ヺ

#### EXTENDED TO MAY 15, 2020 OMB No 1545-0047 **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: Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service JUL 1, 2018 and ending JUN 30, For the 2018 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable Address change PUBLIC POLICY INSTITUTE OF CALIFORNIA Name change 94-3207299 Doing business as Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 415-291-4400 600 Final return/ 500 WASHINGTON STREET 40,753,410. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN FRANCISCO, CA 94111 H(a) Is this a group return Applica F Name and address of principal officer. CYNTHIA SCHERER Yes 🗶 No for subordinates? pending H(b) Are all subordinates included? SAME AS C ABOVE 」Yes └─ No 4947(a)(1) or If "No," attach a list (see instructions) I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) J Website: ► WWW.PPIC.ORG H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1994 M State of legal domicile: CA Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities. SEE SCHEDULE O Activities & Governance 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 14 Number of voting members of the governing body (Part VI, line 1a) REGEIVED 13 4 Number of independent voting members of the governing body (Part VI, line 11) OSC 94 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a DEC 3 0 2019 **B**51 0 6 6 Total number of volunteers (estimate if necessary) -114,972.7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -109,358. **b** Net unrelated business taxable income from Form 990-T, line 38 7b OGDEN **Current Year** 7,534,564 14,270,152. 8 Contributions and grants (Part VIII, line 1h) Revenue Ō. 0 Program service revenue (Part VIII, line 2g) 6,162,329 19,167,154. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -131,136 -114,715. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,565,757. 33,322,591. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō 0. Benefits paid to or for members (Part IX, column (A), line 4) 10,483,069. 11,589,349. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 534,900. **b** Total fundraising expenses (Part IX, column (D), line 25) 7,718,176. 6,855,794. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

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	Signadure of officer  CYNTHIA SCHERER, CHIEF Type or print name and title	FINANCIAL OFFICER	Date 12/19/19						
Paid	Print/Type preparer's name JOSEPH M. ALBERO	Preparer's signature JOSEPH M. ALBERO	Date   Check   PTIN   12/19/19   self-employed   P00533143						
Préparer	Firm's name FRANK, RIMERMAN	& CO, LLP	Firm's EIN ▶ 94-1341042						
Use Only									
May the II	BS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No						

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

Form 990 (2018)

19,307,525.

14,015,066.

**End of Year** 

313,759,696.

278.318.155.

35,441,541.

17,338,863.

-3,773,106.

**Beginning of Current Year** 

304,709,985.

269,546,190.

35,163,795.

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 18 from line 12

22 Net assets or fund balances Subtract line 21 from line 20

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

4e	Total program service expenses	15,1	96,126.			· · · · · · · · · · · · · · · · · · ·
<b>→</b> u	(Expenses \$	including grants of		) (Revenue \$		)
	Other program services (Describe in Sci	nedule () )				
		<u> </u>			<del> </del>	
						·····
		<del>_</del>	<del></del>			.=0
		<del></del> -				
			<del></del>			
4c	(Code) (Expenses \$	·	including grants of \$	) (	(Revenue \$	
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
					<u></u>	
4b	(Code ) (Expenses \$	<del></del>	including grants of \$	) (	(Hevenue \$	<u> </u>
	/o.t. \/s				/s c	
			<del></del>			· -
						<del></del>
	SEE SCHEDULE O			<del></del>		
	SEE SCHEDULE O					
4 <sub>a</sub>	(Code ) (Expenses \$ 15,	196,126	Including grants of \$	) (	(Revenue \$	14,288,056.
	Section 501(c)(3) and 501(c)(4) organizative revenue, if any, for each program service				o others, the tot	al expenses, and
4	Describe the organization's program se	rvice accompli				
3	Did the organization cease conducting, If "Yes," describe these changes on Sc		cant changes in now it co	nducts, any program servi	ices /	L Tes LA No
2	If "Yes," describe these new services of		ioant changes in how it as	ndusts, any program con-	10002	☐Yes X No
	prior Form 990 or 990-EZ?		-			Yes X No
	Did the organization undertake any sign	nificant program	n services during the year	which were not listed on t	he	
		<del> </del>		····		
1	Briefly describe the organization's miss SEE SCHEDULE O	ion				
	Check if Schedule O contains a re		e to any line in this Part III			X
Pa	rt III Statement of Program Se			011211 01111111		rage 2
Forn	ร์ 990 (2018) PUBLIC	POLICY	INSTITUTE OF	CALIFORNIA	94-3	207299 Page 2

PUBLIC POLICY INSTITUTE OF CALIFORNIA

Form 990 (2018) PUBLIC POLIC 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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-3_		
4		4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		-
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		l	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	x	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 10		
·	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		$\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	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		J	
	or more? If "Yes," complete Schedule F, Parts I and IV	14ь		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ľ	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? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		_	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ĺ	v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
• •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

832003 12-31-18

PUBLIC POLICY INSTITUTE OF CALIFORNIA Form 990 (2018) PUBLIC POLICY INST Part IV Checklist of Required Schedules (continued)

<u> </u>			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х ^	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	l	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
•	(gambling) winnings to prize winners?	1c	Х	L
83200	4 12-31-18	Form	990	(2018

832004 12-31-18

Page 5

`					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	94			22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
3а	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? If "No" to line 3b, provide an explanation in Schedule	0		3ь	X	<u> </u>		
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	accou	int)?	4a	22.02461	X		
b	If "Yes," enter the name of the foreign country		<del></del>					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccon	nts (FBAR)	333				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control	action	?	5b	<del> </del>	<u>├</u> ^		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		$\vdash$		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anization solicit	6-		x		
<b>.</b>	any contributions that were not tax deductible as charitable contributions?	tions c	or aifte	6a	<del>                                     </del>	<del>                                     </del>		
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?	lions c	n girts	6ь				
7	Organizations that may receive deductible contributions under section 170(c).				148872			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices i	provided to the payor?	7a	Address S	X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	juired					
	to file Form 8282?		•	7c		Х		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d		0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7е		_X_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	399 as required?	7g		X		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		X		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e .		20			
	sponsoring organization have excess business holdings at any time during the year?			8	c synonity	X		
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X		
_	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	} 49398s	A 64		
0	Section 501(c)(7) organizations. Enter	-مه ا	1					
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
р  1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>					
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	11a	l					
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	"						
-	amounts due or received from them )	11b						
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	marine de la companya del companya del companya de la companya de	Triange 200		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12ь						
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.							
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						
С	Enter the amount of reserves on hand	13c				1000		
	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? If "No," provide an explanation in Schedul			14b				
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or			٠,,		
	excess parachute payment(s) during the year?			15	-098585300c	X		
_	If "Yes," see instructions and file Form 4720, Schedule N					V.		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	me?	16	\$650 500k	<b>X</b>		
	If "Yes," complete Form 4720, Schedule O		<del></del>		ZXXX.	XXX		

Form 990 (2018) PUBLIC POLICY INSTITUTE OF CALIFORNIA 34-3201233 Page Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response of changes in Schedule O. See instructions to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{X}$
Sec	tion 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 14	1000		3333
	If there are material differences in voting rights among members of the governing body, or if the governing	1335	3.4	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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	YWOFGTYX	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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:		77. (9%) 20. (19%)	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	86	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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	x 4/706 \41
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	] [	•	
	In 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	A Domini	(Tintheoret)
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?	15a	X	<u> </u>
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a 15b	X	<u>-</u>
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130 250x4		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·va	taxable entity during the year?	16a	Sales Tark	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	**************************************	3,35	V/6/23
-	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		18. A.	13.75 14.55
	exempt status with respect to such arrangements?	16b	action in the	3.10023000 <b>3</b>
Sec	tion 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	availa	ble
-	for public inspection. Indicate how you made these available. Check all that apply	//		
	X Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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	•	_	
	CYNTHIA SCHERER - 415-291-4400			
	500 WASHINGTON STREET, SUITE 600, SAN FRANCISCO, CA 94111			
332006	12-31-18	Form	990	(2018)

### Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization			npe	nsat			<del></del>			
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	-	Γ		Г	1		from	from related	other
	(list any hours for	rect	1	1 1				the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	ig E			sated		(W-2/1099-MISC)	(***2/1099-101130)	organization
	organizations	truste	fros		yee	mpen		(** 2, 1000 (***)		and related
	below	Individual trustee or director	institutional trustee	_	윤	stco	<u>ت</u>			organizations
	line)	Indiv	institu	Officer	Key employee	Highest compensated employee	Form		n: !	
(1) MARK BALDASSARE	40.00									
PRESIDENT/CEO		X		X				464,297.	<u> </u>	33,149.
(2) MARIA BLANCO	1.00									
DIRECTOR		Х	L					$1 \times 0$ .	, νο.	/ 火 0.
(3) DONNA LUCAS	1.00							( ) 0		_
DIRECTOR		Х						/ / 0.	, × 0.	1 × 0.
(4) DAVID MAS MASUMOTO	1.00							1 × 0.	_	
DIRECTOR		X		Щ				! > 0.	∵0.	, × 0.
(5) STEVEN A. MERKSAMER	1.00	ļ						l x n		٠. ٥
CHAIRMAN		X		Ш		<u> </u>		1 × 0.	1 < 0.	, '< 0.
(6) KIM POLESE	1.00								. 0	
DIRECTOR		Х	-			<u> </u>		. 0.	ı <b>∀0.</b>	1 × 0.
(7) PHILLIP ISENBERG	1.00	X						ا م بر	/ × 0.	1 × 0.
DIRECTOR (8) LOUISE HENRY BRYSON	1.00	A	<u> </u>	Н		ļ		, ×0.	1 20.	1 7 0.
DIRECTOR	1.00	x						/ ×0.	1 40.	/ × o.
(9) A. MARISA CHUN	1.00	<u> </u>	┝╌	Н	_	Н		<u> </u>	1 ,0.	, 0.
DIRECTOR	1.00	x						1 70.	, <0.	1 40.
(10) GERALD L. PARSKY	1.00	<del>                                     </del>	├─	Н	_	-		, ,	, , , , , , ,	
DIRECTOR		x						. ×o.	! < 0.	( <b>~</b> `< 0.
(11) GADDI H. VASQUEZ	1.00		$\vdash$	Н				7.7.		· · · · · · · · · · · · · · · · · · ·
DIRECTOR		x						! > 0.	′ ′0.	(
(12) CHET HEWITT	1.00	Т								
DIRECTOR		х						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	! 70.	し 、
(13) RUBEN BARRALES	1.00			П						
DIRECTOR	****	Х	;					! 40.	! \ o.	) ×0.
(14) LEON E. PANETTA	1.00							.,		
DIRECTOR		Х						ر ٧٥.		1 70.
(15) EMILY LOESCHINGER	40.00			П					,	
SECRETARY				Х				71,517.	١ ٠٠٠٠	6,667.
(16) CYNTHIA SCHERER	40.00								,	
TREASURER/CFO			L_	X		$oxed{oxed}$		237,196.	j \ 0.	28,508.
(17) PATRICK MURPHY	40.00			]					' . ,	
POLICY DIRECTOR AND SENIOR			L	Ш	X			276,985.	( \\ \d 0.	32,437.
832007 12-31-18										Form 990 (2018

Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
` (A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		tımate	-
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation		nount	of
	week	⊢-	Cor ai	I	T	1/008	lee,	from	from related		other	
	(list any hours for	recto	1					the organization	organizations (W-2/1099-MISC)		pensa om th	
	related	0 0	<u> </u>			sated		(W-2/1099-MISC)	(44-27 1099-141130)		anızat	
	organizations	ass .	E E		93	mpeu		(11 2) 1000 111100)		_	d relat	
	below	Individual trustee or director	Institutional trustee	<u>ا</u> ا	lg l	stco	<sub>15</sub>			orga	anızatı	ons
	line)	흏	#SE	Officer	Key employee	Highest compensated employee	퉏					
(18) ELLEN HANAK	40.00		Π						7			
CENTER DIRECTOR AND SENIOR					Х			283,631.	1 10.	3	3,5	<u>77.</u>
(19) ABIGAIL S COOK	40.00								; × <sub>0</sub> .			
VICE PRESIDENT OF COMMUNIC		<u> </u>		_	Х	L	L	249,145.	<i>^</i> 0.	2	9,5	<u>08.</u>
(20) DEBORAH GONZALEZ	40.00	1				1			7.	_		
DIRECTOR OF GOVT. AFFAIRS		<u> </u>	L		X	_		187,607.	, 0.	2	0,1	<u>46.</u>
(21) SARAH BOHN	40.00				١	l		176 101	· /o.	_	^ ~	^^
DIRECTOR OF RESEARCH AND SENIOR FELL	40.00	┞	<u> </u>	<u> </u>	X	<b>!</b>		176,101.	`0.		0,3	08.
(22) HANS P JOHNSON	40.00	1						262 220	1 70.	-	1 1	27
SENIOR FELLOW	40.00		ļ.,	<u> </u>	<b>—</b>	X	<u> </u>	262,239.	; /0.		1,1	<u> </u>
(23) MAGNUS J LOFSTROM	40.00	Į.		l		,,		170 (51		1	0 E	2.4
SENIOR FELLOW	40.00	╙	┢	╙	L-	X	⊢	178,651.	١ ١ ٧٠٠	- +	9,5	<u> </u>
(24) LYNETTE UBOIS	40.00	Į.			l		1	170 561	, ,	4		10
DIRECTOR OF PUBLICATIONS	40.00	⊢	_	▙	<u> </u>	X	<u> </u>	172,561.	, 40.		8,9	<u> 10.</u>
(25) ATHENA BREKKE	40.00	Į.			l	١,,	1	175 206		4	0 0	22
DIRECTOR OF IT	40.00	⊢	┡	╙	<u> </u>	X	⊢-	175,286.	١ ٨ ٥٠		8,8	<u> 43.</u>
(26) CAROLINE DANIELSON	40.00	l			1	x		165 047	1.7.0.	1	8,0	20
POLICY DIRECTOR AND SENIOR	l	<u>L</u> .	L		<u> </u>	ΙΛ.	Ļ	165,947. 2,901,163.	1.0.		$\frac{0,0}{0,7}$	
1b Sub-total								1,701,103.	1-40.	31		0.
c Total from continuation sheets to Part V	II, Section A							2,901,163.	, LO.	31	$\frac{1}{0}, \frac{3}{7}$	
d Total (add lines 1b and 1c)				_			<u> </u>	.l		<u> </u>	0,,	14.
2 Total number of individuals (including but n	of limited to tr	ose	liste	ed a	DOV	e) wi	no re	eceived more than \$100	,000 of reportable			12
compensation from the organization									· · · · · · · · · · · · · · · · · · ·		Yes	No
3 Did the organization list any former officer,	director or to	ıcto	م اده	01	mala		٥.	highest companyated o	mployee on			-110
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			c, Ke	y er	iibic	уее	, or	mgnesi compensated e	mpioyee on	3		х
4 For any individual listed on line 1a, is the si			ama	000	ation		4 0+1	har compensation from	the organization	-		
and related organizations greater than \$15									ule organization	4	х	ļ
5 Did any person listed on line 1a receive or a									idual for services			
rendered to the organization? If "Yes," com	•						cial	ied organization or indiv	iodal for services	5		Х
rendered to the organization in res, con-	piere ochedal	J U 1	U 3	<i>u</i> <u>U</u> I I	داعط	3011						

Section B. Independent Contractors

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
ABT ASSOCIATES, INC.		
20 211110221 2211221	SURVEY	1,297,564.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA		
9500 GILLMAN DRIVE, LA JOLLA, CA 92093	RESEARCH CONSULTANTS	366,768.
SHERATON GRAND HOTEL		
1230 J STREET, SACRAMENTO , CA 95814	FACILITY RENTAL	192,820.
REGENTS OF THE UNIVERSITY OF CALIFORNIA	-	
400 MARK DRIVE , DAVIS , CA 95616	RESEARCH CONSULTANTS	166,764.
REGENTS OF THE UNIVERSITY OF CALIFORNIA - L		
109 MOSES HALL, #2370, BERKELY, CA 94720	DATA	125,000.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization		

Form 990 (2018)

94-3207299 Page 9 PUBLIC POLICY INSTITUTE OF CALIFORNIA Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue 1a 1 a Federated campaigns 1b Membership dues 1c c Fundraising events 1d d Related organizations 439,139 e Government grants (contributions) f All other contributions, gifts, grants, and 13,831,013 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 14,270,152 h Total. Add lines 1a-1f Business Code All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 12,084,164 12,084,164 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 3,312,768. 6 a Gross rents 3,440,758 b Less rental expenses -127,990 c Rental income or (loss) -127,990 d Net rental income or (loss) Gross amount from sales of (i) Securities (ii) Other 11,073,051 assets other than inventory b Less: cost or other basis 3,990,061 and sales expenses 7.082.990 c Gain or (loss) -,082,990 7,082,990 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code UBTI-PARTNERSHIP INCOME 532000 13,018 13,018 257 257 RESEARCH PUBLICATION SALES 511190

12 832009 12-31-18 -114,972.

13,275

33,322,591,

19,167,411.

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

PUBLIC POLICY INSTITUTE OF CALIFORNIA

Part X Statement of Functional Expenses

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

-	Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)					
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising					
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses					
1	and domestic governments. See Part IV, line 21									
_	-			61980300.74199.3519000000000000000000000000000000000000						
2	Grants and other assistance to domestic									
_	individuals See Part IV, line 22		<b></b>							
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		,		<u>/////////////////////////////////////</u>					
5	Compensation of current officers, directors,	1 046 470	1,173,469.	772 010						
_	trustees, and key employees	1,946,479.	1,1/3,409.	773,010.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	6,878,974.	5,522,707.	1,082,665.	273,602.					
7	Other salanes and wages	0,0/0,9/4.	5,522,707.	1,004,005.	2/3,002.					
8	Pension plan accruals and contributions (include	020 744	620 200	164 026	26 220					
_	section 401(k) and 403(b) employer contributions)	828,744. 1,323,793.	638,390. 843,369.	164,026. 391,932.	26,328.					
9	Other employee benefits				88,492.					
10	Payroll taxes	611,359.	476,605.	114,863.	19,891.					
11	Fees for services (non-employees)									
a	Management	20,178.	10,186.	9,992.						
b	Legal	103,100.	10,100.	103,100.						
	Accounting	103,100.		103,100.						
	Lobbying		CONTROL STRUCTURE CONTROL CONT	\$0.0004,88800, TO, 178 274,836 2867077						
	Professional fundraising services. See Part IV, line 17	1 002 107	1 500 501	340 370	E4 200					
f	Investment management fees	1,903,187.	1,500,501.	348,378.	54,308.					
g	Other (If line 11g amount exceeds 10% of line 25,	2 146 201	2 117 702	\ 20 600						
	column (A) amount, list line 11g expenses on Sch 0.)	2,146,391.	2,117,782.	28,609.						
12	Advertising and promotion	206 244	225 750	52,415.	0 171					
13	Office expenses	286,344.	225,758.		8,171.					
14	Information technology	248,534.	195,948.	45,494.	7,092.					
15	Royalties	1 000 057	700 667	102 572	20 617					
16	Occupancy	1,002,857. 360,941.	790,667. 280,790.	183,573. 76,058.	28,617.					
17	Travel	300,941.	200,790.	/0,030.	4,093.					
18	Payments of travel or entertainment expenses	į.								
	for any federal, state, or local public officials	476 240	442 720	33,520.						
19	Conferences, conventions, and meetings	476,249.	442,729.	33,320.						
20	Interest									
21	Payments to affiliates	201 577	303,206.	70,397.	10 074					
22	Depreciation, depletion, and amortization	384,577. 47,673.	37,586.	8,727.	10,974.					
23	Insurance	47,073.	37,300 •	0,121.	1,300.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line									
	24c amount exceeds 10% of line 25, column (A)			Maria de la	Parting and the Commence of th					
	amount, list line 24e expenses on Schedule O.)	210 225	010 70F	E O O						
a	DATA	219,325.	218,725.	600.						
Ь	PRINTING AND PUBLICATIO	141,077.	141,077.	<del></del>	· · ·					
C	WEB PAGE DEVELOPMENT	136,734. 80,092.	136,734.	7 645	A 000					
d	CONSULTING EXPENSES		72,250.	7,645. 81,495.	4,800.					
	All other expenses	160,917.	15,196,126.							
25	Total functional expenses. Add lines 1 through 24e	19,307,525.	13,130,140.	3,576,499.	534,900.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined		٠, ا							
	educational campaign and fundraising solicitation.				=					
	Check here if following SOP 98-2 (ASC 958-720)				5 000					
832010	12-31-18		,		Form <b>990</b> (2018)					

Form 990 (2018)

Pa	tѷX҈	Balance Sheet		·
		Check if Schedule O contains a response or note to any line in this Part X		
			(A)	(B)
			Beginning of year	End of year
	1	Cash - non-interest-bearing	879,687. 1	936,924.
	2	Savings and temporary cash investments	855,634. 2	1,065,409.
	3	Pledges and grants receivable, net	3,725,207. 3	8,356,885.
	4	Accounts receivable, net	32,427. 4	123,125.
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees. Complete		ucilitation in the contraction of the contraction o
	i	Part II of Schedule L	5	2000 200 200 200 200 200 200 200 200 20
	6	Loans and other receivables from other disqualified persons (as defined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	CHATHAINTERNAMATAN	1404 (1704 (1711) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		employers and sponsoring organizations of section 501(c)(9) voluntary		
Assets	l _	employees' beneficiary organizations (see instr) Complete Part II of Sch L	6 7	
Ass	7	Notes and loans receivable, net	8	
_	8	Inventories for sale or use	1,135,924. 9	1,489,550.
	9	Prepaid expenses and deferred charges		
	lua	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 53,085,232		
	۱ ,	Less accumulated depreciation 10b 27,908,754		25,176,478.
	11	Investments - publicly traded securities	11	, , , , , , , , , , , , , , , , , , , ,
	12	Investments - other securities See Part IV, line 11	271,750,790. 12	276,217,097.
•	13	Investments - program-related See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets See Part IV, line 11	374,748. 15	394,228.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	304,709,985. 16	313,759,696.
	17	Accounts payable and accrued expenses	2,264,966. 17	2,502,656.
	18	Grants payable	18	
	19	Deferred revenue .	19	10 705 000
	20	Tax-exempt bond liabilities	12,705,000. 20	12,705,000.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	21	resident in accompanies on the season of accompanies of the resident of the season of
es	22	Loans and other payables to current and former officers, directors, trustees,		
<b>#</b>		key employees, highest compensated employees, and disqualified persons		
Liabilities		Complete Part II of Schedule L	19,819,081. 23	19,839,657.
_	23	Secured mortgages and notes payable to unrelated third parties		19,039,037.
	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	374,748. 25	394,228.
	26	Schedule D Total liabilities Add lines 17 through 25	35,163,795. 26	35,441,541.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶	82322 0722232322 4AB	
S		complete lines 27 through 29, and lines 33 and 34.		
Š	27	Unrestricted net assets	257,359,368. 27	259,171,155.
alaı	28	Temporarily restricted net assets	11,186,822. 28	18,147,000.
B	29	Permanently restricted net assets	1,000,000. 29	1,000,000.
Net Assets or Fund Balances	-	Organizations that do not follow SFAS 117 (ASC 958), check here		
٥٠		and complete lines 30 through 34.		
sts	30	Capital stock or trust principal, or current funds	30	
1886	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
et A	32	Retained earnings, endowment, accumulated income, or other funds	32	
ž	33	Total net assets or fund balances	269,546,190. 33	278,318,155.
	34	Total liabilities and net assets/fund balances	304,709,985. 34	313,759,696.
		·		Form <b>990</b> (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Name of the organization

PUBLIC POLICY INSTITUTE OF CALIFORNIA

94-3207299 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J 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. 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. 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. 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. 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 Provide the following information about the supported organization(s) (III) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) FIN (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Total

94-3207299 Page 2 Schedule A (Form 990 or 990-EZ) 2018 PUBLIC POLICY INSTITUTE OF CALIFORNIA 94-32072 Part III. 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)

Se	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants ")	11,157,285.	4,139,261.	5,913,642.	7,534,563.	14,270,152.	43,014,903.		
2	Tax revenues levied for the organ-		_						
	ization's benefit and either paid to					J			
	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	11,157,285.	4,139,261.	5,913,642.	7,534,563.	14,270,152.	43,014,903.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly						1		
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)	A POR CALCAL MANAGEMENT OF THE PARTY.		ALAL MERITA	LI MANAGATAN ALIKA MANAGATAN		20,570,623.		
ь	Public support. Subtract line 5 from line 4		າໃນນີ້ເຄັນນີ້ນີ້ນີ້ນີ້ໄຂ້ເຄັ້ນໃນນີ້ນີ້ ກໍ່ຕົ້ນນີ້ນີ້ນີ້ກໍ່ເຄັ້ນນີ້ນີ້ນີ້ນີ້ ເຂົ້າເຂົ້ານີ້ນີ້ນີ້ນີ້ ກໍ່ນີ້ນີ້ນີ້ນີ້ກໍ່ເຂົ້າເຂົ້າເພື່ອກໍ່ນີ້ນີ້ນີ້ນີ້ນີ້ ເຂົ້າເກັ່ນນີ້ນີ້ນີ້ ເຂົ້າເຂົ້ານີ້ນີ້ນີ້ນີ້ນີ້ນີ້ນີ້ນີ້ນີ້ນ	araninakaran mula maran karan ka	Anny of Armythal and the Shilling		22,444,280.		
Sec	ction B. Total Support					· · · ·			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	11,157,285.	4,139,261.	5,913,642.	7,534,563.	14,270,152.	43,014,903.		
8	Gross income from interest,		<u>-</u>						
	dividends, payments received on				·				
	securities loans, rents, royalties,						•		
	and income from similar sources	10,612,670.	6,099,875.	2,424,234.	2,633,991.	12,084,164.	33,854,934.		
9	Net income from unrelated business				7				
	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)	1,439.	393.	121.	109.	257.	2,319.		
11	Total support. Add lines 7 through 10				indudentiiviis.	\$14.00 persona 200 persona 300	76,872,156.		
12	Gross receipts from related activities,	etc (see instruction	ons)			12			
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)			
	organization, check this box and stop	here					<u> </u>		
Sec	tion C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	29.20 %		
	Public support percentage from 2017					15	30.56 %		
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□		
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box		
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶		
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not d	heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explaın ın Par	t VI how the organi			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization	-	ightharpoons X		
b	10% -facts-and-circumstances test	t - <b>2017.</b> If the org	anization did not o	check a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	10% or		
	more, and if the organization meets th	-				_			
	organization meets the "facts-and-circ				•		ightharpoons		
18	Private foundation. If the organizatio		•	•					
						dule A (Form 990			

(Complete only if you checked to qualify under the tests listed be			organization laned	to quality under i		
Section A. Public Support			· · · · · · · · · · · · · · · · · · ·		<del>,                                    </del>	/
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<u> </u>
1 Gifts, grants, contributions, and						V
membership fees received (Do not					/	1
include any "unusual grants ")					<del>                                     </del>	<u> </u>
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose		<u> </u>			<del>  / </del>	<del> </del>
3 Gross receipts from activities that					X	
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-	<del>\</del>	<del>†</del> ··			<del>                                     </del>	
ization's benefit and either paid to						
or expended on its behalf						}
5 The value of services or facilities	<del></del>	<del> </del>		/		<del> </del>
furnished by a governmental unit to	`	1	]			
the organization without charge		1	/			
6 Total. Add lines 1 through 5		<u> </u>			<del>                                     </del>	†
7a Amounts included on lines 1, 2, and					1	T
3 received from disqualified persons			/			
<b>b</b> Amounts included on lines 2 and 3 received						1
from other than disqualified persons that		\	/			
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			<b>K</b> 1			
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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) T
9 Amounts from line 6						<u> </u>
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,		V	\			
and income from similar sources		1				ļ
<b>b</b> Unrelated business taxable income				$\setminus$	i	
(less section 511 taxes) from businesses						
acquired after June 30, 1975		<u> </u>				-
c Add lines 10a and 10b	/	<b>_</b>				<u> </u>
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on		ļ		<u> </u>		
12 Other income Do not include gain or loss from the sale of capital				\	.	
assets (Explain in Part VI)					<del>\</del>	+
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>			1	<del></del>
14 First five years. If the Form 990 is for t	the organization	's fırst, second, thi	rd, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here	· Command P					<u>.</u>
Section C. Computation of Public					1451	
15 Public support percentage for 2018 (lin			column (f))		15	
16 Public support percentage from 2017 S					16	
Section D. Computation of Invest					147	
17 Investment income percentage for 201			ine 13, column (f))		17	$\overline{}$
18 Investment income percentage from 20			14	. 45 "	18	17.5-1
19a 33 1/3% support tests - 2018. If the c	-					10 IS TOOT
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2017. If the c						
line 18 is not more than 33 1/3%, chec		-				
26 Private foundation. If the organization	aid not check a	1 DOX ON line 14, 19	a, or 19b, check th			N or 000 '
832023 10-11-18				Sch	edule A (Form 99	~ or <del>99</del> 0-l
632023 10-11-16			15			

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

\$5% \$ \$80°586.x	Yes	No
AC 32335507, 1665		
1		
	-36-55.vs	
	2	3000
	3383	
	25555521.30	000000000000000000000000000000000000000
2	334.02556.0	2667/28/056#
3a _		
<b>******</b> ******************************	\$ <b>*</b>	<b>*******</b>
\$300 X 3		
3ъ		
3с	CEMPERAL	NAME HALL XXIII
		XXII)
######################################		acci
4a	Sat 1 - 1	92 er -
	条務務:	13003
<b>****</b>		<b>建筑</b>
4b		
	4538	
£		, V.
<b>**</b> **********************************	XXXX	Ç88,383
4c		
	X 2 3 X	********
<b>***</b> * *		. * . *
	- T	
<b>****</b> ********************************	***	
		200
5a	and a service of the service of	Cirimodona.
38	18888 S.	
	<b>330</b> EE	124369
5b	<u> </u>	<u></u>
5c		
	<b>***</b>	
	N. 1852	\$\$\$\$\$
	3.545.2	
<b>X</b>	333	
- 6		
6		l
6		l
6		l
6		l
6 7		
7		l
7		
7		
7		
7 8		
7 8 9a		
7 7 8 9a		
7 7 8 9a 9b		
9b		
9a 9b		
9b		

Sec	tion 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		_
Sec	tion 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)			
а	Average monthly value of securities	1a		
ь	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	3300		An Prairie Control of the State
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		-
2	Enter 85% of line 1	2	7 44 65 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 PUBLIC POLICY INSTITUTE OF CALIFORNIA 94-3207299 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (cii) **Underdistributions** Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3) 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule /	A`(F	orm 990 or	990-EZ	2018	PUBL:	IC PO	LICY	INSTI	TUTE	OF	CALIFO	RNIA	94-320729	99 Page 8
Part VI	TS	upplem	ental	nfor	nation.	Provide t	he explan	ations requ	ured by	Part II,	line 10, Part I	, line 17a oi	17b, Part III, line 1	2.
<del></del>	Ρ	art IV, Sect	tion A, li	nes 1,	2, 3b, 3c,	4b, 4c, 5	a, 6, 9a, 9	b. 9c, 11a	, 11b, an	nd 11c;	Part IV, Section	on B, lines 1	and 2, Part IV, Sec	ction C,
	li C	ne 1, Part I	V, Secti	on D, I	ines 2 and	13, Part I	V, Section	E, lines 10	;, 2a, 2b,	, 3a, ar	nd 3b, Part V, I	ine 1, Part \	/, Section B, line 16 nal information.	e, Part V,
	(5	See instruct	nes 5, c tions )	, and a	s, and Par	t v, Secu	on E, lines	2, 5, and	o Also C	omple	te this part for	any additio	nai iniomiation.	
		300 111011 40					<del></del>							
PART :	ΙI	. SECT	ON	C.	LINE	17A.	FACT	S AND	CIR	CUMS	STANCES	TEST:		
	==	, ==												
SEE S'	TА	темеми	יידי ב	TACE	. CH									
										_	···-	<del></del>		
	_						<del></del>							<del></del>
														<del></del>
												<del></del>		
<del></del>														
								_			<u></u>		<del></del>	
												,	<del></del>	
													·	
													<del></del>	
											_			
													<del></del>	
											-			

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

PUBLIC POLICY INSTITUTE OF CALIFORNIA

Employer identification number 94-3207299

OMB No 1545-0047

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 (dunng 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 advise	d 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 a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certifi	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve 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 conservat	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	ne organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial (	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		\$

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

832051 10-29-18

	edule D (Form 990) 2018 PUBLIC	POLICY INS						07299	
Щ.									
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that	are a sign	nificant u	se of its	collection	rtems
	(check all that apply)		<b>□.</b>						
a	Public exhibition	d		hange progran	ns				
ь	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	•		-	-		se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other	r sımılar a:	ssets	۲	_	_
_	to be sold to raise funds rather than to be ma						<u></u>	<u> </u>	<u> </u>
Pa	t IV Escrow and Custodial Arran		ete if the organization	n answered "Y	es" on Fo	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other asse	ets not in	cluded	_	_	_
	on Form 990, Part X?						L	_  Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d	<u> </u>		
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21, for escrow or co	ustodial accour	nt liability	, <u>_</u> _		Yes	No
	If "Yes," explain the arrangement in Part XIII				_				
Par									
		(a) Current year	(b) Prior year	(c) Two years		Three ye	ars back	(e) Four ye	ears back
1a	Beginning of year balance	12,437,700.	11,453,094.	12,359			7,222.		84,729.
	Contributions	13,151,781.	5,484,157.	5,015,			9,609.		68,000.
	Net investment earnings, gains, and losses	52,588.	172,588.	237,			2,023.		14,325.
	Grants or scholarships							<del></del>	
	' '		<del></del>	- · · - · · ·					
e	Other expenditures for facilities	6,191,604.	4,598,503.	6,084,	848	5 69	1,137.	۱ ,	76,058.
	and programs	86,649.	73,634.		832.		3,782.		23,774.
	Administrative expenses	19,363,817.	12,437,700.	11,453,	<del></del>		9,889.	<del></del>	67,222.
g	End of year balance			<u> </u>	034.	12,33	9,009.	12,2	07,222.
2	Provide the estimated percentage of the curr	rent year end balanc	· ·	i)) held as.					
а	Board designated or quasi-endowment		_%						
	Permanent endowment ► 6.00	<del></del> %							
C	· · · · · · · · · · · · · · · · · · ·	<u>4.00</u> %							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	ed for the	organiza	ition	_	
	by							<del></del>	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a S	See Form 990, I	Part X, lin	e 10			
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Accu	umulated	i	(d) Book v	/alue
		basis (investin		(other)	depre	ciation	ſ		
	Land		12,01	5,814.				2,015	
	Buildings				21,03	2,04	1. 1	2,341	,230.
c	Leasehold improvements		5,76	0,415.	5,13	0,24			,175.
d	Equipment			5,732.		6,47			,259.
	Other						1		
	. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, column (B), line 1	0c)			<b>2</b>	5,176	,478.

Schedule D (Form 990) 2018

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2) 457 (B) PLAN LIABILITY 394, 228.

(3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 

394, 228.

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

Schedule D (Form 990) 2018

	dule D(Form 990) 2018 PUBLIC POLICY INSTITUTE OF				3207299	Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statement	nts W	ith Revenue per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<del></del>		·	
1	Total revenue, gains, and other support per audited financial statements			1	26,354,	317.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			1		
а	Net unrealized gains (losses) on investments	2a				
þ	Donated services and use of facilities	2b		4		
С	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIII )	2d		-	1 (	Y <sub>0</sub>
е	Add lines 2a through 2d			_2e_	26,354,	217
3	Subtract line 2e from line 1			3	20,334,	317.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ا ـها		l	İ	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	6,968,275.	1		
Ь	Other (Describe in Part XIII ) Add lines 4a and 4b	40	0,300,273.	4c	6,968,	275
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	33,322,	
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	/ith Expenses per			374.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		na: Expended per			
1	Total expenses and losses per audited financial statements		·	1	17,532,	637.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			├ <del></del>		
– a	Donated services and use of facilities	2a			Ì	
	Pnor year adjustments	2b		1		
c	Other losses	2c	<del></del>	1		
d	Other (Describe in Part XIII )	2d	<del></del>	1	' '	<b>V</b>
е	Add lines 2a through 2d			2e	1 1 )	$\wedge$ 0.
3	Subtract line 2e from line 1			3	17,532,	637.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,903,187.			
b	Other (Describe in Part XIII.)	4b	-128,298.	]	ĺ	
С	Add lines 4a and 4b			4c_	1,774,	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5_	19,307,	526.
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I			4, Parl	X, line 2, Part X	CI,
lines :	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addit	tional in	formation.			
	<del></del>				<del></del>	
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:					
			<del></del>			
REA	LIZED GAIN ON INVESTMENTS				7,082,	990.
NET	INCOME ON BUILDING				-127,	990.
					<del></del>	
UBI	I - PARTNERSHIP INCOME				13,	018.
RES	EARCH PUBLICATION SALES		<del></del>			257.
TOI	AL TO SCHEDULE D, PART XI, LINE 4B		··· <u>·</u>		6,968,	275.
	<del></del>		_ <del></del>			
יוגת	m VII IINE AD OMIED AD THOMASTON.					
PAR	T XII, LINE 4B - OTHER ADJUSTMENTS:		<del></del>		<del>-</del>	
NET	INCOME ON BUILDING				-127,	990
	THE OIL DOLLDING		<del></del>			<u> </u>
ОТН	ERS				_	308.
TOT	AL TO SCHEDULE D, PART XII, LINE 4B				-128,	298.
	10-29-18			Sche	dule D (Form 9	

Schedule D	(Form 990) 2018	PUBLIC	POLICY	INSTITUTE	OF	CALIFORNIA	94-3207299	Page 5
Part XIII	(Form 990) 2018  Supplemental Infor	mation (cont	inued)					
`								
							<u> </u>	
				-		<u> </u>		
		<del></del>						
	·· <del>····</del>					<del></del>	<del>.</del>	
	-							
						_		
							<del></del>	
								_
_								
	<u>.                                    </u>							
						<del></del>	· · · · · · · · · · · · · · · · · · ·	
						······································		
						***		
							<del> </del>	
				<del></del>				

Schedule D (Form 990) 2018

Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12  (a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
ADAMS STREET 2008 NON-US FUND	1,963,582.	FMV
ADAMS STREET 2011 DIRECT FUND	536,412.	FMV
ADAMS STREET 2011 US FUND	3,476,803.	FMV
ADAMS STREET 2011 NON-US FUND	1,522,412.	FMV
ADAMS STREET 2011 EMERGING MARKETS	850,121.	FMV
PIMCO FUND	21,689,889.	FMV
PIMCO S&P 500 PLUS	21,788,325.	FMV
DIMENSIONAL FUND ADVISORS	6,514,829.	FMV
UBS TRUMBULL	11,082,270.	FMV
BGI GLOBAL ALPHA TILTS	40,286,660.	FMV
PRUDENTIAL REAL ESTATE - PRISA FUND	20,596,521.	FMV
SSGA US TOTAL MARKET INDEX	49,550,073.	FMV
SSGA MSCI ACWI	14,337,660.	FMV
SSGA US MSCI CTS	17,668,880.	FMV
TEMPLETON GLOBAL EQUITIES	33,233,003.	FMV
METROPOLITAN WEST INTERMEDIATE BOND FUND	21,555,160.	FMV
2017 ADAMS ST. GLOBAL FUND	3,445,588.	FMV

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

# **Compensation Information**

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

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

➤ Attach to Form 990.

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

2018
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Part | Questions Regarding Compensation

PUBLIC POLICY INSTITUTE OF CALIFORNIA

Employer identification number 94-3207299

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			322
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				5 × 53 g
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		æ	XXX
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
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		L
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study		\$25 X	
	Form 990 of other organizations  Approval by the board or compensation committee			
				30.00
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	2533		
a	Receive a severance payment or change-of-control payment?	4a_		X
	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	7000073 4	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:	2200		15 TO 1
	The organization?	5a		X
a	Any related organization?	5b	200056x	A (38.4)
_	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	6a	25.22	X
	The organization?	6b		X
L)	Any related organization?	200 200	2275°.	10 3415 10 3415 10 3415
7	If "Yes" on line 6a or 6b, describe in Part III			\$6.57 to
•	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
Ω	$oldsymbol{\cdot}$	¥38383	<b>\$\$</b>	38X.48
U		Ω	238.38	2
_	Initial Contract Exception described in Neguiations Section So 4330°4(d)(3)' II   163, "UESCIDE III Fait III	1 0 1	Ι .	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	30000X	<b>XXXX</b>	1/3/3
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

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule J (Form 990) 2018

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.

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(a)(a)	in column (B) reported as deferred on prior Form 990
(1) MARK BALDASSARE	€	464,297.	0	0	33,149.	0	.944, 446.	0
PRESIDENT/CEO	: 3	0	0	0	0	0	0	0
(2) CYNTHIA SCHERER	Į≘	237,196.	0	0	28,508.	0	265,704.	0
TREASURER/CFO	Ξ	L.	0	0	0	0	0	0
(3) PATRICK MURPHY	₽	276,985.	0	0	32,437.	0	309,422.	0
POLICY DIRECTOR AND SENIOR	€	0	0	0		0	0	0
(4) ELLEN HANAK	₽	283,63	0	0	33,577.	0	317,208.	0
CENTER DIRECTOR AND SENIOR	Ξ	0	0	0		0	0	0
(5) ABIGAIL S COOK	Ξ	249,14		0	29,508.	0	278,653.	0
VICE PRESIDENT OF COMMUNIC	<u> </u>		0	0	0	0	ı	0
(6) DEBORAH GONZALEZ	€	187,60	0	0	20,146.	0.	207,753.	0
DIRECTOR OF GOVT. AFFAIRS	€		0	0	0	0	• 0	0
(7) SARAH BOHN	Ξ	116,10		0	20,308	0.	196,409	• 0
DIRECTOR OF RESEARCH AND SENIOR FELL (ii)	<u> </u>		0	0	0	0	• 0	0
(8) HANS P JOHNSON	Ξ	262,23			31,127.	0	. 293, 366.	
SENIOR FELLOW	≘					0.		
(9) MAGNUS J LOFSTROM	Ξ	178,65			19,524.	0	198,175.	
SENIOR FELLOW	<u>(ii)</u>		• 0		0	0.	• 0	
(10) LYNETTE UBOIS	€	172,561.	• 0		18,918.	0.	191,479.	0
DIRECTOR OF PUBLICATIONS	Ξ		• 0			0		
(11) ATHENA BREKKE	Ξ	175,28			18,823.	0.	194,109.	
DIRECTOR OF IT	Ξ					0.		
(12) CAROLINE DANIELSON	Ξ	162,94			18,020.	0.	183,967.	0.
POLICY DIRECTOR AND SENIOR	≘	[· 0	• 0	0	0.	0.	0	0
	(1)							
	(ii)	)						
	(3)							
	▤	1		-				
	Ξ							
	▤	1						
	Ξ							
	(							

Schedule J (Form 990) 2018

Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ■ Attach to Form 990.
 ■ Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

Schedule K (Form 990) 2018 Yes No (i) Pooled financing **Employer identification number** × ž 94-3207299 (g) Defeased (h) On behalf Yes No × ۵ of issuer Yes ŝ × Yes ŝ ပ (f) Description of purpose Yes ŝ  $\mathbf{\omega}$ Yes PART VI FOR COLUMN (A) CONTINUATIONS (e) Issue price 151,735 12,844,674 12,966,409 × × ŝ (d) Date issued 11/15/01 POLICY INSTITUTE OF CALIFORNIA Yes × 00037CEJ5 (c) CUSIP # Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? SEE Has the final allocation of proceeds been made? A FOR NONRPOFIT CORPORATIO Working capital expenditures from proceeds ABAG FINANCE AUTHORITY PUBLIC Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization · Bond Issues Proceeds Part Part II ດ ဖ ω 6 9 Ξ 건 ೮ 4 5 9 17 Ω ပ

Schedule K (Form 990) 2018 PUBLIC POLICY INSTITUTE OF CAI	CALIFORNIA	A	94-3	94-3207299				Page 2
	4				٥			,     
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt hands?	Yes	<sup>8</sup> ×	Yes	No.	Yes	S <sub>C</sub>	Yes	oN N
2 Are there any lease arrangements that may result in private business use of bond-financed property?		×						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
c Are there any research agreements that may result in private business use of		*						
bond-linanced property?  d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside		4						
counsel to review any research agreements relating to the financed p								
4 Enter the percentage of financed property used in a private business use by			`	,				;
entities other than a section 501(c)(3) organization or a state or local government		8		8		8		8
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a non-		>						
		4						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%	i	%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141·12 and 1 145·2?								
9 Has the organization established written procedures to ensure that all nonqualified		-		_				
bonds of the issue are remediated in accordance with the requirements under		×						
Part IV   Arbitrage								
	A			В		S	٥	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	o <sub>N</sub>	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?	×							
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
-1	<b>&gt;</b>							
3 Is the bond issue a variable rate issue?	4					13	Cobodulo K (Eorm 000) 2018	2000 2018
832122 11-01-18							iou) u ainna	01 07 (066 11

Page 3

Part IV Arbitrage (Continued)								
	A		8	-	S		۵	`.
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	S.
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							:	
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		×						
Part V Procedures To Undertake Corrective Action								
1	<b>▼</b>			8		U	٥	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable	!							
regulations?	×				:			
emental Information.	s on Schedule	K See Instr	uctions					
SCHEDULE K, PART I, BOND ISSUES:  (A) TSSHER NAME: ABAG FINANCE AUTHORITY FOR NONE	NONR POFIT C	CORPORATIONS	TIONS					
ROCEEDS OF	ISSUE:							
SCHEDULE K, PART IV, LINE 2C:							i	
NO REBATE DUE FROM 06/14/06 COMPUTATION						:		
	į			į				
						;		
						į		

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

PUBLIC POLICY INSTITUTE OF CALIFORNIA

Employer identification number 94-3207299

TOBBLE TOBLET INSTITUTE OF CABITORNIA 94 3207299
FORM 990, PART I, LINE 1
THE PUBLIC POLICY INSTITUTE OF CALIFORNIA (PPIC) IS DEDICATED TO
INFORMING AND IMPROVING PUBLIC POLICY IN CALIFORNIA THROUGH
INDEPENDENT, OBJECTIVE, NONPARTISAN RESEARCH.
FORM 990, PART III, LINE 1
PPIC IS A NONPROFIT, NONPARTISAN THINK TANK DEDICATED TO INFORMING AND
IMPROVING PUBLIC POLICY IN CALIFORNIA THROUGH RIGOROUS, INDEPENDENT,
OBJECTIVE RESEARCH. PPIC IS COMMITTED TO PROVIDING DATA-DRIVEN
INFORMATION THAT ENCOURAGES PRODUCTIVE DIALOGUE AND INSPIRES
SUSTAINABLE POLICY SOLUTIONS IN SACRAMENTO AND AROUND THE STATE. PPIC'S
CENTRAL AUDIENCES ARE CALIFORNIA'S ELECTED OFFICIALS AND POLICYMAKERS
AT THE LOCAL, STATE, AND FEDERAL LEVELS. PPIC ALSO INFORMS KEY POLICY
INFLUENCERS-FROM TRADITIONAL AND SOCIAL MEDIA TO LEADERS IN THE
BUSINESS AND NONPROFIT COMMUNITIES. PPIC DOES NOT TAKE OR SUPPORT
POSITIONS ON ANY BALLOT MEASURES OR ON ANY LOCAL, STATE, OR FEDERAL
LEGISLATION, NOR DOES IT ENDORSE, SUPPORT, OR OPPOSE ANY POLITICAL
PARTIES OR CANDIDATES FOR PUBLIC OFFICE.
FORM 990, PART III, LINE 4A
PPIC IS COMMITTED TO PROVIDING ESSENTIAL INFORMATION AND FRAMING POLICY
DEBATES TO SHAPE A BETTER FUTURE FOR CALIFORNIA. WE IDENTIFY PRACTICAL,
FORWARD-LOOKING APPROACHES TO CALIFORNIA'S MOST PRESSING CHALLENGES.

OUR PUBLICATIONS RANGE FROM ONE-PAGE FACT SHEETS TO COMPREHENSIVE,

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

EDUCATION CENTER ADVANCES PRACTICAL SOLUTIONS THAT ENHANCE EDUCATIONAL OPPORTUNITIES FOR ALL OF CALIFORNIA'S STUDENTS-IMPROVING LIVES AND EXPANDING ECONOMIC GROWTH ACROSS THE STATE. THE PPIC STATEWIDE SURVEY PROVIDES A VOICE FOR THE PUBLIC AND LIKELY VOTERS ON CALIFORNIA'S KEY POLICY ISSUES. AND THE PPIC WATER POLICY CENTER SPURS INNOVATIVE WATER

Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18

Name of the organization

\*\* \* \* \* \* \*

SOCIETY.

PUBLIC POLICY INSTITUTE OF CALIFORNIA

Employer identification number 94-3207299

MANAGEMENT SOLUTIONS THAT SUPPORT A HEALTHY ECONOMY, ENVIRONMENT, AND

OUR EXTENSIVE OUTREACH ACTIVITIES BRING PPIC'S WORK TO AN

EVER-EXPANDING AUDIENCE IN SACRAMENTO AND BEYOND. OUR EVENTS FEATURE

VIEWPOINTS ACROSS THE POLITICAL SPECTRUM, PROMOTING CONSTRUCTIVE,

THOUGHTFUL, AND RESPECTFUL DIALOGUE ON THE ISSUES THAT MATTER MOST TO

CALIFORNIA. THROUGH OUR WEBSITE AND PUBLIC EVENTS, PPIC AIMS TO BE AN

INFORMATION RESOURCE FOR ENGAGED CALIFORNIANS ACROSS THE STATE. OUR

CENTRAL AUDIENCES ARE CALIFORNIA'S ELECTED OFFICIALS AND POLICYMAKERS

AT THE LOCAL, STATE, AND FEDERAL LEVELS. THESE LEADERS ROUTINELY DRAW

ON PPIC RESEARCH TO MAKE VITAL POLICY CHOICES ON A WIDE RANGE OF

TOPICS. OUR WORK IS REGULARLY CITED IN BILL ANALYSES AND OUR EXPERTS

ARE OFTEN INVITED TO TESTIFY BEFORE THE STATE LEGISLATURE AND OTHER

GOVERNMENTAL ENTITIES.

THE PPIC SACRAMENTO CENTER-LOCATED ACROSS FROM THE STATE CAPITOL-OFFERS

OPPORTUNITIES FOR HANDS-ON ENGAGEMENT WITH THE STATE'S POLICY

COMMUNITY. THE BECHTEL CONFERENCE CENTER, AT OUR SAN FRANCISCO

HEADQUARTERS, PROVIDES A STATE-OF-THE-ART VENUE-AND A NEUTRAL MEETING

GROUND-FOR IMPORTANT POLICY DISCUSSIONS AND EVENTS.

PPIC RECEIVES GENEROUS SUPPORT FROM FOUNDATIONS, CORPORATIONS, AND

INDIVIDUALS. OUR ENDOWMENT ALSO SUPPORTS MANY OF OUR RESEARCH AND OTHER

ACTIVITIES. PPIC IS A 501(C)3 PUBLIC CHARITY AND DOES NOT TAKE OR

SUPPORT POSITIONS ON ANY BALLOT MEASURES OR ON ANY LOCAL, STATE, OR

FEDERAL LEGISLATION, NOR DOES IT ENDORSE, SUPPORT, OR OPPOSE ANY

POLITICAL PARTIES OR CANDIDATES FOR PUBLIC OFFICE.

832212 10-10-18

. . .

PPIC WAS ESTABLISHED IN 1994 WITH AN ENDOWMENT FROM WILLIAM R. HEWLETT. SINCE ITS INCEPTION, PPIC HAS HELPED CALIFORNIA'S LEADERS TO BETTER UNDERSTAND POLICY ISSUES BY PROVIDING THEM WITH NONPARTISAN RESEARCH. MARK BALDASSARE IS PRESIDENT AND CEO AND STEVEN A. MERKSAMER IS CHAIR OF THE BOARD OF DIRECTORS.

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

PPIC'S CFO AND CONTROLLER ARE RESPONSIBLE FOR THE TIMELY PREPARATION OF THE IRS FORM 990. WHEN A DRAFT HAS BEEN COMPLETED, IT IS DISTRIBUTED TO THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW, COMMENTS, AND DISCUSSION. ANY QUESTIONS, CONCERNS AND CHANGES BY THE COMMITTEE ARE PROVIDED TO STAFF FOR INCORPORATION INTO THE FORM 990. THE FULL BOARD IS PROVIDED A COPY OF THE DRAFT FOR REVIEW AND COMMENTS.

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

PPIC'S BOARD OF DIRECTORS HAS QUARTERLY MEETINGS TO DISCUSS AND REVIEW FINANCIAL REPORTING AND OTHER GOVERNING AND MANAGEMENT POLICIES.

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

PPIC HAS A MANAGEMENT GROUP THAT REVIEWS ALL STAFF EVALUATIONS INCLUDING KEY EMPLOYEES. FOLLOWING MANAGEMENT REVIEW, STAFF COMPENSATION IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AS PART OF THE ANNUAL BUDGET APPROVAL MEETING. THE CEO EVALUATION IS CONDUCTED SEPARATELY BY THE BOARD OF DIRECTORS. THE BOARD MUST APPROVE SALARIES OF THE CEO, CFO, AND DIRECTOR OF RESEARCH.

	•	•		ı	
--	---	---	--	---	--

Schedule O (Form 990 or 990 EZ) (2018)  Name of the organization  PUBLIC POLICY INSTITUTE OF CALIFORNIA	Employer identification numb
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS INCLUDING THE CONFLICT OF INTEREST PC	LICY AND FINANCIA
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ANY	INDIVIDUAL WHO
WOULD LIKE A COPY SHOULD CONTACT PPIC. AUDITED FINANCIAL	STATEMENTS AND TH
IRS FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
RESEARCH PEER REVIEWS:	
PROGRAM SERVICE EXPENSES	51,92
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	51,92
PAYROLL SERVICE FEES:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	28,60
FUNDRAISING EXPENSES	1
TOTAL EXPENSES	28,60
OUTSIDE RESEARCH:	
PROGRAM SERVICE EXPENSES	2,065,85
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	2,065,85
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,146,39
EODM 000 DADM VI IING O CUANCEC IN NEW ACCEMS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	-13,01

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization PUBLIC POLICY INSTITUTE OF CALIFORNIA	Employer identification number 94-3207299
BANK FEES	10,000.
<u>O</u> THERS	2,759.
TOTAL TO FORM 990, PART XI, LINE 9	-259.
FORM 990, PART XII, LINE 2C	
THERE IS NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.	
<del>-</del>	
`	······································
<u> </u>	<del></del> _