Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07-01-2023 , and ending 06-30-2024

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

C Name of organization
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1515 POYDRAS STREET 950

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
NEW ORLEANS, LA 70112

D Employer identification number
72-1505359

E Telephone number
(504) 301-9800

G Gross receipts $ 42,233,653

F Name and address of principal officer:
KIM O RAMSEY
1515 POYDRAS STREET 950
NEW ORLEANS, LA 70112

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: WWW.NNPHI.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2001

M State of legal domicile: LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO SUPPORT NATIONAL PUBLIC HEALTH SYSTEM INITIATIVES AND STRENGTHEN PUBLIC HEALTH INSTITUTES.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	**5**	100
6	Total number of volunteers (estimate if necessary)	**6**	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,235,690	40,527,671
9	Program service revenue (Part VIII, line 2g)	874,489	1,351,539
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,080	218,817
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,190,259	42,098,027
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,353,095	25,086,222
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,813,859	9,265,511
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,468,721	6,584,407
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	24,635,675	40,936,140
19	Revenue less expenses. Subtract line 18 from line 12	1,554,584	1,161,887

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	12,772,492	16,475,545
21	Total liabilities (Part X, line 26)	6,813,982	9,224,438
22	Net assets or fund balances. Subtract line 21 from line 20	5,958,510	7,251,107

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2025-03-26
KIM O RAMSEY SVP, FINANCE & ADMINISTRATION
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2025-03-26		P01222673

Firm's name LAPORTE APAC — Firm's EIN 72-1088864

Firm's address 111 VETERANS MEMORIAL BLVD 600
METAIRIE, LA 700054958 — Phone no. (504) 835-5522

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES, INC. (NNPHI) IS A NATIONAL PUBLIC HEALTH ORGANIZATION CHARTERED ON JUNE 21, 2001. ITS MISSION IS TO SUPPORT NATIONAL PUBLIC HEALTH SYSTEM INITIATIVES AND STRENGTHEN PUBLIC HEALTH INSTITUTES TO PROMOTE (CONTINUED ON SCH O) MULTI-SECTOR ACTIVITIES RESULTING IN MEASURABLE IMPROVEMENTS OF PUBLIC HEALTH STRUCTURES, SYSTEMS, AND OUTCOMES. NNPHI IMPLEMENTS A WIDE RANGE OF PROGRAMS AND ACTIVITIES REACHING ACROSS SECTORS THAT IMPACT HEALTH. NNPHI PROGRAMS AND INITIATIVES ARE IMPLEMENTED IN COLLABORATION WITH OUR NATION'S PUBLIC HEALTH INSTITUTES AND OTHER ORGANIZATIONS IN THE PUBLIC HEALTH SYSTEM.

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 7,792,515 including grants of $ 5,640,447) (Revenue $)

HEALTH AND RACIAL EQUITY- THE HEALTH AND RACIAL EQUITY PORTFOLIO IS COMMITTED TO BUILDING NNPHI'S ORGANIZATIONAL AND NETWORK CAPACITY TO DEVELOP AND DISSEMINATE EQUITY-CENTERED PUBLIC HEALTH BEST PRACTICES. THE HEALTH AND RACIAL EQUITY PORTFOLIO PARTNERS WITH MEMBER INSTITUTES, GOVERNMENTAL PUBLIC HEALTH, TECHNICAL EXPERTS, AND COMMUNITIES NATIONWIDE TO ADDRESS HEALTH INEQUITIES AND DISRUPT SYSTEMS OF OPPRESSION. INCORPORATING AN EQUITY LENS INTO PUBLIC HEALTH PRACTICE, NNPHI STAFF WITH OUR PARTNERS HAVE DEVELOPED A GROWING SET OF HEALTH EQUITY RESOURCES THAT INCLUDE TECHNICAL ASSISTANCE AND TRAININGS, EVALUATIONS, AND A DIGITAL RESOURCE LIBRARY WITH 695 EQUITY-CENTERED BEST PRACTICES.

4b (Code:) (Expenses $ 11,883,853 including grants of $ 7,801,824) (Revenue $ 472,627)

NATIONAL COORDINATING CENTER FOR PUBLIC HEALTH TRAINING - NNPHI'S NATIONAL COORDINATING CENTER FOR PUBLIC HEALTH TRAINING (NCCPHT) MANAGES PROGRAMS RELATED TO ADVANCING AND SUPPORTING CAPACITY BUILDING, INCREASED COMPETENCY, AND PERFORMANCE IMPROVEMENT OF THE NATION'S CURRENT AND FUTURE PUBLIC HEALTH WORKFORCE. THE PORTFOLIO WORKS WITH A VAST NETWORK OF NATIONAL PARTNERS INCLUDING NNPHI MEMBER INSTITUTES, THE REGIONAL PUBLIC HEALTH TRAINING CENTER NETWORK, UNIVERSITIES, CBOS, AND SUBJECT MATTER EXPERTS. KEY PROGRAMS IN THE NCCPHT PORTFOLIO INCLUDE THE PUBLIC HEALTH LEARNING NAVIGATOR, PROJECT ECHO, PERFORMANCE IMPROVEMENT TRAININGS, AND THE OPEN FORUM CONFERENCE. THE NCCPHT TEAM ALSO COORDINATES AND MANAGES A NETWORK OF TRAINING AND TECHNICAL ASSISTANCE PROVIDERS SERVING HEALTH (CONTINUED ON SCHEDULE O) DEPARTMENTS THROUGH THE PUBLIC HEALTH INFRASTRUCTURE GRANT (PHIG).

4c (Code:) (Expenses $ 5,271,599 including grants of $ 3,561,832) (Revenue $ 209,980)

BRIDGING SECTORS TO CREATE HEALTH - NNPHI'S BRIDGING SECTORS TO CREATE HEALTH ("BRIDGING") PORTFOLIO FOCUSES ON THE INTERCONNECTIONS AND INNOVATIVE COLLABORATIONS BETWEEN PUBLIC HEALTH AND OTHER SECTORS. PROJECTS IN THIS PORTFOLIO SEEK TO BRIDGE SILOS BETWEEN TRADITIONAL PUBLIC HEALTH PARTNERS WITH AN EMPHASIS ON THE DEVELOPMENT AND MATURATION OF NEW PARTNERS. NUMEROUS PROJECTS FOCUSED ON MULTI-SECTOR COLLABORATION ARE HOUSED IN THIS PORTFOLIO.

(Code:) (Expenses $ 2,122,205 including grants of $ 422,545) (Revenue $ 81,500)

CONVENING- NNPHI'S CONVENINGS PORTFOLIO OFFERS AN EXCEPTIONAL SUITE OF IN-HOUSE SERVICES, FROM DYNAMIC CONTENT DEVELOPMENT TO SEAMLESS LOGISTICS FOR IN-PERSON AND VIRTUAL EVENTS. OUR GATHERINGS UNITE THOUSANDS OF PUBLIC HEALTH PROFESSIONALS ANNUALLY, EMPOWERING THEM TO SHARE KNOWLEDGE, COLLABORATE, AND DRIVE IMPACTFUL CHANGE. FLAGSHIP EVENTS LIKE THE NNPHI ANNUAL CONFERENCE, THE OPEN FORUM, AND THE NATIONAL CONFERENCE ON TOBACCO OR HEALTH, WHICH ATTRACTS OVER 2,000 ATTENDEES, SHOWCASE OUR COMMITMENT TO FOSTERING PROGRESS AND INNOVATION. EACH YEAR, NNPHI CURATES MORE THAN THIRTY EVENTS FOR DEDICATED PROFESSIONALS AND PARTNERS, INCLUDING THE CDC, AND THE BRISTOL MYERS SQUIBB FOUNDATION, WHO ARE COMMITTED TO ADVANCING PUBLIC HEALTH. THROUGH THESE CONVENINGS, WE CREATE A PLATFORM FOR INVALUABLE INSIGHTS, RESOURCES, AND COLLABORATION TO SHAPE THE FUTURE OF PUBLIC HEALTH.

(Code:) (Expenses $ 2,249,122 including grants of $ 1,093,153) (Revenue $ 40,000)

CLIMATE AND CRISIS PREPAREDNESS- THE CLIMATE & CRISIS PREPAREDNESS (CCP) PORTFOLIO AIMS TO ADVANCE OUR NETWORK'S ACTIVITY IN CLIMATE ADAPTATION EFFORTS. THIS PORTFOLIO BRINGS TOGETHER STAFF MEMBERS AND AN ACTIVE WORKGROUP WITH EXPERTISE IN ENVIRONMENTAL HEALTH, EMERGENCY MANAGEMENT, CLIMATE ADAPTATION, AND COMMUNITY RESILIENCY, COLLECTIVELY ADDRESSING THE CHALLENGES OF CLIMATE-RELATED DISASTERS AND CRISIS SITUATIONS. BY PROVIDING TECHNICAL ASSISTANCE IN CLIMATE, ENVIRONMENTAL HEALTH, AND EMERGENCY PREPAREDNESS, CCP SUPPORTS ITS MEMBERS AND PARTNERS ACROSS THE NATION, DRIVING POSITIVE CHANGE AND BUILDING RESILIENCE IN THE FACE OF CLIMATE-RELATED ADVERSITIES. KEY PROGRAMS UNDER THE CCP PORTFOLIO INCLUDE PROJECT FIRSTLINE, PH LEADS, AND PUBLIC HEALTH AMERICORPS. CCP ALSO FOUNDED AND CURRENTLY MANAGES THE SECOND COHORT OF THE 'ENVIRONMENTAL HEALTH AND CLIMATE WORKGROUP" WITH NNPHI MEMBER INSTITUTES.

(Code:) (Expenses $ 7,951,067 including grants of $ 6,509,658) (Revenue $)

EVIDENCE TO ACTION- PROJECTS UNDER NNPHI'S EVIDENCE TO ACTION PORTFOLIO FOCUS ON ASSESSING WORK IMPLEMENTED BY NNPHI, OUR MEMBER INSTITUTES, AND FEDERAL AND FOUNDATION PARTNERS TO HELP UNDERSTAND HOW WELL A PUBLIC HEALTH INITIATIVE, PROGRAM OR SERVICE IS WORKING AND CAN BE IMPROVED. WE COMPLETE PROCESS, OUTCOME, AND IMPACT EVALUATIONS THAT PRODUCE QUALITATIVE AND QUANTITATIVE DATA AND FINDINGS THAT HELP OUR PARTNERS MAKE KEY DECISIONS AND TAKE ACTIONS THAT LEAD TO CHANGES IN POLICIES, PRACTICES, AND PROGRAMS THAT ULTIMATELY CONTRIBUTE TO IMPROVING PUBLIC HEALTH.

(Code:) (Expenses $ 50,793 including grants of $) (Revenue $ 547,432)

NETWORK ENGAGEMENT- NNPHI'S NETWORK ENGAGEMENT PORTFOLIO SUPPORTS AN ACTIVE NETWORK OF 50-MEMBER PUBLIC HEALTH INSTITUTES SERVING STATES, TERRITORIES, AND TRIBES. THIS PORTFOLIO IS RESPONSIBLE FOR NNPHI'S RECRUITMENT AND RETENTION OF MEMBERS, PROVIDING MEMBERSHIP BENEFITS INCLUDING TECHNICAL ASSISTANCE TO MEMBERS, TRACKING MEMBER SERVICES AND CAPACITIES THROUGH NNPHI'S CRM, AND LEADING CONTENT DEVELOPMENT FOR NNPHI'S SIGNATURE EVENT, THE ANNUAL CONFERENCE. THE PORTFOLIO ALSO PROVIDES CAPACITY-BUILDING ASSISTANCE TO EMERGING INSTITUTES (FEE-FOR-SERVICE OR GRANT-SUPPORTED) AND LEADS COLLABORATIVE PUBLIC HEALTH PROGRAMS WITH MEMBERS. LASTLY, THIS IS HOME TO NNPHI'S COMMUNICATIONS TEAM. THE TEAM MANAGES ALL EXTERNAL AND INTERNAL COMMUNICATIONS FOR NNPHI AND PROVIDES EXTERNAL COMMUNICATIONS SUPPORT FOR THE NATIONAL NETWORK. THEY FOCUS ON BRANDING, WEBSITE MANAGEMENT, PROJECT-BASED COMMUNICATIONS, EVENT COMMUNICATIONS SUPPORT, COLLABORATION WITH NETWORK MEMBER COMMUNICATORS, AND STRATEGIC POSITIONING FOR NNPHI.

(Code:) (Expenses $ 531,129 including grants of $ 56,764) (Revenue $)

DATA MODERNIZATION- EFFECTIVE COLLECTION, MANAGEMENT, AND USE OF DATA ARE CRITICAL TO PUBLIC HEALTH ORGANIZATIONS' DELIVERY OF ESSENTIAL SERVICES. THESE INCLUDE MONITORING DISEASE TRENDS, RESPONDING TO HEALTH THREATS, IMPROVING ACCESS TO CARE, AND GUARDING AGAINST MISUSE OF HEALTH DATA. THROUGH THE PUBLIC HEALTH INFRASTRUCTURE GRANT AND OTHER INITIATIVES, NNPHI WORKS WITH ITS MEMBER INSTITUTES TO ENHANCE DATA SYSTEMS USED BY PUBLIC HEALTH AGENCIES, HEALTHCARE PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS TO IMPROVE POPULATION HEALTH AND ADDRESS INEQUITIES.

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

(Expenses $ 12,904,316 including grants of $ 8,082,120) (Revenue $ 668,932)

4e **Total program service expenses** 37,852,283

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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		No
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		No
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.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	191		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

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

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	10		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
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**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, FL, GA, KY, NJ, OR, PA, LA, DC, CO, MA, MD, MI, NC

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: KIM O RAMSEY 1100 POYDRAS STREET NO 950 NEW ORLEANS, LA 70163 (504) 299-0699

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(1) RENEE CANADY PHD BOARD MEMBER, CHAIR	2.00	X		X				0	0	0
(2) LISA DAVID BOARD MEMBER	2.00	X						0	0	0
(3) SHELINA DAVIS BOARD MEMBER	2.00	X						0	0	0
(4) ROY HART BOARD MEMBER	2.00	X						0	0	0
(5) JOSEPH KIMBRELL BOARD TRUSTEE EMERITUS	2.00	X						0	0	0
(6) ELLEN RAUTENBERG BOARD TRUSTEE EMERITUS	2.00	X						0	0	0
(7) KAREN REITAN BOARD MEMBER	2.00	X						0	0	0
(8) MICHAEL RHEIN BOARD MEMBER	2.00	X						0	0	0
(9) STEVE RIDINI BOARD MEMBER	2.00	X						0	0	0
(10) JESSICA YAMAUCHI BOARD MEMBER	2.00	X						0	0	0
(11) VINCENT LAFRONZA PRESIDENT AND CEO	50.00			X				298,314	0	41,861
(12) KIM O RAMSEY SVP, FINANCE & ADMINISTRATION	50.00			X				181,000	0	46,078
(13) CHRISTOPHER KINABREW SVP, PROGRAMS	50.00				X			181,874	0	27,660
(14) OSCAR ESPINOSA DIRECTOR, EVIDENCE TO ACTION	40.00					X		146,676	0	37,521
(15) DIANA HAMER DIRECTOR, CLIMATE & CRISIS PREPAREDNESS	40.00					X		135,646	0	27,710
(16) CARMELITA MARROW DIRECTOR, COMMUNICATIONS & CONVENING	40.00					X		136,255	0	29,803
(17) ERIN MARZIALE DIRECTOR, NETWORK ENGAGEMENT	40.00					X		139,429	0	23,551

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) MONTRECE RANSOM DIRECTOR, NCCPHT	40.00					X		145,831	0	22,676

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,365,025	0	256,860

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OMNI SHOREHAM HOTEL 2500 CALVERT ST NW WASHINGTON, DC 20008	CONFERENCE VENUE	458,756
FAHRENHEIT CREATIVE GROUP 620 N STATE STREET 304 JACKSON, MS 39202	COMMUNICATIONS SUPPORT	387,133
FLIGHT CENTRE TRAVEL GROUP USA INC 888 W 6TH STREET LOS ANGELAS, CA 90017	CORPORATE TRAVEL	382,175
BANYAN COMMUNICATIONS INC 777 MEMORIAL DR SE B200 ATLANTA, GA 30316	COMMUNICATIONS SUPPORT	343,989
DELCOR TECHNOLOGY SOLUTIONS INC 8380 COLESVILLE RD 550 SILVER SPRING, MD 20910	OUTSOURCED IT	333,735

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 2 1

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b	147,400		
c Fundraising events . .	1c			
d Related organizations	1d			
e Government grants (contributions)	1e	39,617,498		
f All other contributions, gifts, grants, and similar amounts not included above	1f	762,773		
g Noncash contributions included in lines 1a - 1f:$	1g			
h **Total.** Add lines 1a-1f		40,527,671		
Program Service Revenue	Business Code			
2a CONFERENCE INCOME	900099	693,821	693,821	
b SERVICE FEE REVENUE	900099	657,718	657,718	
c				
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f.	1,351,539			
Other Revenue				
3 Investment income (including dividends, interest, and other similar amounts)	112,443			112,443
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
	(i) Real	(ii) Personal		
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)				
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	242,000			
b Less: cost or other basis and sales expenses 7b	135,626			
c Gain or (loss) 7c	106,374			
d Net gain or (loss)	106,374			106,374
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a				
b Less: direct expenses 8b				
c Net income or (loss) from fundraising events . .				
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . .				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . .				
OtherRevenueMiscAmt	Business Code			
11a				
b				
c				
d All other revenue				
e **Total.** Add lines 11a–11d				
12 **Total revenue.** See instructions	42,098,027	1,351,539	0	218,817

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,086,222	25,086,222		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	841,947	370,784	471,163	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,527,233	5,606,035	921,198	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	548,874	475,705	73,169	
9 Other employee benefits	798,273	673,251	125,022	
10 Payroll taxes	549,184	464,734	84,450	
11 Fees for services (non-employees):				
a Management				
b Legal	27,395	13,275	14,120	
c Accounting	44,179	21,409	22,770	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,453		19,453	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	646,809	313,427	333,382	
12 Advertising and promotion	416,049	352,363	63,686	
13 Office expenses	184,329	134,089	50,240	
14 Information technology	566,102	330,999	235,103	
15 Royalties				
16 Occupancy	286,626	238,290	48,336	
17 Travel	1,509,306	1,423,899	85,407	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,608,898	2,140,651	468,247	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	31,397		31,397	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RECRUITMENT	147,202	132,935	14,267	
b TELEPHONE & INTERNET	85,998	64,584	21,414	
c BANK FEES	6,340	5,726	614	
d DUES/MEMBERSHIP/MISCELL	4,324	3,905	419	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	40,936,140	37,852,283	3,083,857	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,484,583	1	566,881
	2	Savings and temporary cash investments	701,220	2	2,019,671
	3	Pledges and grants receivable, net	6,708,269	3	9,583,845
	4	Accounts receivable, net	129,803	4	77,377
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,663	9	32,499
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	2,757,137	11	3,489,087
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	967,817	15	706,185
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	12,772,492	16	16,475,545
Liabilities	17	Accounts payable and accrued expenses	5,425,357	17	8,169,082
	18	Grants payable		18	
	19	Deferred revenue	409,095	19	332,253
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	979,530	25	723,103
	26	**Total liabilities.** Add lines 17 through 25	6,813,982	26	9,224,438
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	5,958,510	27	7,251,107
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	5,958,510	32	7,251,107
	33	Total liabilities and net assets/fund balances	12,772,492	33	16,475,545

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,098,027
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,936,140
3	Revenue less expenses. Subtract line 2 from line 1	3	1,161,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,958,510
5	Net unrealized gains (losses) on investments	5	130,710
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	7,251,107

Part XII Financial Statements and Reporting

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

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

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

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

2023

Open to Public Inspection

Name of the organization
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES INC

Employer identification number
72-1505359

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	11,041,078	12,800,614	17,573,990	25,235,690	40,527,671	107,179,043
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	11,041,078	12,800,614	17,573,990	25,235,690	40,527,671	107,179,043
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						107,179,043

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	11,041,078	12,800,614	17,573,990	25,235,690	40,527,671	107,179,043
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	9,066	23,599	47,919	51,773	112,443	244,800
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						107,423,843

12 Gross receipts from related activities, etc. (see instructions)	12	5,406,725

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	99.770 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	99.340 %

16a **33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
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 line 10b below.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2023 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2023

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES INC

Employer identification number
72-1505359

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES INC

Employer identification number
72-1505359

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES INC

Employer identification number
72-1505359

Part III ***Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES INC

Employer identification number
72-1505359

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

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

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

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		
(ii) Related organizations . . . . . **3a(ii)**		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				0

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

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

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASE LIABILITY	723,103
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	723,103

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	42,209,285
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	130,710		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	130,710
3	Subtract line **2e** from line **1**			3	42,078,575
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,453		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	19,453
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	42,098,028

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

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

1	Total expenses and losses per audited financial statements			1	40,916,688
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	40,916,688
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,453		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	19,453
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	40,936,141

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	NNPHI IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SECTION 121(5) OF TITLE 47 OF THE LOUISIANA REVISED STATUTES OF 1950. THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, NNPHI MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF NNPHL, AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENT FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEAR 2024 AND 2023.

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES INC

Employer identification number
72-1505359

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WESTERN MICHIGAN UNIVERSITY 1000 OAKLAND DRIVE KALAMAZOO,MI 49008	45-4135256	GOVERNMENT	13,972	0			PROGRAM IMPLEMENTATION
(2) WASHINGTON COUNTY HEALTH & HUMAN SERVICES 155 N FIRST AVENUE SUITE 270 HILLSBORO,OR 97124	93-6002316	GOVERNMENT	8,192	0			PROGRAM IMPLEMENTATION
(3) VOSE RIVER CHARITABLE FUND 7501 WISCONSIN AVENUE SUITE 1310 BETHESDA,MD 20814	85-2817512	501(C)3	761,561	0			PROGRAM IMPLEMENTATION
(4) VITAL CXNS INC 90 KNOLL STREET BOSTON,MA 02131	30-1255787		59,955	0			PROGRAM IMPLEMENTATION
(5) UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE 21 N PARK STREET SUITE 6301 MADISON,WI 53715	35-2445761	GOVERNMENT	125,049	0			PROGRAM IMPLEMENTATION
(6) UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE SUITE 300 SEATTLE,WA 98105	91-6001537	GOVERNMENT	1,694,039	0			PROGRAM IMPLEMENTATION
(7) UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVENUE SVC 1039 TAMPA,FL 33620	59-3102112	GOVERNMENT	233,506	0			PROGRAM IMPLEMENTATION
(8) UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET SUITE 201 PITTSBURGH,PA 15260	25-0965591	GOVERNMENT	29,942	0			PROGRAM IMPLEMENTATION
(9) UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA,MT 59812	81-6001713	GOVERNMENT	163,115	0			PROGRAM IMPLEMENTATION
(10) UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER,MA 01655	04-3167352	GOVERNMENT	49,511	0			PROGRAM IMPLEMENTATION
(11) TRAILHEAD INSTITUTE 199 BROADWAY SUITE 600 DENVER,CO 80202	84-1267213	501(C)3	836,138	0			PROGRAM IMPLEMENTATION
(12) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NY 154 HAVEN AVENUE 2ND FLOOR NEW YORK,NY 10032	13-5598093	501(C)3	118,791	0			PROGRAM IMPLEMENTATION
(13) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 1000 VICTORS WAY SUITE 1A ANN ARBOR,MI 48108	38-6006309	GOVERNMENT	201,013	0			PROGRAM IMPLEMENTATION
(14) THE REGENTS OF THE UNIVERSITY OF COLORADO 13001 E17TH PLACE CAMPUS BOX B119 AURORA,CO 80045	84-6000555	GOVERNMENT	160,823	0			PROGRAM IMPLEMENTATION
(15) TEXAS HEALTH INSTITUTE (THI) 8501 N MOPAC EXPRESSWAY SUITE 170 AUSTIN,TX 78759	74-2237787	501(C)3	910,649	0			PROGRAM IMPLEMENTATION
(16) TEMPLE UNIVERSITY 1852 N 10TH STREET PHILADELPHIA,PA 19122	23-1365971	501(C)3	54,009	0			PROGRAM IMPLEMENTATION
(17) SUMTER COUNTY COMMISSION 104 HOSPITAL DRIVE LIVINGSTON,AL 35470	63-6001701	GOVERNMENT	5,262	0			PROGRAM IMPLEMENTATION
(18) STATE OF RHODE ISLAND ONE CAPITAL HILL PROVIDENCE,RI 02908	05-6000522	GOVERNMENT	17,806	0			PROGRAM IMPLEMENTATION
(19) SPOKANE COUNTY 1116 W BROADWAY AVENUE SPOKANE,WA 99260	91-6001370	GOVERNMENT	15,716	0			PROGRAM IMPLEMENTATION
(20) SPARROW FOUNDATION 1322 E MICHIGAN AVENUE LANSING,MI 48912	38-6100687	501(C)3	5,680	0			PROGRAM IMPLEMENTATION
(21) SOMALI HEALTH BOARD 625 STRANDER BLVD TUKWILA,WA 98188	46-5114580	501(C)3	59,999	0			PROGRAM IMPLEMENTATION
(22) SAFE STATES ALLIANCE 5456 PEACHTREE BLVD 244 ATLANTA,GA 30341	73-1455152	501(C)3	76,856	0			PROGRAM IMPLEMENTATION
(23) SACRAMENTO COUNTY CORONER 700 H STREET 3650 SACRAMENTO,CA 95814	94-6000529	GOVERNMENT	13,618	0			PROGRAM IMPLEMENTATION
(24) RAISE THE FLOOR ALLIANCE 1 N LASALLE STREET SUITE 1275 L CHICAGO,IL 60602	20-8823323	501(C)3	59,938	0			PROGRAM IMPLEMENTATION
(25) PUERTO RICO PUBLIC HEALTH TRUST 2793 NOVA ROAD SAN JUAN OC	66-0675963	501(C)3	100,006	0			PROGRAM IMPLEMENTATION
(26) PUBLIC HEALTH SOLUTIONS 40 WORTH STREET 5TH FLOOR NEW YORK,NY 10013	13-5669201	501(C)3	150,087	0			PROGRAM IMPLEMENTATION
(27) PUBLIC HEALTH MANAGEMENT CORPORATION (PHMC) 1500 MARKET STREET SUITE 1500 PHILADELPHIA,PA 19195	23-7221025	501(C)3	1,138,055	0			PROGRAM IMPLEMENTATION
(28) PUBLIC HEALTH INSTITUTE OF WESTERN MASSACHUSETTS PO BOX 4895 SPRINGFIELD,MA 01101	04-3342182	501(C)3	97,733	0			PROGRAM IMPLEMENTATION
(29) PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO 180 N MICHIGAN CHICAGO,IL 60601	36-3959353	501(C)3	45,149	0			PROGRAM IMPLEMENTATION
(30) PUBLIC HEALTH INSTITUTE (PHI) 555 12TH STREET 10TH FLOOR OAKLAND,CA 94607	94-1646278	501(C)3	661,255	0			PROGRAM IMPLEMENTATION
(31) PROVIDENCE HEALTH & SERVICES 9205 SW BARNES ROAD PORTLAND,OR 97225	51-0216587	501(C)3	128,456	0			PROGRAM IMPLEMENTATION
(32) PROJECT HOPE THE PEOPLE TO PEOPLE HEALTH FOUNDATION 1220 19TH STREET NW SUITE 800 WASHINGTON,DC 20036	53-0242962	501(C)3	195,426	0			PROGRAM IMPLEMENTATION
(33) PARK COUNTY GOVERNMENT 856 CASTELLO AVENUE FAIRPLAY,CO 80440	84-6000792	GOVERNMENT	8,530	0			PROGRAM IMPLEMENTATION
(34) OTOWI GROUP 2973 NOVA ROAD PINE,CO 80470	26-3243367		7,155	0			PROGRAM IMPLEMENTATION
(35) OFFICE OF THE CHIEF MEDICAL EXAMINER 11 SHUTTLE ROAD FARMINGTON,CT 06032	06-6000798	GOVERNMENT	18,126	0			PROGRAM IMPLEMENTATION
(36) OFFICE OF COUNTY COUNCIL PO BOX 190 ALLENDALE,SC 29810	57-6000301	GOVERNMENT	13,331	0			PROGRAM IMPLEMENTATION
(37) OCHIN INC 1881 SW NAITO PARKWAY PORTLAND,OR 97201	20-0195556		7,384	0			PROGRAM IMPLEMENTATION
(38) NORTHERN VIRGINIA FAMILY SERVICE 3110 FAIRVIEW PARK DRIVE SUITE 500 FALLS CHURCH,VA 22042	54-0791977	501(C)3	27,182	0			PROGRAM IMPLEMENTATION
(39) NORTH CAROLINA INSTITUTE FOR PUBLIC HEALTH CAMPUS BOX 8165 UNC CHAPEL HILL,NC 27599	56-6001393	GOVERNMENT	1,724,193	0			PROGRAM IMPLEMENTATION
(40) NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION 720 S COLORADO BLVD SUITE 1000-N DENVER,CO 80246	84-0469910	501(C)3	61,183	0			PROGRAM IMPLEMENTATION
(41) NATIONAL DROWNING PREVENTION ALLIANCE 1119 CHURCH STREET INDIANA,PA 15701	20-1827387	501(C)3	11,500	0			PROGRAM IMPLEMENTATION
(42) NATIONAL COMMITTEE FOR QUALITY ASSURANCE 1100 13TH STREET NW THIRD FLOOR WASHINGTON,DC 20005	52-1191985	501(C)3	419,604	0			PROGRAM IMPLEMENTATION
(43) NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS 1201 I STREET NW 4TH FLOOR WASHINGTON,DC 20005	52-1426663	501(C)3	121,738	0			PROGRAM IMPLEMENTATION
(44) NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS 444 NORTH CAPITOL STREET NW SUITE 339 WASHINGTON,DC 20001	91-1568650	501(C)3	48,387	0			PROGRAM IMPLEMENTATION
(45) MOREHOUSE SCHOOL OF MEDICINE 720 WEST VIEW DRIVE SW ATLANTA,GA 30310	58-1438873	501(C)3	34,995	0			PROGRAM IMPLEMENTATION
(46) MONTANA PUBLIC HEALTH INSTITUTE 235 SEGIAH WAY KALISPELL,MT 59901	85-1137954	501(C)3	43,287	0			PROGRAM IMPLEMENTATION
(47) MISSISSIPPI PUBLIC HEALTH INSTITUTE 5 OLYMPIC WAY SUITE A MADISON,MS 39110	45-3005888	501(C)3	515,551	0			PROGRAM IMPLEMENTATION
(48) MICHIGAN PUBLIC HEALTH INSTITUTE (MPHI) 2436 WOODLAKE CIRCLE SUITE 300 OKEMOS,MI 48864	38-2963835	501(C)3	3,211,672	0			PROGRAM IMPLEMENTATION
(49) MARYLAND ASSOCIATION OF NONPROFIT ORGANIZATIONS 1500 UNION AVENUE SUITE 2500 BALTIMORE,MD 21211	52-1749231	501(C)3	59,549	0			PROGRAM IMPLEMENTATION
(50) MARSHALL COUNTY COMMISSION 424 BLOUNT AVENUE SUITE 305 GUNTERSVILLE,AL 35976	63-6001637	GOVERNMENT	8,216	0			PROGRAM IMPLEMENTATION
(51) MARION COUNTY PUBLIC HEALTH DEPARTMENT 200 E WASHINGTON STREET STE 842 INDIANOPOLIS,IN 46204	35-6000172	GOVERNMENT	7,560	0			PROGRAM IMPLEMENTATION
(52) LOUISIANA PUBLIC HEALTH INSTITUTE 400 POYDRAS STREET SUITE 1250 NEW ORLEANS,LA 70130	72-1379921	501(C)3	793,280	0			PROGRAM IMPLEMENTATION
(53) LOCAL INITIATIVES SUPPORT CORPORATION 28 LIBERTY STREET 34TH FLOOR NEW YORK,NY 10005	13-3030229	501(C)3	60,000	0			PROGRAM IMPLEMENTATION
(54) KANSAS HEALTH INSTITUTE 212 SW 8TH AVENUE TOPEKA,KS 66603	48-1148972	501(C)3	368,539	0			PROGRAM IMPLEMENTATION
(55) INTER-TRIBAL COUNCIL OF MICHIGAN INC 2956 ASHMUN STREET SUITE A SAULT SAINTE MARIE,MI 49783	38-1893519	501(C)3	176,423	0			PROGRAM IMPLEMENTATION
(56) INTERNATIONAL ASSOCIATION OF CORONERS & MEDICAL EXAMINERS 840 SOUTH RANCHO DRIVE SUITE 4-410 LAS VEGAS,NV 89106	23-7180390	501(C)3	238,372	0			PROGRAM IMPLEMENTATION
(57) INSTITUTE FOR PUBLIC HEALTH INNOVATION (IPHI) 1250 CONNECTICUT AVENUE NW SUITE 601 WASHINGTON,DC 20036	46-3039129	501(C)3	167,718	0			PROGRAM IMPLEMENTATION
(58) INDIANA UNIVERSITY 1024 E 3RD STREET ROOM 132 BLOOMINGTON,IN 47405	35-6001673	GOVERNMENT	335,749	0			PROGRAM IMPLEMENTATION
(59) INDIA HOME 178-36 WEXFORD TERRACE SUITE 2C JAMAICA,NY 11432	20-8747291	501(C)3	60,000	0			PROGRAM IMPLEMENTATION
(60) ILLINOIS PUBLIC HEALTH INSTITUTE 310 S PEORIA STREET SUITE 404 CHICAGO,IL 60607	26-2757523	501(C)3	195,029	0			PROGRAM IMPLEMENTATION
(61) IDAHO IMMUNIZATION COALITION 403 N 11 W SHOSHONE,ID 82252	45-2718620	501(C)3	14,893	0			PROGRAM IMPLEMENTATION
(62) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L LEVY PLACE NEW YORK,NY 10029	13-6171197	501(C)3	62,963	0			PROGRAM IMPLEMENTATION
(63) HOPE COMMUNITY SERVICES 1538 CENTURY BLVD SANTA ANA,CA 92703	33-0751405	501(C)3	54,368	0			PROGRAM IMPLEMENTATION
(64) HISPANIC ADVOCACY AND COMMUNITY EMPOWERMENT THROUGH RESEARCH 155 WABASHA STREET SUITE 105 ST PAUL,MN 55107	41-1900934	501(C)3	56,650	0			PROGRAM IMPLEMENTATION
(65) HEPATITIS EDUCATION PROJECT 1621 S JACKSON STREET SUITE 201 SEATTLE,WA 91844	91-1658691	501(C)3	17,218	0			PROGRAM IMPLEMENTATION
(66) HEALTH RESOURCES IN ACTION (HRIA) 95 BERKELEY STREET BOSTON,MA 02116	04-2229839	501(C)3	1,332,184	0			PROGRAM IMPLEMENTATION
(67) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION 58 EDGEWOOD AVENUE NE 3RD FLOOR ATLANTA,GA 30302	58-1845423	GOVERNMENT	41,922	0			PROGRAM IMPLEMENTATION
(68) FREDRIC RIEDERS FAMILY RENAISSANCE FOUNDATION 2300 STRATFORD AVENUE WILLOW GROVE,PA 19090	35-2221255	501(C)3	124,889	0			PROGRAM IMPLEMENTATION
(69) FRAMEWORKS INSTITUTE 1333 H STREET NW SUITE 700 WEST WASHINGTON,DC 20005	71-0891642		289,522	0			PROGRAM IMPLEMENTATION
(70) EAST TENNESSEE STATE UNIVERSITY (TNIPH) 1276 GILBREATH DRIVE JOHNSON CITY,TN 37614	62-6021046	GOVERNMENT	18,376	0			PROGRAM IMPLEMENTATION
(71) DOLORES HUERTA FOUNDATION 1201 24TH STREET SUITE D BAKERSFIELD,CA 93301	91-2145992	501(C)3	91,903	0			PROGRAM IMPLEMENTATION
(72) DAR AL HIJRAH ISLAMIC CENTER 3159 ROW STREET FALLS CHURCH,VA 22044	31-1256417	GOVERNMENT	9,008	0			PROGRAM IMPLEMENTATION
(73) CULLMAN COUNTY COMMISSION 500 SECOND AVE SW ROOM 105 CULLMAN,AL 35055	63-6001496	GOVERNMENT	11,762	0			PROGRAM IMPLEMENTATION
(74) COUNTY OF WASHINGTON 383 BROADWAY BROADWAY,NY 12828	14-6002635	GOVERNMENT	7,349	0			PROGRAM IMPLEMENTATION
(75) COUNTY OF TULARE 221 S MOONEY BLVD VISALIA,CA 93291	94-6000545	GOVERNMENT	22,530	0			PROGRAM IMPLEMENTATION
(76) COUNTY OF SHASTA 1450 COURT STREET SUITE 308A REDDING,CA 96001	94-6000535	GOVERNMENT	22,200	0			PROGRAM IMPLEMENTATION
(77) COUNTY OF PEORIA 506 E SENECA PLACE PEORIA,IL 61603	37-6001763	GOVERNMENT	12,343	0			PROGRAM IMPLEMENTATION
(78) COUNTY OF GREENVILLE 301 UNIVERSITY RIDGE SUITE 300 GREENVILLE,SC 29601	57-6000356	GOVERNMENT	19,986	0			PROGRAM IMPLEMENTATION
(79) COMMUNITY MINISTRY OF PRINCE GEORGE'S COUNTY 6056 CENTRAL AVENUE CAPITOL HEIGHT,MD 20743	52-0974092	GOVERNMENT	9,732	0			PROGRAM IMPLEMENTATION
(80) COCONINO COUNTY 219 E CHERRY AVENUE FLAGSTAFF,AZ 86001	86-6000441	GOVERNMENT	17,495	0			PROGRAM IMPLEMENTATION
(81) CHINESE AMERICAN CHAMBER OF COMMERCE 7901 12TH AVENUE S BLOOMINGTON,MN 55425	84-2227725	501(C)3	90,455	0			PROGRAM IMPLEMENTATION
(82) CARDEA SERVICES 1809 SEVENTH AVENUE SUITE 600 SEATTLE,WA 98101	94-2401949	501(C)3	56,649	0			PROGRAM IMPLEMENTATION
(83) CARBON COUNTY 2 HAZARD SQUARE JIM THORPE,PA 18229	24-6000722	GOVERNMENT	6,997	0			PROGRAM IMPLEMENTATION
(84) BREAKING OUR CHAINS 2223 YORK STREET DENVER,CO 80205	82-1608769	501(C)3	20,000	0			PROGRAM IMPLEMENTATION
(85) BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH 715 ALBANY STREET BOSTON,MA 02118	04-2103547		79,616	0			PROGRAM IMPLEMENTATION
(86) BALDWIN COUNTY COMMISSION 312 COURTHOUSE SQUARE SUITE 11 BAY MINETTE,AL 36507	63-6001408	GOVERNMENT	20,285	0			PROGRAM IMPLEMENTATION
(87) ASSOCIATION OF SCHOOLS & PROGRAMS OF PUBLIC HEALTH 1900 M STREET NW SUITE 710 WASHINGTON,DC 20036	45-3220718	501(C)3	58,000	0			PROGRAM IMPLEMENTATION
(88) AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON,DC 20006	53-0196605	501(C)3	111,919	0			PROGRAM IMPLEMENTATION
(89) AMERICAN INDIAN PUBLIC HEALTH RESOURCE CENTER NDSU DEPT 2662 PO BOX 6050 FARGO,ND 58108	45-6002439	501(C)3	18,037	0			PROGRAM IMPLEMENTATION
(90) AMERICAN GERIATRICS SOCIETY 40 FULTON STREET SUITE 809 NEW YORK,NY 10038	13-1950856	501(C)3	74,321	0			PROGRAM IMPLEMENTATION
(91) ALLIANCE OF TRIBAL COALITIONS TO END VIOLENCE 1111 BALD EAGLE DRIVE NORMAN,OK 73072	46-4028439	501(C)3	168,798	0			PROGRAM IMPLEMENTATION
(92) AFRICAN FAMILY HEALTH ORGANIZATION 5400 GRAYS AVENUE 2ND FLOOR PHILADELPHIA,PA 19143	73-1670436	501(C)3	150,260	0			PROGRAM IMPLEMENTATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 98

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 5

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Return Reference	Explanation
PART I, LINE 2:	THE GOVERNMENTAL GRANTEES ENTERED INTO A CONTRACT WITH NNPHI AND WERE REQUIRED TO PRODUCE AGREED UPON DELIVERABLES IN EXCHANGE FOR PAYMENT. NNPHI APPOINTED A MANAGER TO OVERSEE THE ENGAGEMENT AND ENSURE THAT THE GOVERNMENTAL GRANTEE MET ITS OBLIGATIONS REQUIRED UNDER THE TERMS AND CONDITIONS OF THE CONTRACT. THE NNPHI FINANCE OFFICE ENSURED THAT PAYMENTS WERE MADE IN KEEPING WITH THE CONTRACT TERMS.

Additional Data

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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.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES INC

Employer identification number
72-1505359

Part I Questions Regarding Compensation

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

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 VINCENT LAFRONZA PRESIDENT AND CEO	**(i)**	298,314	0	0	29,831	12,030	340,175	0
	(ii)	0	0	0	0	0	0	0
2 KIM O RAMSEY SVP, FINANCE & ADMINISTRATION	**(i)**	181,000	0	0	18,100	27,978	227,078	0
	(ii)	0	0	0	0	0	0	0
3 CHRISTOPHER KINABREW SVP, PROGRAMS	**(i)**	181,874	0	0	18,187	9,473	209,534	0
	(ii)	0	0	0	0	0	0	0
4 OSCAR ESPINOSA DIRECTOR, EVIDENCE TO ACTION	**(i)**	146,676	0	0	11,734	25,787	184,197	0
	(ii)	0	0	0	0	0	0	0
5 MONTRECE RANSOM DIRECTOR, NCCPHT	**(i)**	145,831	0	0	11,666	11,010	168,507	0
	(ii)	0	0	0	0	0	0	0
6 CARMELITA MARROW DIRECTOR, COMMUNICATIONS & CONVENING	**(i)**	136,255	0	0	13,626	16,177	166,058	0
	(ii)	0	0	0	0	0	0	0
7 DIANA HAMER DIRECTOR, CLIMATE & CRISIS PREPAREDN	**(i)**	135,646	0	0	13,565	14,145	163,356	0
	(ii)	0	0	0	0	0	0	0
8 ERIN MARZIALE DIRECTOR, NETWORK ENGAGEMENT	**(i)**	139,429	0	0	13,943	9,608	162,980	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES INC

Employer identification number
72-1505359

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	COPIES OF FORM 990 ARE DISTRIBUTED TO BOARD MEMBERS AT THE EARLIEST MEETING POSSIBLE. ONCE THE BOARD APPROVED & ACCEPTS THE IRS FORM 990, THE CFO SIGNS THE RETURNS AND NOTIFIES THE AUDIT FIRM TO EFILE THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C	NNPHI PROMOTES A HIGH STANDARD OF EXCELLENCE FOR CONDUCTING ITS BUSINESS ACTIVITIES WITH INTEGRITY, FAIRNESS, AND IN ACCORDANCE WITH THE HIGHEST ETHICAL STANDARDS. EACH EMPLOYEE IS OBLIGATED TO UPHOLD THAT STANDARD IN EVERY BUSINESS ACTIVITY. IF THE EMPLOYEE IS EVER IN DOUBT WHETHER AN ACTIVITY MEETS OUR ETHICAL STANDARDS OR COMPROMISES NNPHI'S REPUTATION, THE EMPLOYEE SHOULD DISCUSS IT WITH HER/HIS RESOURCE ADVISOR OR THE CEO. EVERY EMPLOYEE HAS THE RESPONSIBILITY TO ASK QUESTIONS, SEEK GUIDANCE, REPORT SUSPECTED VIOLATIONS AND EXPRESS CONCERNS REGARDING COMPLIANCE WITH THIS POLICY. NNPHI WILL FREQUENTLY COMMUNICATE TO EMPLOYEES ITS COMMITMENT TO INTEGRITY AND UNCOMPROMISING VALUES. NNPHI WILL INFORM EMPLOYEES OF POLICIES AND PROCEDURES REGARDING ETHICAL BUSINESS CONDUCT AND ASSIST THEM IN RESOLVING QUESTIONS AND IN REPORTING SUSPECTED VIOLATIONS. RETALIATION AGAINST EMPLOYEES WHO USE THESE REPORTING MECHANISMS TO RAISE GENUINE CONCERNS WILL NOT BE TOLERATED. HUMAN RESOURCES IS RESPONSIBLE FOR PROVIDING POLICY GUIDANCE AND ISSUING PROCEDURES TO ASSIST EMPLOYEES IN COMPLYING WITH NNPHI EXPECTATIONS OF ETHICAL BUSINESS CONDUCT AND UNCOMPROMISING VALUES. THIS POLICY CONSTITUTES THE STANDARDS OF ETHICAL BUSINESS CONDUCT AND RESULTS IN NO CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A	THE CEO RECEIVES AN ANNUAL PERFORMANCE REVIEW BY A COMMITTEE COMPRISED OF CURRENT BOARD MEMBERS. DURING THAT REVIEW, THE REVIEW COMMITTEE WILL CONSIDER A SALARY ADJUSTMENT FOR THE CEO. ANY SALARY ADJUSTMENT WILL CONSIDER THE CEO'S PERFORMANCE AGAINST GOALS DURING THE YEAR AS WELL AS LOOKING AT MARKET INFORMATION TO ENSURE THAT THE PROPOSED SALARY IS COMMENSURATE WITH SIMILAR SIZED ORGANIZATIONS WITH SIMILAR COMPLEXITY.
FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION'S COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.

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