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Return of Organization Exempt From Income Tax

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year period beginning **APR 1, 2002** and ending **MAR 31, 2003**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES, INC.		D Employer identification number 72-1505359
		Number and street (or P O box if mail is not delivered to street address) 1600 CANAL STREET		Room/suite 501
		City or town state or country and ZIP + 4 NEW ORLEANS, LA 70112		E Telephone number 504-539-9481

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? N/A Yes No (If "No" attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site **WWW.NNPHI.ORG**

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

I Enter 4-digit GEN

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **312,160.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Révénu SCANNED AUG 05 '03	1 Contributions, gifts, grants and similar amounts received				
	a Direct public support	1a	311,666.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 311,666. noncash \$)		1d	311,666.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	494.
	5 Dividends and interest from securities			5	
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7 Other investment income (describe)			7		
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
		8a			
		8b			
		8c			
d Net gain or (loss) (combine line 8c columns (A) and (B))			8d		
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ of contributions reported on line 1a)		9a		
	b Less direct expenses other than fundraising expenses		9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)		9c		
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11 Other revenue (from Part VII, line 103)			11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	312,160.	
Expens RECEIVED AUG 01 2003 OGDEN, UT IRS-OSC	13 Program services (from line 44, column (B))			13	239,273.
	14 Management and general (from line 44, column (C))			14	28,815.
	15 Fundraising (from line 44, column (D))			15	
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	268,088.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	44,072.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	4,182.	
20 Other changes in net assets or fund balances (attach explanation)			20	0.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	48,254.	

NATIONAL NETWORK OF PUBLIC HEALTH
INSTITUTES, INC.

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

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Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors etc	0.	0.	0.	0.
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	1,757.		1,757.	
32	Legal fees				
33	Supplies	6,479.	5,183.	1,296.	
34	Telephone	2,200.	2,200.		
35	Postage and shipping	5,841.	4,673.	1,168.	
36	Occupancy	5,550.	4,440.	1,110.	
37	Equipment rental and maintenance	1,807.	1,807.		
38	Printing and publications	4,547.	3,638.	909.	
39	Travel	44,451.	44,451.		
40	Conferences conventions, and meetings	23,870.	23,870.		
41	Interest				
42	Depreciation depletion etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 1	171,586.	149,011.	22,575.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	268,088.	239,273.	28,815.	0.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a	SEE STATEMENT 3				
		(Grants and allocations \$ _____)			239,273.
b					
		(Grants and allocations \$ _____)			
c					
		(Grants and allocations \$ _____)			
d					
		(Grants and allocations \$ _____)			
e	Other program services (attach schedule)				
		(Grants and allocations \$ _____)			
f	Total of Program Service Expenses (should equal line 44 column (B), Program services)				239,273.

Part IV Balance Sheets

Note Where required attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	3,461.	45 30,765.
	46 Savings and temporary cash investments	57,167.	46 17,647.
	47 a Accounts receivable	47a 34,409.	
	b Less allowance for doubtful accounts	47b	47c 34,409.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings and equipment basis	57a		
b Less accumulated depreciation	57b	57c	
58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	86,862.	59 82,821.	
Liabilities	60 Accounts payable and accrued expenses	70,880.	60 34,567.
	61 Grants payable		61
	62 Deferred revenue	11,800.	62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/>)		65
66 Total liabilities (add lines 60 through 65)	82,680.	66 34,567.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	4,182.	67 48,254.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	4,182.	73 48,254.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	86,862.	74 82,821.	

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

NATIONAL NETWORK OF PUBLIC HEALTH
INSTITUTES, INC.

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?		X
b	If "Yes" has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes" attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes" enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes" you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2 000 or less? N/A		
	If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts included on line 12 for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c above reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 0		
91	The books are in care of JOSEPH KIMBRELL Telephone no 504-539-9481		
	Located at 1600 CANAL STREET, SUITE 501, NEW ORLEANS, LA ZIP + 4 70112		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A

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Part VII Analysis of income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					494.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	494.
105 Total (add line 104, columns (B), (D), and (E))					494.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
95	INTEREST INCOME HELPED DEFRAY ADMINISTRATIVE COSTS OF THE ORGANIZATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here 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.

Signature of officer: *Joseph D. Kimbrell* Date: *7/30/03* Type or print name and title: *Joseph D. Kimbrell, President/CEO*

Paid Preparer's Use Only Preparer's signature: *Robert Hienz, CPA* Date: *7/18/03* Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address and ZIP + 4: *HIENZ & MACALUSO, L.L.C. 3045 RIDGELAKE DR., SUITE 100 METAIRIE, LA 70002*

EIN: _____ Phone no: *504-837-5434*

Form 990 (2002)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2002

Name of the organization **NATIONAL NETWORK OF PUBLIC HEALTH
INSTITUTES, INC.** Employer identification number **72 1505359**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
LOUISIANA PUBLIC HEALTH INSTITUTE, INC. 1600 CANAL ST., SUITE 501, NEW ORLEANS, LA 70112	MANAGEMENT CONTRACT	143,214.
Total number of others receiving over \$50,000 for professional services	0	

NATIONAL NETWORK OF PUBLIC HEALTH

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2a Sale, exchange, or leasing of property?		X
2b Lending of money or other extension of credit?		X
2c Furnishing of goods, services, or facilities?		X
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
2e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

NATIONAL NETWORK OF PUBLIC HEALTH

Schedule A (Form 990 or 990-EZ) 2002 **INSTITUTES, INC.**

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28)	96,357.				96,357.
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc purpose					
18 Gross income from interest dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975	35.				35.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	96,392.	0.	0.	0.	96,392.
24 Line 23 minus line 17	96,392.				96,392.
25 Enter 1% of line 23	964.				

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24	26a	1,928.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	96,392.
d Add Amounts from column (a) for lines 18 <u>35.</u> 19 _____ 22 _____ 26b _____	26d	35.
e Public support (line 26c minus line 26d total)	26e	96,357.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	99.9637%

27 Organizations described on line 12 a For amounts included in lines 15, 16 and 17 that were received from a "disqualified person," prepare a list for your records to show the name of and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year	(2001)	(2000)	(1999)	(1998)
	N/A			
b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5 000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2001)	(2000)	(1999)	(1998)
				N/A
c Add Amounts from column (a) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A		
d Add Line 27a total _____ and line 27b total _____	27d	N/A		
e Public support (line 27c total minus line 27d total)	27e	N/A		
f Total support for section 509(a)(2) test Enter amount on line 23 column (e)	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %		

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001 prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

NONE

NATIONAL NETWORK OF PUBLIC HEALTH

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions, programs and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No" please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions, programs and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space attach a separate statement)	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above please explain (If you need more space attach a separate statement)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No" attach an explanation	35	

NATIONAL NETWORK OF PUBLIC HEALTH

Schedule A (Form 990 or 990-EZ) 2002 INSTITUTES, INC.

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	}
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials or a legislative body
- h Rallies demonstrations, seminars conventions speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines e through h)

Yes	No	Amount
		0.

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment mailing lists other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an 'X'.

N/A

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTUAL FEES - MANAGEMENT CONTRACT	112,666.	90,133.	22,533.	
CONTRACTUAL FEES PROFESSIONAL FEES -	12,744.	12,744.		
OTHER	10,452.	10,452.		
DUES/MEMBERSHIPS	330.	330.		
BANK SERVICE CHARGES	42.		42.	
MARKETING	14,034.	14,034.		
INDIRECT EXPENSES	21,318.	21,318.		
TOTAL TO FM 990, LN 43	171,586.	149,011.	22,575.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

AN ERMERGING PUBLIC HEALTH ORGANIZATION COMMITTED TO IMPROVING THE PUBLIC'S HEALTH THROUGH STATE OF THE ART RESEARCH, DEMONSTRATIONS, COLLABORATIONS, EVALUATIONS AND TRAINING.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

WE ENHANCED THE NATION'S PUBLIC HEALTH CAPACITY THROUGH CONTINUED SUPPORT OF EXISTING PUBLIC HEALTH INSTITUTES, DEVELOPING MECHANISMS AND RELATIONSHIPS THAT IDENTIFY STRATEGIC OPPORTUNITIES FOR MEMBER INSTITUTES, AND STIMULATING THE DEVELOPMENT OF NEW PUBLIC HEALTH INSTITUTES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		239,273.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUZANNE MCCARTHY 5800 WEST 10TH STREET, SUITE 410 LITTLE ROCK, ARKANSAS 72204	BOARD MEMBER VARIES	0.	0.	0.
JOSEPH HAFEY 2001 ADDISON STREET, SECOND FLOOR BERKELEY, CA 94704	BOARD MEMBER VARIES	0.	0.	0.
LEE THIELEN 5650 PECOS STREET DENVER, CO 80221	BOARD MEMBER VARIES	0.	0.	0.
LILLIAN RIVERA 8323 NW 12TH STREET, SUITE 212 MIAMI, FL 33126	BOARD MEMBER VARIES	0.	0.	0.
SARAH SUZUKI 1833 KALAKAUA AVENUE, SUITE 303 HONOLULU, HI 96815	BOARD MEMBER VARIES	0.	0.	0.
LAURA LANDRUM 100 W. RANDOLPH, SUITE 6-600 CHICAGO, IL 60601	BOARD MEMBER VARIES	0.	0.	0.

ROBERT ST. PETER 212 SW EIGHTH AVENUE, SUITE 300 TOPEKA, KS 66603	BOARD MEMBER VARIES	0.	0.	0.
JOSEPH KIMBRELL 1600 CANAL STREET, SUITE 501 NEW ORLEANS, LA 70112	BOARD MEMBER VARIES	0.	0.	0.
PAUL CAMPBELL 12 CHURCH STREET AUGUSTA, ME 04330	BOARD MEMBER VARIES	0.	0.	0.
RON CARLSON 5114 DORSEY HALL DRIVE, SUITE A ELLCOT CITY, MD 21042	BOARD MEMBER VARIES	0.	0.	0.
SHEPARD COHEN 38 CARTWRIGHT ROAD WELLESLEY, MA 02482	BOARD MEMBER VARIES	0.	0.	0.
JEFFREY TAYLOR 2436 WOODLAKE CIRCLE, SUITE 300 OKEMOS, MI 48864	BOARD MEMBER VARIES	0.	0.	0.
JERRY JAKER 2720 HIGHWAY 10 MOUNDS VIEW, MN 55112	BOARD MEMBER VARIES	0.	0.	0.
MAHREE SKALA P.O. BOX 570 JEFFERSON CITY, MO 65102	BOARD MEMBER VARIES	0.	0.	0.
JOAN MILES 1930 9TH AVENUE HELENA, MT 59601	BOARD MEMBER VARIES	0.	0.	0.
MARY GUINAN 1601 FAIRVIEW DRIVE, SUITE G CARSON CITY, NV 89701	BOARD MEMBER VARIES	0.	0.	0.
JONATHAN STEWART 95 NORTH STATE STREET CONCORD, NH 03301	BOARD MEMBER VARIES	0.	0.	0.
DON TOBIAS 183 MVR HALL ITHACA, NY 14853	BOARD MEMBER VARIES	0.	0.	0.
H. PENNINGTON WHITESIDE UNC CHAPEL HILL CHAPEL HILL, NC 27599-8165	BOARD MEMBER VARIES	0.	0.	0.

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<p>AVERY COLT 1 TURKS HEAD PLACE, SUITE 1450 PROVIDENCE, RI 02903</p>	<p>BOARD MEMBER VARIES</p>	0.	0.	0.
<p>CAMILLE MILLER P.O. BOX 15587 AUSTIN, TX 78761</p>	<p>BOARD MEMBER VARIES</p>	0.	0.	0.
<p>JEFF WILSON 1500 EAST MAIN STREET, SUITE 214 RICHMOND, VA 23219</p>	<p>BOARD MEMBER VARIES</p>	0.	0.	0.
<p>PAUL NANNIS 945 NORTH 12TH STREET MILWAUKEE, WI 53201-0342</p>	<p>BOARD MEMBER VARIES</p>	0.	0.	0.
<p>TOTALS INCLUDED ON FORM 990, PART V</p>		0.	0.	0.
		0.	0.	0.