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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 black lung benefit trust or private foundation)	OMB No 1545-0047 2010 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		D Employer identification number 72-1379921	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization LOUISIANA PUBLIC HEALTH INSTITUTE		E Telephone number (504) 301-9800
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1515 POYDRAS STREET NO 1200		G Gross receipts \$ 20,423,364
	City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 70112		
F Name and address of principal officer JOSEPH D KIMBRELL 1515 POYDRAS STREET NO 1200 NEW ORLEANS, LA 70112		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates 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.LPHI.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1997	M State of legal domicile LA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND IMPROVE HEALTH AND QUALITY OF LIFE IN LOUISIANA THROUGH DIVERSE PUBLIC-PRIVATE PARTNERSHIPS WITH GOVERNMENT, FOUNDATIONS, COMMUNITY GROUPS, ACADEMIA AND PRIVATE BUSINESSES AT THE COMMUNITY, PARISH, AND STATE LEVELS		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	110
	6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 23,650,903	Current Year 18,435,508
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	213	718
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,384,176	1,987,138
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,035,292	20,423,364
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	640,069
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)		5,000,828	5,508,651
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
16b Total fundraising expenses (Part IX, column (D), line 25) 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		19,452,477	13,929,865
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		25,093,374	20,014,208
19 Revenue less expenses Subtract line 18 from line 12		-58,082	409,156
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year 8,460,444
	21 Total liabilities (Part X, line 26)	7,609,091	4,958,183
	22 Net assets or fund balances Subtract line 21 from line 20	851,353	1,260,510

Part II	Signature Block
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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				2012-04-25 Date		
	JOSEPH D KIMBRELL CEO Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name AMY E WALTERS CPA CCIFP		Preparer's signature AMY E WALTERS CPA CCIFP		Date	Check if self-employed ☒	PTIN
	Firm's name ☒ LAPORTE APAC					Firm's EIN ☒	
	Firm's address ☒ 111 VETERANS MEMORIAL BLVD SUITE 60 METAIRIE, LA 700054958					Phone no ☒ (504) 835-5522	

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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1

Briefly describe the organization’s mission

TO PROMOTE AND IMPROVE HEALTH AND QUALITY OF LIFE IN LOUISIANA THROUGH DIVERSE PUBLIC-PRIVATE PARTNERSHIPS WITH GOVERNMENT, FOUNDATIONS, COMMUNITY GROUPS, ACADEMIA AND PRIVATE BUSINESSES AT THE COMMUNITY, PARISH, AND STATE LEVELS

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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 7,280,121 including grants of \$ 451,959) (Revenue \$)

THE LOUISIANA CAMPAIGN FOR TOBACCO-FREE LIVING (TFL)PURPOSE TO IMPLEMENT AND EVALUATE COMPREHENSIVE TOBACCO CONTROL INITIATIVES THAT PREVENT AND REDUCE TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE TFL'S GOALS ARE TO 1) ELIMINATE EXPOSURE TO SECONDHAND SMOKE, 2) PREVENT INITIATION OF TOBACCO USE AMONG YOUTH, 3) PROMOTE TOBACCO CESSATION AMONG YOUTH AND ADULTS, 4) IDENTIFY AND ELIMINATE TOBACCO-RELATED DISPARITIES, AND 5) FACILITATE EFFECTIVE COORDINATION OF ALL TOBACCO CONTROL AND PREVENTION INITIATIVES THROUGHOUT THE STATE OF LOUISIANA

4b

(Code) (Expenses \$ 5,228,865 including grants of \$) (Revenue \$)

PRIMARY CARE ACCESS AND STABILIZATION GRANTPURPOSE TO STABILIZE AND EXPAND PRIMARY AND BEHAVIORAL HEALTHCARE ACCESS IN THE GREATER NEW ORLEANS AREA WITH THE GOALS OF 1) INCREASING ACCESS TO HEALTH CARE ON A POPULATION BASIS, 2) PROVIDING EVIDENCED BASED, HIGH QUALITY HEALTH CARE, 3) DEVELOPING SUSTAINABLE BUSINESS ENTITIES, AND 4) DEVELOPING AN ORGANIZED SYSTEM OF CARE

4c

(Code) (Expenses \$ 1,012,588 including grants of \$) (Revenue \$)

OPH TOBACCO CONTROL PROGRAM TO IMPLEMENT AND EVALUATE COMPREHENSIVE TOBACCO CONTROL INITIATIVES THAT PREVENT AND REDUCE TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 5,248,812 including grants of \$ 123,733) (Revenue \$)

4e

Total program service expenses \$ 18,770,386

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 instruction)? 	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 Yes	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, 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 Yes	
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 Yes	
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, XII, and XIII 	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, XII, and XIII 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, and program service activities outside the United States? 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 assistance to any organization or entity located outside the U S ? 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 assistance to individuals located outside the U S ? 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 hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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 to any question in this Part V

☐

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	35		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	110		
	b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
Note.		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
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," 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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?		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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9		Sponsoring organizations maintaining donor advised funds.			
a		Did the organization make any taxable distributions under section 4966?		9a	
b		Did the 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	

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 to any question 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	1a12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b12		
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	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If “No,” go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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 If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
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,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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▶LA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JOSEPH KIMBRELL 1515 POYDRAS STREET STE 1200 NEW ORLEANS, LA 70112 (504) 301-9800

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O.)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH TH FONTHAM DRPH SECRETARY/TREASURY	2.00	X		X				0	0	0
(2) BRIAN P JAKES SR BOARD MEMBER	2.00	X						0	0	0
(3) GINA EUBANKS PHD BOARD MEMBER	2.00	X						0	0	0
(4) LINDA HOLYFIELD RN MSN BOARD MEMBER	2.00	X						0	0	0
(5) GORDON WADGE MPA CHAIR CHAIR	2.00	X		X				0	0	0
(6) JAMES W PARKS II BOARD MEMBER	2.00	X						0	0	0
(7) JANE BERTRAND BOARD MEMBER	2.00	X						0	0	0
(8) KATHLEEN KENNEDY BOARD MEMBER	2.00	X						0	0	0
(9) CLAYTON WILLIAMS BOARD MEMBER	2.00	X						0	0	0
(10) KAREN DESALVO BOARD MEMBER	2.00	X						0	0	0
(11) NANCY MCPHERSON BOARD MEMBER	2.00	X						0	0	0
(12) CAROL SOLOMON BOARD MEMBER	2.00	X						0	0	0
(13) JOSEPH KIMBRELL MA MSW CEO	40.00			X				173,607	0	17,266
(14) ERIC BAUMGARTNER MD MPH DIRECTOR, POLICY & PLANNIN	30.00					X		115,604	0	13,716
(15) AMY CAVALLINO MPA DIRECTOR, FINANCE & OPERAT	40.00					X		116,931	0	14,159
(16) GAURAV NAGRATH MBA DIRECTOR, INFORMATION SERV	40.00					X		129,627	0	14,907

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b	Sub-Total									
c	Total from continuation sheets to Part VII, Section A									
d	Total (add lines 1b and 1c)							535,769	0	60,048

2

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

4

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORGAN & COMPANY 3527 CANAL STREET NEW ORLEANS, LA 70119	MEDIA & MARKETING SERVICES	2,131,545
LSU HEALTH SCIENCES CENTER 433 BOLIVER ST NEW ORLEANS, LA 70112	ADMIN & IMPLEMENTATION OF TOBACCO CESSAT	1,308,152
SOUTHERN UNIVERSITY AG CENTER ASHFORD O WILLIAMS HALL BLDG 181 BATON ROUGE, LA 70813	ADMIN & IMPLEMENTATION OF TOBACCO CESSAT	479,754
BLUE CROSS BLUE SHIELD OF LOUISIANA PO BOX 65007 DALLAS, TX 75265	ADMIN & IMPLEMENTATION OF TOBACCO CESSAT	389,681
FREE & CLEAR INC PO BOX 402617 ATLANTA, GA 30384	ADMIN & IMPLEMENTATION OF TOBACCO CESSAT	306,355

2

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

15

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	15,914,212		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,521,296		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		18,435,508		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		718	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
b		Less direct expenses	b			
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a			
b		Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code				
11a	COST REIMBURSEMENT	900099	996,118	996,118		
b	EXTERNAL REVENUE FROM	900099	443,103	443,103		
c	INDIRECT COSTS REVENUE	900099	377,047	377,047		
d	All other revenue		170,870	170,870		
e	Total. Add lines 11a-11d		1,987,138			
12	Total revenue. See Instructions		20,423,364	1,987,138	0	718

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	575,692	575,692		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	194,213	186,444	7,769	
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	4,719,253	3,826,323	892,930	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	278,352	219,378	58,974	
9	Other employee benefits				
10	Payroll taxes	316,833	260,762	56,071	
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	28,983	24,308	4,675	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	10,833,583	10,810,526	23,057	
12	Advertising and promotion	874,867	874,148	719	
13	Office expenses	188,068	180,287	7,781	
14	Information technology	76,290	72,523	3,767	
15	Royalties				
16	Occupancy	239,110	211,968	27,142	
17	Travel	232,022	222,312	9,710	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	258,989	240,196	18,793	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,016		32,016	
23	Insurance	414,002	343,267	70,735	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	INDIRECT COSTS	225,283	225,283		
b	INTERFUND EXPENSE	172,496	172,496		
c	SPONSORSHIPS	144,384	142,786	1,598	
d	TELEPHONE	94,654	84,325	10,329	
e	PARKING	63,671	52,411	11,260	
f	All other expenses	51,447	44,951	6,496	
25	Total functional expenses. Add lines 1 through 24f	20,014,208	18,770,386	1,243,822	0
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,338,903	1	705,469
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,745,827	3	2,940,504
	4	Accounts receivable, net			123,602	4	341,842
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	195,617			
	b	Less: accumulated depreciation	10b	154,489	45,980	10c	41,128
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,206,132	15	2,189,750
16	Total assets. Add lines 1 through 15 (must equal line 34)			8,460,444	16	6,218,693	
Liabilities	17	Accounts payable and accrued expenses			1,322,412	17	1,506,112
	18	Grants payable				18	
	19	Deferred revenue			1,020,581	19	2,094,190
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				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. Complete Part X of Schedule D			5,266,098	25	1,357,881
	26	Total liabilities. Add lines 17 through 25			7,609,091	26	4,958,183
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			759,798	27	1,150,885
	28	Temporarily restricted net assets			91,555	28	109,625
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			851,353	33	1,260,510
34	Total liabilities and net assets/fund balances			8,460,444	34	6,218,693	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,423,364
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,014,208
3	Revenue less expenses Subtract line 2 from line 1	3	409,156
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	851,353
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,260,510

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

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. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LOUISIANA PUBLIC HEALTH INSTITUTE

Employer identification number
72-1379921

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 11, 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)

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 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)

10

☐

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

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	20,166,399	66,636,949	48,157,189	23,636,102	18,435,508	177,032,147
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	20,166,399	66,636,949	48,157,189	23,636,102	18,435,508	177,032,147
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)						5,830,056
6 Public Support. Subtract line 5 from line 4						171,202,091

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	20,166,399	66,636,949	48,157,189	23,636,102	18,435,508	177,032,147
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,955	10,573	3,092	213	718	33,551
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 IV)	418,755	1,088,370	1,242,978	1,398,977	1,987,138	6,136,218
11 Total support (Add lines 7 through 10)						183,201,916
12 Gross receipts from related activities, etc (See instructions)					12	290,006
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	93 450 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94 380 %
16a 33 1/3% support test—2010. 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—2009. If the organization did not check the 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—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. 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 IV 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 in 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 IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five 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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 72-1379921

Name: LOUISIANA PUBLIC HEALTH INSTITUTE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$ 701,057	including grants of \$	(Revenue \$)	
CRESCENT CITY BEACON COMMUNITYPURPOSE TO IMPROVE THE PERFORMANCE AND QUALITY OF HEALTHCARE TO REDUCE THE BURDEN OF DIABETES AND CARDIOVASCULAR DISEASE BY ACCOMPLISHING THE FOLLOWING GOALS 1) IMPROVED QUALITY OF CARE AT THE POPULATION LEVEL IN MEASURABLE WAYS, 2) IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGY (HIT) AS THE ENABLER FOR EFFICIENCY AND SCALABILITY, 3) CREATION OF COMMUNITY-LEVEL STANDARDS OF CARE FOR CHRONIC DISEASE MANAGEMENT, AND 4) ENHANCEMENT OF LINKAGES ACROSS HEALTH SYSTEMS AND OTHER STATE AND FEDERAL QUALITY IMPROVEMENT AND HIT ACTIVITIES				
(Code)	(Expenses \$ 509,780	including grants of \$	(Revenue \$)	
KELLOGG SCHOOL HEALTH CONNECTIONPURPOSE TO IMPROVE THE OVERALL HEALTH OF STUDENTS AND SCHOOL COMMUNITIES BY REBUILDING AND EXPANDING SCHOOL BASED HEALTH CENTERS (SBHCS) IN THE METRO NEW ORLEANS AREA, INCLUDING ENHANCING PHYSICAL AND BEHAVIORAL HEALTH SERVICES PROVIDED BY SBHCS				
(Code)	(Expenses \$ 287,392	including grants of \$	(Revenue \$)	
LA WORKFORCE COMMISSIONPURPOSE TO INCREASE THE SKILL LEVEL, EMPLOYMENT OPPORTUNITIES AND RETENTION OF THE FRONTLINE HEALTHCARE WORKFORCE WITHIN HURRICANE IMPACTED PARISHES BY 1) PROVIDING WORKFORCE RECRUITMENT AND RETENTION TECHNICAL ASSISTANCE TAILORED TO THE NEEDS OF KATRINA AND RITA IMPACTED PARISHES, 2) PROVIDING FINANCIAL SUPPORT FOR DIRECT AND INDIRECT COST OF TRAINING OF EXISTING FRONTLINE WORKERS IN THE DEVASTATED AREA AND DISPLACED RESIDENTS WILLING TO RETURN, 3) BUILDING UPON NEW STRATEGIC PARTNERSHIPS CREATED AMONG EDUCATIONAL AND HEALTHCARE ORGANIZATIONS, AND 4) CREATING A LONG TERM TRAINING PROGRAM WITH ONGOING SUPPORT OF PROGRAM ENROLLEES, RETENTION, TRAINING AND CONTINUED FOCUS ON SUSTAINABILITY				
(Code)	(Expenses \$ 527,407	including grants of \$	(Revenue \$)	
ORLEANS TEEN PREGNANCY PREVENTION PROGRAMPURPOSE TO REDUCE THE INCIDENCE OF AND BEHAVIORAL RISK FACTORS FOR TEEN PREGNANCY AMONG ORLEANS PARISH YOUTH, AGES 14-19, BY IMPLEMENTING AND EVALUATING TWO TEEN PREGNANCY PREVENTION EVIDENCE-BASED INTERVENTIONS - BECOMING A RESPONSIBLE TEEN AND SAFER SEX INTERVENTION IN MULTIPLE SITES THROUGHOUT ORLEANS PARISH				
(Code)	(Expenses \$ 336,336	including grants of \$	(Revenue \$)	
ORLEANS SCHOOL BASED HEALTH IMPACT AND SUSTAINABILITY PROGRAMPURPOSE TO PROMOTE THE SUSTAINABILITY OF SCHOOL BASED HEALTH CENTERS (SBHCS) RE-ESTABLISHED POST HURRICANE KATRINA BY ACCOMPLISHING THE FOLLOWING GOALS 1) PROVIDING CURRENT SBHC SPONSORS OPPORTUNITIES TO WORK TOWARDS ENHANCED SUSTAINABILITY BY INCLUDING INCENTIVES THAT REWARD INCREASES IN SBHC BILLING, UTILIZATION, AND REDUCTIONS IN OPERATING COSTS, AND 2) THROUGH PLANNING FUNDS, ENGAGING NEW HEALTHCARE ORGANIZATIONS IN SPONSORING SBHCS WHERE SUSTAINABLE MODELS CAN BE DEMONSTRATED, INCLUDING FEDERALLY QUALIFIED HEALTH CENTERS				
(Code)	(Expenses \$ 262,216	including grants of \$	(Revenue \$)	
CHILDREN'S SPECIAL HEALTH SERVICES				
(Code)	(Expenses \$ 91,643	including grants of \$	(Revenue \$)	
MATERNAL AND CHILD HEALTH (MCH)				
(Code)	(Expenses \$ 181,047	including grants of \$	(Revenue \$)	
IS COORDINATED SCHOOL BASED HEALTH CENTERS (RWJ-SBHC-HIT)PURPOSE TO IMPROVE SCHOOL BASED HEALTH CENTER FINANCIAL SUSTAINABILITY AND CLINIC QUALITY BY IMPLEMENTING ELECTRONIC MEDICAL RECORD TECHNOLOGY IN SCHOOL BASED HEALTH CLINICS				
(Code)	(Expenses \$ 16,740	including grants of \$	(Revenue \$)	
LA COMMUNITY AIDS PARTNERSHIP				
(Code)	(Expenses \$ 7,131	including grants of \$	(Revenue \$)	
BEHAVIORAL HEALTH ACTION NETWORK (BHAN)				
(Code)	(Expenses \$ 227,137	including grants of \$	(Revenue \$)	
COLLABORATIVE TO IMPROVE BEHAVIORAL HEALTHCARE ACCESSPURPOSE THROUGH A QUALITY IMPROVEMENT LEARNING COLLABORATIVE, SUPPORT THE INTEGRATION BEHAVIORAL AND PRIMARY HEALTHCARE AND THEREBY IMPROVE ACCESS TO SERVICES BY 1) BUILDING LOCAL CAPACITY FOR BEST PRACTICE TREATMENT OF DEPRESSION AND OTHER COMMON BEHAVIORAL HEALTH CONDITIONS, AND 2) IDENTIFYING STRATEGIES THAT WILL PRODUCE SUSTAINABLE SYSTEMIC CHANGE IN THE GREATER NEW ORLEANS REGION				
(Code)	(Expenses \$ 215,098	including grants of \$	(Revenue \$)	
EVALUATION SPECIAL PROJECTSTHE EVALUATION AND RESEARCH DIVISION PROVIDES A VARIETY OF MONITORING AND EVALUATION SERVICES FOR CLIENTS INCLUDING FEDERAL, STATE AND LOCAL GOVERNMENT AGENCIES, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS AND BUSINESSES THESE SERVICES INCLUDE QUANTITATIVE AND QUALITATIVE STUDY DESIGNS, DATA COLLECTION SERVICES, SUCH AS SURVEYS, FOCUS GROUPS, IN-DEPTH INTERVIEWS, ANALYTICS AND DATA VISUALIZATION, AND TECHNICAL EXPERTISE IN EVIDENCE-BASED PRACTICES IN PUBLIC HEALTH AND HEALTH SERVICES EVALUATION AND RESEARCH				
(Code)	(Expenses \$ 79,095	including grants of \$	(Revenue \$)	
INFORMATION SERVICES SPECIAL PROJECTS				
(Code)	(Expenses \$ 66,155	including grants of \$	(Revenue \$)	
GNO PRIMARY CARE OUTREACH				
(Code)	(Expenses \$ 166,625	including grants of \$	(Revenue \$)	
PEDESTRIAN AND BIKE SAFETY CAMPAIGNTHE MEDIA AND COMMUNICATIONS DIVISION PROVIDED MEDIA AND MARKETING SERVICES TO THE GREATER NEW ORLEANS REGIONAL PLANNING COMMISSION TO PROMOTE GREATER COMMUNITY AWARENESS REGARDING PEDESTRIAN AND BICYCLE SAFETY				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$ 46,528	including grants of \$	(Revenue \$)	COMMUNICATIONS-SPECIAL PROJECTS
(Code)	(Expenses \$ 255,837	including grants of \$	(Revenue \$)	NEW ORLEANS NEIGHBORHOOD HEALTH IMPLEMENTATION PLANPURPOSE TO BUILD A SUSTAINABLE COMMUNITY OF HEALTHY NEIGHBORHOODS AND A CULTURE OF HEALTH AND HEALTH EQUITY IN NEW ORLEANS BY PROVIDING A BROAD RANGE OF COMMUNITY DATA AND IMPLEMENTATION GUIDANCE, TOOLS, TECHNICAL ASSISTANCE AND OTHER RESOURCES TO NEW ORLEANS NEIGHBORHOODS
(Code)	(Expenses \$ 124,933	including grants of \$ 116,733	(Revenue \$)	NATIONAL AIDS FUND - LCAP FUNDPURPOSE TO EDUCATE PEOPLE IN LOUISIANA ABOUT HIV/AIDS, DEVELOP INNOVATIVE WAYS TO PREVENT HIV/AIDS, PROVIDE SUPPORT TO INDIVIDUALS LIVING WITH HIV/AIDS, AND REDUCE THE STIGMA AND DISCRIMINATION OFTEN ASSOCIATED WITH HIV/AIDS TO ACHIEVE THIS, EACH YEAR THE LOUISIANA COMMUNITY AIDS PARTNERSHIP RAISES MONEY TO MEET A NATIONAL MATCH PROVIDED BY AIDS UNITED AND THE ELTON JOHN FOUNDATION
(Code)	(Expenses \$ 31,987	including grants of \$	(Revenue \$)	SCHOOL HEALTH CONNECTION - SUPPLEMENTAL FUNDING
(Code)	(Expenses \$ 14,432	including grants of \$	(Revenue \$)	BEHAVIORAL HEALTH SERVICES DASHBOARD
(Code)	(Expenses \$ 75,165	including grants of \$	(Revenue \$)	HEARING, SPEECH & VISION PROGRAM EDIDEMIOLOGIST
(Code)	(Expenses \$ 344,204	including grants of \$	(Revenue \$)	POSITIVE CHARGE - HIV/AIDS INITIATIVEPURPOSE TO DECREASE UNMET NEED FOR HIV/AIDS CARE IN LOUISIANA TO ACHIEVE THIS, LPHI AND ITS PARTNERS ARE IMPLEMENTING AND EVALUATING FOUR LINKAGE TO CARE INTERVENTIONS FOR INDIVIDUALS NEWLY DIAGNOSED WITH HIV/AIDS OR PERSONS LIVING WITH HIV/AIDS THAT ARE CONSIDERED OUT OF CARE IN NEW ORLEANS, BATON ROUGE, SHREVEPORT, AND LAKE CHARLES
(Code)	(Expenses \$ 106,318	including grants of \$	(Revenue \$)	NEW ORLEANS BIKE AND PEDESTRIAN INFRASTRUCTURE INITIATIVE (ENTERGY)PURPOSE TO CREATE ACTIVE ENVIRONMENTS IN NEW ORLEANS THAT SUPPORT A HEALTHIER QUALITY OF LIFE FOR RESIDENTS, BUSINESSES, AND VISITORS THROUGH THE EXPANSION OF NEW WALKING AND BICYCLING FACILITIES
(Code)	(Expenses \$ 213,643	including grants of \$	(Revenue \$)	SCHOOL AND WELLNESS COLLABORATIONPURPOSE TO SUPPORT THE IMPROVED HEALTH AND WELLBEING OF ORLEANS PARISH STUDENTS, SCHOOL STAFF AND THEIR FAMILIES THROUGH COORDINATED HEALTH PROMOTION AND WELLNESS ACTIVITIES THAT 1) INCREASE PROTECTIVE FACTORS FOR YOUTH AND FAMILIES THROUGH TARGETED HEALTH PROMOTION AND HEALTH EDUCATION PROGRAMS, 2) ENHANCE STUDENT HEALTH SERVICES AT THE SCHOOL CAMPUS, AND 3) CHANGE SCHOOL CULTURE TO REFLECT A PRIORITY ON COMPREHENSIVE HEALTH BY CREATING A COORDINATED SCHOOL HEALTH ACTION PLAN
(Code)	(Expenses \$ 110,543	including grants of \$ 7,000	(Revenue \$)	REACH COREPURPOSE TO REDUCE THE BURDEN OF TYPE 2 DIABETES IN TWO NEW ORLEANS NEIGHBORHOODS (HOLLYGROVE-CARROLLTON AND CENTRAL CITY) BY IMPLEMENTING THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP COMMUNITY HEALTH IMPROVEMENT PROCESS TO SPUR NUTRITION AND PHYSICAL ACTIVITY-RELATED POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES
(Code)	(Expenses \$ 70,000	including grants of \$	(Revenue \$)	STATE OIL SPILL ASSESSMENT
(Code)	(Expenses \$ 30,610	including grants of \$	(Revenue \$)	SMASH HITS HIV/AIDS INITIATIVE
(Code)	(Expenses \$ 29,953	including grants of \$	(Revenue \$)	ASSESSMENT OF NEW ORLEANS COMMUNITY HEALTH CLINICS
(Code)	(Expenses \$ 25,559	including grants of \$	(Revenue \$)	NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROJECT
(Code)	(Expenses \$ 21,692	including grants of \$	(Revenue \$)	REASEARCH TRIANGLE INSTITUTE CHATS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$	20,000	including grants of \$	(Revenue \$)
SNAP EVALUATION				
(Code)	(Expenses \$	52,549	including grants of \$	(Revenue \$)
OTHER				

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization LOUISIANA PUBLIC HEALTH INSTITUTE	Employer identification number 72-1379921
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		13
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			13
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization LOUISIANA PUBLIC HEALTH INSTITUTE	Employer identification number 72-1379921
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 may 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" to 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 pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items	
a	Revenues included in 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 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 XIV

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" to 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

1b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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					
1b Contributions					
1c Investment earnings or losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements				
1d Equipment		195,617	154,489	41,128
1e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				41,128

Schedule D (Form 990) 2010

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,423,364
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,014,208
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	409,156
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1
9	Total adjustments (net) Add lines 4 - 8	9	1
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	409,157

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	19,876,643
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	19,876,643
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	546,721
c	Add lines 4a and 4b	4c	546,721
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	20,423,364

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	19,467,487
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 XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	19,467,487
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	546,721
c	Add lines 4a and 4b	4c	546,721
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	20,014,208

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	PART X, LINE 2 - FIN 48 FOOTNOTE LPHI ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACS 740, INCOME TAXES FASB ACS 740, INCOME TAXES, PRESCRIBES RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION MANAGEMENT EVALUATED LPHI'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE LPHI'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES LPHI'S OPEN AUDIT PERIODS ARE 2008 THROUGH 2010
PART XI, LINE 8 - OTHER ADJUSTMENTS		ROUNDING 1
PART XII, LINE 4B - OTHER ADJUSTMENTS		INDIRECT COST REVENUE 377,047 INTERFUND REVENUE 169,674
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INTERFUND REVENUE 169,674 INDIRECT COSTS REVENUE 377,047

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LOUISIANA PUBLIC HEALTH INSTITUTE

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
72-1379921

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

43

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL LPHI GRANTEES SUBMIT BOTH PROGRAMMATIC AND FINANCIAL REPORTS FOR REVIEW AND APPROVAL PERIODICALLY THE FREQUENCY AND REPORTING REQUIREMENTS DEPEND ON THE FUNDING SOURCE AND AMOUNT OF THE AWARD GOALS AND OBJECTIVES ARE REVIEWED IN SYNC WITH FINANCIAL REPORTS TO ENSURE FUNDS ARE BEING UTILIZED TO PROMOTE PROGRAM GOALS AND OBJECTIVES, FUNDS ARE BEING UTILIZED ON ALLOWABLE AND APPROVED BUDGET ITEMS AND CATEGORIES, OVERSPENDING DOES NOT OCCUR (LARGER AWARDS ARE TYPICALLY COST-REIMBURSEMENT), ACCOUNTABILITY OF FUNDS GRANTEES ARE CONTACTED PERIODICALLY TO REVIEW SPENDING AND NEEDS FOR BUDGET REVISIONS TO ENSURE FUNDS ARE BEING SPENT TIMELY & APPROPRIATELY IN SOME CASES PERIODIC SITE VISITS ARE MADE TO CHECK ON GRANTEE PROGRESS

Software ID:

Software Version:

EIN: 72-1379921

Name: LOUISIANA PUBLIC HEALTH INSTITUTE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DILLARD UNIVERSITY2601 GENTILLY BLVD NEW ORLEANS,LA 70122	72-0408929	501(C)(3)	15,457			N/A	COMMUNITY PROGRAMS
LOYOLA UNIVERSITY NEW ORLEANS6363 ST CHARLES AVE NEW ORLEANS,LA 70118	72-0408946	501(C)(3)	14,505			N/A	COMMUNITY PROGRAMS
SOUTHWEST LOUISIANA SICKLE CELL ANEMIA INC 1917 HARLESS ST LAKE CHARLES,LA 70601	47-0948174	501(C)(3)	12,000			N/A	COMMUNITY PROGRAMS
ADAPT INC216 MEMPHIS ST BOGALUSA,LA 70427	72-1274844	501(C)(3)	12,000			N/A	COMMUNITY PROGRAMS
START CORPORATION420 MAGNOLIA STREET PO BOX 165 HOUMA,LA 70360	58-1687098	501(C)(3)	13,454			N/A	COMMUNITY PROGRAMS
FACE TO FACE ENRICHMENT CENTER2010 S BURNSIDE AVE SUITE A GONZALES,LA 70737	20-5389746	501(C)(3)	28,536			N/A	COMMUNITY PROGRAMS
LOUISIANA PRIMARY CARE ASSOCIATION4550 NORTH BLVD SUITE 120 BATON ROUGE,LA 70806	72-1040949	501(C)(3)	10,234			N/A	COMMUNITY PROGRAMS
SOUTHERN UNIVERSITY AGRICULTURAL RESEARCH AND EXTENSION CENTER ASHFORD O WILLIAMS HALL BLDG 181 BATON ROUGE,LA 70807	72-6000817	501(C)(3)	9,142			N/A	COMMUNITY PROGRAMS
ACADIANA CARES809 MARTIN LUTHER KING DRIVE LAFAYETTE,LA 70501	58-1717018	501(C)(3)	16,531			N/A	COMMUNITY PROGRAMS
NAMI LOUISIANAPO BOX 40517 BATON ROUGE,LA 70835	72-1038877	501(C)(3)	12,700			N/A	COMMUNITY PROGRAMS
ADAC-ALCOHOL AND DRUG ABUSE COUNCIL FOR SOUTH LOUISIANA 1155 ST CHARLES STREET HOUMA,LA 70360	58-1669820	501(C)(3)	10,259			N/A	COMMUNITY PROGRAMS
ACADIANA SICKLE CELL ANEMIA FOUNDATION612 SURREY STREET LAFAYETTE,LA 70501	72-0791431	501(C)(3)	10,578			N/A	COMMUNITY PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWLA AIDS COUNCIL1715 COMMON STREET LAKE CHARLES,LA 70601	72-1115522	501(C)(3)	24,676			N/A	COMMUNITY PROGRAMS
YWCA OF GREATER BATON ROUGE4000 GUS YOUNG AVENUE BATON ROUGE,LA 70806	72-0650993	501(C)(3)	14,000			N/A	COMMUNITY PROGRAMS
VOLUNTEERS OF AMERICA OF NORTH LA - JENAPO BOX 2445 JENA,LA 73142	13-1692595	501(C)(3)	24,203			N/A	COMMUNITY PROGRAMS
LOUISIANA STATE UNIVERSITY EUNICEPO BOX 1129 EUNICE,LA 70535	72-6000848	LOUISIANA STATE UNIV	16,038			N/A	COMMUNITY PROGRAMS
SOUTHEASTERN LOUISIANA UNIVERSITY SLU 10310 HAMMOND,LA 70402	72-6000816	UNIV OF LOUISIANA	14,638			N/A	COMMUNITY PROGRAMS
CAPITOL CITY FAMILY HEALTH CENTER3140 FLORIDA STREET BATON ROUGE,LA 70806	72-1395500	501(C)(3)	22,500			N/A	EYE CARE SERVICES
SOUTHEAST LOUISIANA AREA HEALTH EDUCATION CENTER1302 JW DAVIS DR HAMMOND,LA 70403	72-1155014	501(C)(3)	12,500			N/A	COMMUNITY PROGRAMS
HIVAIDS ALLIANCE REGION TWO4550 NORTH BLVD 250 BATON ROUGE,LA 70806	72-1283359	501(C)(3)	12,500			N/A	COMMUNITY PROGRAMS
ST JOHN #5 BAPTIST CHURCH3829 HAMBURG ST NEW ORLEANS,LA 70112	72-1279715	501(C)(3)	5,000			N/A	COMMUNITY PROGRAMS
NOAIDS TASK FORCE FISCAL AGENT FOR UNTIL IT IS OVER INC837 DE BORE DR NEW ORLEANS,LA 70126	27-0480125	501(C)(3)	10,000			N/A	COMMUNITY PROGRAMS
ST ANNA'S EPISCOPAL CHURCH1313 ESPLANADE AVE NEW ORLEANS,LA 70116	72-0631881	501(C)(3)	12,000			N/A	COMMUNITY PROGRAMS
WARREN EASTON CHARTER HIGH SCHOOL3019 CANAL STREET NEW ORLEANS,LA 70119	86-1163583	501(C)(3)	7,200			N/A	COMMUNITY PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY CITY CDC2100 MARTIN LUTHER KING JR BLVD NEW ORLEANS,LA 70113	72-1505243	501(C)(3)	5,156			N/A	COMMUNITY PROGRAMS
BATON ROUGE AIDS SOCIETY4560 NORTH BLVD SUITE 100 BATON ROUGE,LA 70806	72-1436877	501(C)(3)	12,784			N/A	COMMUNITY PROGRAMS
OUR LADY OF THE LAKE COLLEGE5421 DIDESSE SUITE A BATON ROUGE,LA 70808	72-1173154	501(C)(3)	7,174			N/A	COMMUNITY PROGRAMS
CAPITOL AREA REENTRY PROGRAM INC8478 SCOTLAND AVE BATON ROUGE,LA 70807	76-1793810	501(C)(3)	8,870			N/A	COMMUNITY PROGRAMS
NICHOLLS STATE UNIVERSITYPO BOX 2067 THIBODAUX,LA 70310	72-6011797	UNIV OF LOUISIANA	13,685			N/A	COMMUNITY PROGRAMS
LA CULTURAL ECONOMY FOUNDATION101 W VERMILION ST LAFAYETTE,LA 70510	20-3598297	501(C)(3)	13,319			N/A	COMMUNITY PROGRAMS
ZION TABERNACLE BAPTIST CHURCH910 NORTH SHATTUCK ST LAKE CHARLES,LA 70601	47-0902891	501(C)(3)	11,005			N/A	COMMUNITY PROGRAMS
SAFETY COUNCIL SWLA 1201 RYAN ST LAKE CHARLES,LA 70601	72-0506995	501(C)(3)	12,649			N/A	COMMUNITY PROGRAMS
							COMMUNITY PROGRAMS
SOWELA TECHNICAL COMMUNITY COLLEGE 3820 SEN J BENNETT JOHNSTON AVE LAKE CHARLES,LA 70615	72-0817127	LCTCS	16,600			N/A	COMMUNITY PROGRAMS
CENTRAL LOUISIANA AIDS SUPPORT SERVICES904 13TH ST ALEXANDRIA,LA 71301	72-1097079	501(C)(3)	6,665			N/A	COMMUNITY PROGRAMS
LSU- ALEXANDRIA8100 HIGHWAY 71 SOUTH ALEXANDRIA,LA 71302	72-6000848	LOUISIANA STATE UNIV	10,009			N/A	COMMUNITY PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURNING-POINT SERVICES INC3719 LAKESHORE DRIVE SHREVEPORT,LA 71109	15-1500537	501(C)(3)	14,000			N/A	COMMUNITY PROGRAMS
SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC NORTHWEST LOUISIANA CHAPTE3658 JUDSON STREET SHREVEPORT,LA 71109	72-0792003	501(C)(3)	15,000			N/A	COMMUNITY PROGRAMS
GRAMBLING STATE UNIVERSITYGSU BOX 4306 GRAMBLING,LA 71245	72-6000751	UNIV OF LOUISIANA	16,179			N/A	COMMUNITY PROGRAMS
LSU SHREVEPORTONE UNIVERSITY PLACE SHREVEPORT,LA 71115	72-0702001	LOUISIANA STATE UNIV	11,388			N/A	COMMUNITY PROGRAMS
NORTHWESTERN STATE UNIVERSITY170 TARLTON DRIVE NATCHITOCHES,LA 71497	72-6000783	UNIV OF LOUISIANA	17,869			N/A	COMMUNITY PROGRAMS
WEST CARROLL SAFE & DRUG-FREEPO BOX 1254 OAK GROVE,LA 71263	72-1458174	501(C)(3)	12,000			N/A	COMMUNITY PROGRAMS
NORTHEAST LOUISIANA SICKLE CELL ANEMIA FOUNDATION INCP O BOX 1165 MONROE,LA 71210	72-0911627	501(C)(3)	15,000			N/A	COMMUNITY PROGRAMS
TRUTH 180PO BOX 5356 SLIDELL,LA 70459	95-4894983	501(C)(3)	6,779			N/A	COMMUNITY PROGRAMS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization LOUISIANA PUBLIC HEALTH INSTITUTE	Employer identification number 72-1379921
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
☒ Compensation committee		
☐ Independent compensation consultant		
☒ Form 990 of other organizations		
☐ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in 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 from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		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) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in 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?		No
b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH KIMBRELL MA MSW	(i) (ii)	169,247 0	4,360 0	0 0	12,153 0	5,113 0	190,873 0	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization LOUISIANA PUBLIC HEALTH INSTITUTE	Employer identification number 72-1379921
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE REVIEW OF FORM 990 IS SCHEDULED AT A QUARTERLY BOARD MEETING THE BOARD WILL REVIEW AND APPROVE FORM 990 BEFORE IT IS SUBMITTED TO THE INTERNAL REVENUE SERVICE IF THE FORM 990 IS DUE BEFORE THE NEXT SCHEDULED BOARD MEETING, THEN A MEETING IS SCHEDULED WITH THE AUDIT AND FINANCE COMMITTEE THIS COMMITTEE WILL REVIEW AND APPROVE THE FORM 990 PRIOR TO SIGNATURES AND SUBMISSION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES, THE ORGANIZATION PERFORMS PERIODIC REVIEWS OF THE CONFLICT OF INTEREST POLICY BOARD MEMBERS SIGN A CONFLICT OF INTEREST FORM ANNUALLY THE CEO AND DIRECTOR OF FINANCE AND OPERATIONS REVIEWS THIS TO ENSURE NO AREAS OF CONCERN IN ADDITION, ANY CONFLICTS OF INTEREST ARE DISCUSSED ANNUALLY IN THE AUDIT REPORT AND DISCLOSED AS APPLICABLE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	LPHI EVALUATES EACH JOB WITHIN THE ORGANIZATION AND ANALYZES THE RELATIVE WORTH COMPARED TO OTHER JOBS WITHIN THE ORGANIZATION. THE RESULTING CLASSIFICATION OF THE JOB DETERMINES ITS RELATIVE PAY POSITION IN THE ORGANIZATION'S HIERARCHY. JOB EVALUATION COMPARES JOBS TO ENSURE THAT POSITIONS WITHIN SIMILAR LEVELS OF COMPLEXITY AND RESPONSIBILITY, REQUIRING SIMILAR LEVELS OF EXPERIENCE, ARE CLASSIFIED IN THE SAME GRADE IN ORDER TO MAINTAIN PAY EQUITY. IN LPHI, THROUGH THIS JOB EVALUATION PROCESS, LPHI ENSURES EMPLOYEE SALARIES ARE EQUITABLE RELATIVE TO EACH OTHER AS WELL AS COMPETITIVE WITH THE MARKET. ALL EMPLOYEE CLASSIFICATIONS AND COMPENSATION SCHEDULES SHALL BE SET BY THE CEO IN ACCORDANCE WITH THE BOARD APPROVED COMPENSATION STRUCTURE. THE BOARD OF DIRECTORS SHALL DETERMINE COMPENSATION AND TERMS AND CONDITIONS OF EMPLOYMENT FOR THE CEO. THE BOARD OF DIRECTORS WILL ALSO ENSURE THAT THE COMPENSATION STRUCTURE, INCLUDING SALARY GRADES AND CLASSIFICATIONS, IS ANALYZED BY CEO, CFO AND HR MANAGER ON AN ANNUAL BASIS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	ROUNDING 1 TOTAL TO FORM 990, PART XI, LINE 5 1

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LOUISIANA PUBLIC HEALTH INSTITUTE

Employer identification number
72-1379921

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTE (NNPHI) 1515 POYDRAS STREET SUITE 1200 NEW ORLEANS, LA 70112 72-1505359	ADVANCE AND FACILITATE THE SHARES RESPONSIBILITY OF PUBLIC HEALTH INSTITUTES	LA	501(C)(3)	LINE 7			No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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