMILIES. PROVIDERS RECEIVE NUTRITION TRAINING AND MONITOR VISITS EVERY FOUR MONTHS TO ASSURE THAT THEY ARE PROVIDING THE REQUIRED MEALS TO CHILDREN IN THEIR CARE. EACH DAY, THOUSANDS OF CHILDREN RECEIVE NUTRITIOUS MEALS AND SNACKS THROUGH THE PROGRAM.

CEIP:

THE CALIFORNIA EMERGING INFECTIONS PROGRAM (CEIP) IS ONE OF TEN EIP SITES. CEIP IS FUNDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND IS SPONSORED BY PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. (PHFE). AS PART OF THE EIP NETWORK, CEIP HAS BEEN AN INVALUABLE NATIONAL RESOURCE FOR THE SURVEILLANCE, PREVENTION, AND CONTROL OF EMERGING INFECTIOUS DISEASES. CEIP FUNCTIONS UNDER A COOPERATIVE AGREEMENT WITH CDC AND IS A COLLABORATION AMONG THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, THE UC BERKELEY SCHOOL OF PUBLIC HEALTH, THE UC SAN FRANCISCO SCHOOL OF MEDICINE, AND MULTIPLE BAY AREA LOCAL HEALTH JURISDICTIONS.

CEIP WAS INITIATED IN 1994 WITH DIRECTORS ARTHUR REINGOLD, MD, PREVIOUS ASSOCIATE DIRECTOR GRETCHEN ROTHROCK, MPH, AND SEVEN EMPLOYEES. IT NOW EMPLOYS OVER 40 STAFF, UNDER NEWLY APPOINTED JOELLE NADLE, ASSOCIATE DIRECTOR.

SFHOT:

THE SAN FRANCISCO HOMELESS OUTREACH TEAM IS A COLLABORATION BETWEEN THE SAN FRANCISCO DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Name of the organization	PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.	Employer identification number	95-2557063
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("DHS") AND HELUNA HEALTH. THE PROGRAM SEEKS TO REACH CHRONICALLY HOMELESS ADULTS ON THE STREETS OF SAN FRANCISCO THAT ARE HIGH-RISK, HARD-TO-ENGAGE, AND TYPICALLY DO NOT SEEK SERVICES. SFHOT CASE MANAGERS AND OUTREACH SPECIALISTS BUILD A RAPPORT WITH HOMELESS ADULTS AND CONNECT THEM WITH VITAL SERVICES SUCH AS TEMPORARY SHELTER, MENTAL HEALTH AND SUBSTANCE USE TREATMENT, AND PERMANENT HOUSING SOLUTIONS.

EPIDEMIOLOGY LABORATORY AND CAPACITY (ELC) CDC COVID-19 STATE, TRIBAL, LOCAL, AND TERRITORIAL FUNDING:

THE U.S. GOVERNMENT HAS TAKEN UNPRECEDENTED ACTION TO ADDRESS THE PUBLIC HEALTH THREAT POSED BY THIS NEW CORONAVIRUS. TO ACCELERATE RESPONSE EFFORTS, CDC RECEIVED SUPPLEMENTAL FUNDS THROUGH FIVE CONGRESSIONAL ACTS: THE CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020; CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT; PAYCHECK PROTECTION PROGRAM AND HEALTH CARE ENHANCEMENT ACT; CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT, 2021; AND AMERICAN RESCUE PLAN ACT OF 2021. CDC IS ACTIVELY FUNDING STATE, TRIBAL, LOCAL, AND TERRITORIAL PUBLIC HEALTH ORGANIZATIONS TO MEET THE CHALLENGES OF THIS FAST-MOVING PUBLIC HEALTH THREAT. THE ELC FUNDING STRENGTHENS PUBLIC HEALTH PROGRAM GROWTH WHILE PROVIDING CRUCIAL FLEXIBILITY NEEDED TO ADDRESS EMERGING INFECTIOUS DISEASE ISSUES. IN THE EVENT OF PUBLIC HEALTH CRISIS, CDC OFTEN DISTRIBUTES FUNDING THROUGH THE ELC. THROUGH THIS FUNDING, HELUNA HEALTH HAS PARTNERED WITH CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO BOTH BUILD AND STRENGTHEN PUBLIC HEALTH SYSTEMS RELATED TO EMERGING INFECTIOUS DISEASE ISSUES IN CALIFORNIA.

CONTRA COSTA HEALTH SERVICES-PUBLIC HEALTH DIVISION:

HELUNA HEALTH PROVIDES STAFFING SUPPORT FOR THIS PROGRAM TO ENSURE EFFECTIVE SERVICE DELIVERY WITH REGARD TO COMMUNITY HEALTH PROMOTION FOR HEALTH EMERGENCIES, PUBLIC HEALTH, ENVIRONMENTAL HEALTH, AND EMERGENCY MEDICAL SERVICES.

CONTRA COSTA HEALTH, HOUSING AND HOMELESS SERVICES (H3):

HELUNA HEALTH SUPPORTS CONTRA COSTA COUNTY'S HEALTH, HOUSING, AND HOMELESS SERVICES DIVISION (H3) BY OPERATING A HOMELESS SERVICE DELIVERY SYSTEM THAT INCLUDES STREET OUTREACH, RESPITE AND EMERGENCY SHELTERS, INDEPENDENT LIVING PROGRAMS FOR TRANSITION-AGE YOUTH, AND PERMANENT SUPPORTIVE HOUSING FOR ADULTS, YOUTH, AND FAMILIES.

CONTRA COSTA HEALTH WORKFORCE AMBASSADOR:

HELUNA HEALTH PARTNERS WITH CONTRA COSTA COUNTY HEALTH SERVICES TO PROMOTE HEALTH EQUITY IN DISADVANTAGED COMMUNITIES. THIS FUNDING WILL BE USED TO ASSIST WITH RECRUITMENT AND HIRING OF TEMPORARY HEALTH AMBASSADORS FOR CCHS' HEALTH AMBASSADOR PROGRAM. THIS PROGRAM WILL PROVIDE HEALTH-RELATED WORK EXPERIENCE TO PARTICIPANTS AND STRENGTHEN LOCAL OUTREACH CAPACITY IN UNDERSERVED AREAS.

CONTRA COSTA CORE:

HELUNA HEALTH IS PARTNERING WITH CONTRA COSTA COUNTY HEALTH SERVICES TO LOCATE, ENGAGE, STABILIZE, AND HOUSE CHRONICALLY HOMELESS INDIVIDUALS IN CONTRA COSTA COUNTY. HELUNA HEALTH PROVIDES TECHNICAL ASSISTANCE AND HUMAN RESOURCE MANAGEMENT TO THE CORE PROGRAM.

LOS ANGELES COUNTY HEALTH AGENCY SUPPORTIVE AND/OR HOUSING SERVICES MASTER AGREEMENT: CAPACITY BUILDING-TEMPORARY PERSONNEL SERVICES WORK

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ORDER NO. 164-HFH-CB

PROVIDE TEMPORARY PERSONNEL SERVICES (TPS) IN ACCORDANCE WITH PROCEDURES APPROVED BY THE DEPARTMENT OF HEALTH SERVICES (DHS), AND CONSISTENT WITH LAWS, REGULATIONS, CURRENT HEALTH AND BEHAVIORAL HEALTH BEST PRACTICES AND STANDARDS, AND DHS' SUPPORTIVE AND/OR HOUSING SERVICES MASTER AGREEMENT (SHSMA). DHS LISTS 50 PERSONNEL CLASSIFICATIONS IN EACH OF THE WORK ORDERS. THE HR TEAM WORKS DIRECTLY WITH THE COUNTY TO FILL IN POSITIONS AS NEEDED.

LOS ANGELES COUNTY HEALTH AGENCY SUPPORTIVE AND/OR HOUSING SERVICES MASTER AGREEMENT-CAPACITY**BUILDING LOCAL HEALTH EMERGENCY TEMPORARY PERSONNEL SERVICES WORK ORDER NO. 213-HSA-CBS**

PROVIDE TEMPORARY PERSONNEL SERVICES (TPS) IN ACCORDANCE WITH PROCEDURES APPROVED BY THE DEPARTMENT OF HEALTH SERVICES (DHS), AND CONSISTENT WITH LAWS, REGULATIONS, CURRENT HEALTH AND BEHAVIORAL HEALTH BEST PRACTICES AND STANDARDS, AND DHS' SUPPORTIVE AND/OR HOUSING SERVICES MASTER AGREEMENT (SHSMA). THERE ARE TWO PERSONNEL CLASSIFICATIONS UNDER THIS WORK ORDER (EMERGENCY MEDICAL TECHNICIAN -SITE TESTING AND SUPERVISING EMERGENCY MEDICAL TECHNICAL-SITE TESTING. THESE POSITIONS WILL WORK AT VARIOUS TESTING FACILITIES/SITES THROUGHOUT LOS ANGELES COUNTY THAT PROVIDE COVID-19 TESTING TO LOS ANGELES COUNTY RESIDENTS BY PREPARING, OPENING, OPERATING AND CLOSING THE TESTING FACILITIES/SITES.

COVID MOBILE SITES AND MOBILE MPOX SITES:

HELUNA HEALTH PARTNERS WITH THE LOS ANGELES COUNTY OF PUBLIC HEALTH TO INCREASE VACCINE ACCESS THROUGHOUT THE COUNTY BY SUPPORTING MOBILE VACCINATION CLINICS HOSTED BY COMMUNITY PARTNERS. MOBILE VACCINATION PARTNERS WORK CLOSELY WITH THEIR SERVED COMMUNITIES TO PROMOTE AND CONDUCT OUTREACH AND SCHEDULE EVENTS THAT MEET THE INTENDED PARTICIPANTS' LOGISTICAL, CULTURAL, AND LINGUISTIC NEEDS. HELUNA HEALTH REMAINS COMMITTED TO EQUITY AS A CORE TENET OF THE VACCINE DISTRIBUTION MISSION AND HAVE MADE SIGNIFICANT STRIDES IN DECREASING THE DISPARITY IN VACCINE UPTAKE IN CALIFORNIA.

ENDING THE HIV EPIDEMIC SERVICED IN LA COUNTY:

ENDING THE HIV EPIDEMIC IN THE U.S. WAS LAUNCHED BY THE FEDERAL ADMINISTRATION IN 2020. LOS ANGELES COUNTY PARTNERED WITH HELUNA HEALTH FOR THIS INITIATIVE. ITS GOAL WAS TO REDUCE HIV BY 75% BY 2025 AND 90% BY 2030 TO END THE HIV EPIDEMIC. TO REACH THIS GOAL, LOS ANGELES COUNTY NEEDS A SIGNIFICANT SCALE-UP AND EXPANDED REACH OF PROVEN AND NEW INTERVENTIONS TO WORK TOWARDS ENDING THE HIV EPIDEMIC.

THROUGH COLLABORATION WITH KEY STAKEHOLDERS AND COMMUNITY PARTNERS, THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, DIVISION OF HIV AND STD PROGRAMS (DHSP), PLANS TO GUIDE, IMPLEMENT, AND EVALUATE ACTIVITIES THAT ENHANCE THE CURRENT LOS ANGELES COUNTY HIV PORTFOLIO; ALIGN STRATEGIES WITH THE FOUR PILLARS OF EHE, AND FURTHER ADVANCE EFFORTS TO PREVENT HIV AND IMPROVE HIV-RELATED HEALTH OUTCOMES AMONG PERSONS LIVING WITH HIV.

ENDING THE HIV EPIDEMIC (EHE): COMPONENT C MPOX SUPPLEMENT:

THE COMPONENT C MPOX SUPPLEMENTAL PROGRAM INTEGRATES MPOX VACCINATION, DIAGNOSIS, AND TREATMENT INTO ROUTINE SEXUAL HEALTH SERVICES WITHIN STD CLINICS USING A SYNDROMIC APPROACH THAT ADDRESSES OVERLAPPING HEALTH AND

Name of the organization	PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.	Employer identification number	95-2557063
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SOCIAL CHALLENGES. BY BUILDING CLINIC AND PROVIDER CAPACITY TO EDUCATE, VACCINATE, AND MANAGE MPOX, THE PROGRAM AIMS TO REDUCE TRANSMISSION AMONG DISPROPORTIONATELY IMPACTED POPULATIONS. SUPPLEMENTAL FUNDING SUPPORTS THE SUSTAINABLE EXPANSION OF THESE SERVICES TO PREVENT FUTURE MPOX OUTBREAKS.

CAPACITY BUILDING ASSISTANCE (CBA) FOR HIV PREVENTION PROGRAMS TO END THE HIV EPIDEMIC IN THE UNITED STATES:
THE ENDING THE HIV EPIDEMIC (EHE) INITIATIVE HAS PROVIDED A NATIONAL FRAMEWORK TO ACHIEVE THE GOALS OF REDUCING NEW HIV INFECTIONS BY 75% BY 2025 AND 90% BY 2030. AS PART OF THE EHE INITIATIVE, HELUNA HEALTH AND THE CALIFORNIA PREVENTION TRAINING CENTER (CAPTC) PARTNER TO DELIVER TRAINING AND TECHNICAL ASSISTANCE TO HEALTH DEPARTMENTS (HD) AND COMMUNITY-BASED ORGANIZATIONS (CBO) TO IMPROVE PLANNING, IMPLEMENTATION AND EVALUATION OF HIV PREVENTION PROGRAMS. THE CALIFORNIA PREVENTION TRAINING CENTER HAS 3 DECADES OF EXPERIENCE WORKING DIRECTLY WITH A WIDE ARRAY OF HIV PROVIDERS IN HD AND CBO SETTINGS AND CONTINUES TO COLLABORATE WITH OTHER CBA PROVIDERS TO ENHANCE THE SKILLS OF THE MULTIDISCIPLINARY HIV WORKFORCE.

SHERO HEALTHY FAMILIES COMMUNITY:

SHERO "SHAPING HEALTHY EQUITABLE REPRODUCTIVE OUTCOMES" IS THE FIRST, HIGH-TOUCH, HUMAN-LED, TECH SOLUTION THAT OFFERS PRENATAL AND SOCIAL SUPPORT THROUGHOUT AND BEYOND PREGNANCY USING A VIRTUAL OUTREACH MODEL. AS PART OF THIS INITIATIVE HELUNA HEALTH IN PARTNERSHIP WITH MOMENTUM PARK HAS DEVELOPED INNOVATIVE MODELS FOR INTEGRATING COMMUNITY-BASED MATERNAL SUPPORT SERVICES INTO PERINATAL SYSTEMS OF CARE. MOMENTUM PARK INTEGRATES MEDICINE, PUBLIC HEALTH, ADVOCACY, AND TECHNOLOGY TO HELP SOLVE THE U.S. MATERNAL AND INFANT MORTALITY/MORBIDITY CRISIS. IT ADVANCES EQUITY AND JUSTICE THROUGH TECH-ENABLED EDUCATION AND PROGRAMS, DIRECTING RESOURCES AND EFFORTS TO THE HIGHEST IMPACTED COMMUNITIES.

CDPH MPOX STAFFING AGREEMENT:

HELUNA HEALTH PARTNERS WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) TO EXPAND THE STATE'S CAPACITY TO ENGAGE HEALTHCARE PROVIDERS AND ENSURE THAT THE MOST CURRENT INFORMATION ON MONKEYPOX VACCINES AND THERAPEUTICS ARE AVAILABLE STATEWIDE. HELUNA HEALTH PROVIDES EMERGENCY PERSONNEL TO CDPH IN SUPPORT OF THE PUBLIC HEALTH SYSTEM, MANAGES ALL PERSONNEL-RELATED ACTIVITIES INCLUDING PAYROLL AND BENEFITS ADMINISTRATION, AND SUPPORTS THE STAFFING REQUIREMENTS OUTLINED IN THE AGREEMENT. IN DOING SO, HELUNA HEALTH IS RESPONSIBLE FOR THE RECRUITMENT, HIRING, MANAGEMENT, AND OVERSIGHT OF ALL PERSONNEL SPECIFIED UNDER THE AGREEMENT.

EXPENSES \$ 157,537,970. INCLUDING GRANTS OF \$ 0. REVENUE \$ 49,297,614.

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

FORM 990 IS REVIEWED AND APPROVED BY A BOARD-APPOINTED AUDIT COMMITTEE WITH COPIES OF THE FORM PROVIDED TO ALL THE BOARD MEMBERS.

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

THERE IS AN ANNUAL BOARD DISCUSSION OF POLICIES AND EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST AND CODE OF ETHICS POLICY EACH YEAR. AS POTENTIAL CONFLICTS ARISE, THEY ARE DISCUSSED AND MANAGED BY THE BOARD'S GOVERNANCE COMMITTEE.

Name of the organization	PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.	Employer identification number	95-2557063
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FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION IS REVIEWED IN RELATIONSHIP TO MARKET AND SUBJECT TO VOTE BY THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS AND OTHER GOVERNING DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE (WWW.HELUNAHEALTH.ORG). OTHER MATERIALS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	5,925,731.
MANAGEMENT AND GENERAL EXPENSES	167,845.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,093,576.

SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES	209,818,286.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	209,818,286.

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	2,204,467.
MANAGEMENT AND GENERAL EXPENSES	1,403,113.
FUNDRAISING EXPENSES	52,219.
TOTAL EXPENSES	3,659,799.

SUBRECIPIENTS:

PROGRAM SERVICE EXPENSES	236,959,437.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	236,959,437.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	456,531,098.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.	Employer identification number 95-2557063
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
315 WASHINGTON STREET OWNER LLC - 87-3381673 13300 CROSSROADS PARKWAY N, NO. 450 CITY OF INDUSTRY, CA 91746	SPECIAL PROJECT ENTITY (SPE) TO HOUSE ACTIVITY OF NORCAL BUILDING PURCHASE	CALIFORNIA		6,735,198.	PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) (Rev. 1-2025)

PUBLIC HEALTH FOUNDATION

Schedule R (Form 990) (Rev. 1-2025)

ENTERPRISES, INC.

95-2557063

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

PUBLIC HEALTH FOUNDATION

Schedule R (Form 990) (Rev. 1-2025)

ENTERPRISES, INC.

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

