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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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2012 Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization LOUISIANA PUBLIC HEALTH INSTITUTE		D Employer identification number 72-1379921	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 1515 POYDRAS STREET NO 1200	Room/suite	E Telephone number (504) 301-9800	
	City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 70112			
			G Gross receipts \$ 24,774,773	
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)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	167	
	6	Total number of volunteers (estimate if necessary)	0	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
	b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	21,335,564	23,042,391
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,580	544
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,465,723	1,731,838
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,802,867	24,774,773
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	484,293
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)	5,926,477	7,385,939
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,081,048	16,701,762
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,491,818	24,621,572
19		Revenue less expenses Subtract line 18 from line 12	311,049	153,201
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	15,627,029	31,894,837
	21	Total liabilities (Part X, line 26)	14,055,471	30,170,078
	22	Net assets or fund balances Subtract line 21 from line 20	1,571,558	1,724,759

Part II Signature Block

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

Sign Here	***** Signature of officer			2013-12-04 Date	
	JOSEPH D KIMBRELL CEO Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name AMY E WALTERS CPA CCIFP		Preparer's signature		Date
	Check ☐ if self-employed		PTIN P01078383		
	Firm's name ▶ LAPORTE APAC			Firm's EIN ▶ 72-1088864	
	Firm's address ▶ 111 VETERANS MEMORIAL BLVD SUITE 600 METAIRIE, LA 700054958			Phone no (504) 835-5522	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

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

4a (Code) (Expenses \$ 5,953,073 including grants of \$ 412,135) (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 \$ 4,899,529 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

4c (Code) (Expenses \$ 4,003,052 including grants of \$) (Revenue \$)

GULF REGION HEALTH OUTREACH PROGRAM PURPOSE THE INTEGRATED PRIMARY CARE CAPACITY PROJECT OF THE GULF REGION HEALTH OUTREACH PROGRAM HAS A GOAL TO TO EXPAND ACCESS TO INTEGRATED HIGH QUALITY, SUSTAINABLE,COMMUNITY BASED PRIMARY CARE AND TO, LINK TO SPECIALTY MENTAL AND BEHAVIORAL HEALTH, ENVIRONMENT AND OCCUPATIONAL HEALTH SERVICES, ACCORDING TO AN OVERVIEW PROVIDED BY THE PUBLIC STEERING COMMITTEE

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses \$ 8,819,668 including grants of \$ 121,736) (Revenue \$)

4e Total program service expenses 23,675,322

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a 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 and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	12	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, 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 (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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) CLAUDIA CAMPBELL BOARD MEMBER	2 00	X						0	0	0
(2) GINA EUBANKS BOARD MEMBER	2 00	X						0	0	0
(3) ELIZABETH FONTHAM SECREATARY/TREASURER	2 00	X		X				0	0	0
(4) LINDA HOLYFIELD BOARD MEMBER	2 00	X						0	0	0
(5) BRIAN JAKES BOARD MEMBER	2 00	X						0	0	0
(6) KATHLEEN KENNEDY BOARD MEMBER	2 00	X						0	0	0
(7) JAMES PARKS BOARD MEMBER	2 00	X						0	0	0
(8) KAREN DESALVO BOARD MEMBER	2 00	X						0	0	0
(9) GORDON WADGE CHAIR	2 00	X		X				0	0	0
(10) NANCY MCPHERSON BOARD MEMBER	2 00	X						0	0	0
(11) CAROL SOLOMON BOARD MEMBER	2 00	X						0	0	0
(12) JT LANE BOARD MEMBER	2 00	X						0	0	0
(13) JOSEPH KIMBRELL MA MSW CEO	40 00			X				211,636	0	21,059
(14) ANJUM KHURSHID PHD MBBS MD MPAFF DIRECTOR, HEALTH SYSTEMS D	40 00				X			218,295	0	20,717
(15) ERIC BAUMGARTNER MD MPH DIRECTOR, POLICY & PROGRAM	32 00					X		138,915	0	15,888
(16) DANIEL COCRAN CPA CHIEF FINANCIAL OFFICER	40 00					X		129,600	0	15,236
(17) GAURAV NAGRATH MBA CHIEF INFORMATION OFFICER	40 00					X		139,955	0	15,961

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	963,648	0	103,792

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶6

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORGAN & COMPANY 4407 CANAL STREET NEW ORLEANS LA 70119	MEDIA & MARKETING SERVICES	1,401,526
LSU HEALTH SCIENCES CENTER 433 BOLIVER ST NEW ORLEANS LA 70112	ADMIN & IMPLEMENTATION OF TOBACCO CESSAT	1,264,470
MIRTH CORPORATION 18831 VON KARMAN AVE SUITE 300 IRVINE CA 92612	ADMIN & IMPLEMENTATION OF TOBACCO CESSAT	1,050,367
PRIMARY CARE DEVELOPMENT CORPORATION 22 CORTLAND ST 12TH FLOOR NEW YORK NY 10007	ADMIN & IMPLEMENTATION OF TOBACCO CESSAT	600,311
COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION ST BILOXI MS 39530	ADMIN & IMPLEMENTATION OF TOBACCO CESSAT	582,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 35

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	14,617,758		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,424,633		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		23,042,391		
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)	544		
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		INDIRECT COSTS REVENUE	900099	1,089,521	1,089,521	
b	EXTERNAL REVENUE FROM PROGRAMS	900099	413,068	413,068		
c	COST REIMBURSEMENT	900099	114,000	114,000		
d	All other revenue		115,249	115,249		
e	Total. Add lines 11a-11d		1,731,838			
12	Total revenue. See Instructions		24,774,773	1,731,838	0	544

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	533,871	533,871		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	469,547	451,501	18,046	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	6,069,453	5,636,797	432,656	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	362,398	335,253	27,145	
9	Other employee benefits.				
10	Payroll taxes.	484,541	452,120	32,421	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	52,248	9,634	42,614	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	13,754,080	13,682,591	71,489	
12	Advertising and promotion.	343,879	341,528	2,351	
13	Office expenses.	306,031	210,469	95,562	
14	Information technology.	155,141	116,831	38,310	
15	Royalties.				
16	Occupancy.	278,107	249,119	28,988	
17	Travel.	323,061	313,625	9,436	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	206,911	165,253	41,658	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	12,336		12,336	
23	Insurance.	612,782	548,893	63,889	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	SPONSORSHIPS	244,376	235,521	8,855	
b	INTERFUND EXPENSE	123,999	123,999		
c	TELEPHONE	116,799	100,029	16,770	
d	PARKING	83,135	76,452	6,683	
e	All other expenses	88,877	91,836	-2,959	
25	Total functional expenses. Add lines 1 through 24e.	24,621,572	23,675,322	946,250	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,193,198	1	935,552
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,851,122	3	3,249,617
	4	Accounts receivable, net			394,886	4	387,670
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of 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	201,478	16,329	10c	9,854
	b	Less accumulated depreciation	10b	191,624			
	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			10,171,494	15	27,312,144
	16	Total assets. Add lines 1 through 15 (must equal line 34)			15,627,029	16	31,894,837
Liabilities	17	Accounts payable and accrued expenses			2,344,345	17	2,624,573
	18	Grants payable				18	
	19	Deferred revenue			11,650,493	19	27,545,237
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			60,633	25	268
	26	Total liabilities. Add lines 17 through 25			14,055,471	26	30,170,078
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			1,437,292	27	1,676,162
28		Temporarily restricted net assets			134,266	28	48,597
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117 (ASC 958), 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			1,571,558	33	1,724,759
34		Total liabilities and net assets/fund balances			15,627,029	34	31,894,837

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	24,774,773
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,621,572
3	Revenue less expenses Subtract line 2 from line 1	3	153,201
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,571,558
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,724,759

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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	
3b	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	

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)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.			
(Code	) (Expenses \$	1,899,253	including grants of \$ 58,072) (Revenue \$)
NEW ORLEANS CHARITABLE HEALTH FUNDPURPOSE 1) INCREASE ACCESS TO CARE BY PROVIDING EASY AND READILY AVAILABLE ACCESS TO INTEGRATED BEHAVIORAL HEALTH, PRIMARY HEALTH CARE, AND REFERRALS TO SOCIAL SERVICES, 2) IMPROVE POPULATION HEALTH BY IMPLEMENTING INTERVENTIONS AND SYSTEMS CHANGES TO IMPROVE HEALTH OUTCOMES FOR THE OVERALL COMMUNITY AND 3) PROMOTE SUSTAINABLE SYSTEMS CHANGE BY CREATING LASTING CLINICAL AND COMMUNITY INTERVENTIONS AND SYSTEMS CHANGE FOR THE PURPOSES OF INTEGRATED BEHAVIORAL HEALTH, PRIMARY HEALTH CARE, AND REFERRALS TO SOCIAL SERVICES			
(Code	) (Expenses \$	831,231	including grants of \$) (Revenue \$)
LA OFFICE OF PUBLIC HEALTH TOBACCO CONTROL PROGRAM PURPOSE TO IMPLEMENT AND EVALUATE COMPREHENSIVE TOBACCO CONTROL INITIATIVES THAT PREVENT AND REDUCE TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE			

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$ 1,262,406	including grants of \$)	(Revenue \$)
ORLEANS TEEN PREGNANCY PREVENTION PROGRAM (4REALHEALTH)PURPOSE 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 (BART) AND SAFER SEX INTERVENTION (SSI) IN MULTIPLE SITES THROUGHOUT ORLEANS PARISH			
(Code)	(Expenses \$ 620,474	including grants of \$)	(Revenue \$)
GE FOUNDATION ORLEANS SCHOOL BASED HEALTH IMPACT AND SUSTAINABILITY PROGRAMPURPOSE TO PROMOTE THE SUSTAINABILITY OF SCHOOL BASED HEALTH CENTERS (SBHCS) RE-ESTABLISHED POST HURRICANE KATRINA THROUGH 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) PLANNING FUNDS, ENGAGING NEW HEALTHCAREORGANIZATIONS IN SPONSORING SBHCS WHERE SUSTAINABLE MODELS CAN BE DEMONSTRATED, INCLUDING FEDERALLY QUALIFIED HEALTH CENTERS			

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code	) (Expenses \$	389,843	including grants of \$	) (Revenue \$	)
MATERNAL AND CHILD HEALTH PURPOSE THE MISSION OF THE MATERNAL AND CHILD HEALTH BUREAU (MCHB) IS TO PROVIDE LEADERSHIP, IN PARTNERSHIP WITH KEY STAKEHOLDERS, TO IMPROVE THE PHYSICAL AND MENTAL HEALTH, SAFETY AND WELL-BEING OF THE MATERNAL AND CHILD HEALTH (MCH) POPULATION WHICH INCLUDES ALL OF THE NATION'S WOMEN, INFANTS, CHILDREN, ADOLESCENTS, AND THEIR FAMILIES, INCLUDING FATHERS AND CHILDREN WITH SPECIAL HEALTH CARE NEEDS					
(Code	) (Expenses \$	89,418	including grants of \$	) (Revenue \$	)
CDC REACH CORE RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH FOR COMMUNITIES TO RESPOND AND EVALUATEPURPOSE 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					

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$ 78,185	including grants of \$)	(Revenue \$)
SECTION OF ENVIRONMENTAL EPIDEMIOLOGY & TOXICOLOGY (SEET) PUBLIC HEALTH PROJECT			
(Code)	(Expenses \$ 279,211	including grants of \$)	(Revenue \$)
EVALUATION SPECIAL PROJECTSPURPOSE TO 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			

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 99,547 including grants of \$) (Revenue \$)
INFORMATION SERVICES SPECIAL PROJECTS
(Code) (Expenses \$ 106,424 including grants of \$) (Revenue \$)
COMMUNICATIONS SPECIAL PROJECTS

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$ 250,459	including grants of \$)	(Revenue \$)
KRESGE FOUNDATION NEW ORLEANS NEIGHBORHOOD HEALTH IMPLEMENTATION PLAN HEALTHY NEW ORLEANS NEIGHBORHOODSPURPOSE 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 \$ 63,443	including grants of \$ 63,664)	(Revenue \$)
NATIONAL AIDS FUND - LA COMMUNITY AIDS PARTNERSHIP MATCHPURPOSE 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			

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$ 339,124	including grants of \$)	(Revenue \$)
AIDS UNITED 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 \$ 56,589	including grants of \$)	(Revenue \$)
ENTERGY 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			

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 157,340 including grants of \$) (Revenue \$)
BAPTIST COMMUNITY MINISTRIES NEW ORLEANS HEALTH DEPARTMENT PUBLIC HEALTH IMPROVEMENTPURPOSE TO PROVIDE ADDITIONAL CAPACITY AND ACT AS A FISCAL INTERMEDIARY TO FACILITATE AN OVERARCHING TRANSFORMATION OF THE NEW ORLEANS HEALTH DEPARTMENT INTO A 21ST CENTURY ORGANIZATION CAPABLE OF IMPROVING POPULATION HEALTH THROUGH DATA-DRIVEN DECISION MAKING AND POLICY DEVELOPMENT
(Code) (Expenses \$ 95,444 including grants of \$) (Revenue \$)
LA OFFICE OF PUBLIC HEALTH/CDC NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROJECTPURPOSE TO PROVIDE ASSISTANCE REGARDING PERFORMANCE IMPROVEMENT, PUBLIC HEALTH ACCREDITATION AND COMMUNITY HEALTH IMPROVEMENT INCLUDING TRAINING, TECHNICAL ASSISTANCE, HIRING STAFF AND PURCHASING EQUIPMENT

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$ 97,376	including grants of \$)	(Revenue \$)
HEALTH INFORMATION TECHNOLOGY REGIONAL EXTENSION CENTER PARTNERPURPOSE TO HELP PRIMARYCARE PROVIDERS MEANINGFULLY USE ELECTRONIC HEALTH RECORDS SYSTEMS BY APRIL 2014 PROJECT IMPLEMENTATION HAS BEGUN WITH CURRENT PARTNERS IN ORLEANS, JEFFERSON, PLAQUEMINES, ALLEN AND ST MARTIN, PARISHES			
(Code)	(Expenses \$ 61,013	including grants of \$)	(Revenue \$)
PERSONAL RESPONSIBILITY EDUCATION PROGRAMPURPOSE LPHI'S ROLE IS TO MONITOR AND EVALUATE PREP, WHICH GOALS ARE TO IMPLEMENT AND EVALUATE EVIDENCE-BASED INTERVENTIONS TO PREVENT PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS, AND TO INCREASE KNOWLEDGE OF STI'S AND HIV/AIDS TRANSMISSION AMOUNG AFRICAN-AMERICAN YOUTH			

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 49,380 including grants of \$) (Revenue \$)
AIDS SOCIAL MARKETING CAMPAIGNPURPOSE TO DEVELOP, IMPLEMENT AND EVALUATE A SEXUAL HEALTH SOCIAL MARKETING CAMPAIGN AMONG AFRICAN-AMERICAN YOUTH AND YOUNG ADULTS IN THE BATON ROUGE AREA
(Code) (Expenses \$ 485,290 including grants of \$) (Revenue \$)
KELLOGG FOUNDATION SCHOOL HEALTH CONNECTION PHASE 2 - SCHOOL WELLNESS PURPOSE 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

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 396,139 including grants of \$) (Revenue \$)
OTHER
(Code) (Expenses \$ 192,720 including grants of \$) (Revenue \$)
SMOKING CESSATION TRUST PURPOSE BROADLY SPEAKING, SCTMS HAS A THREE-FOLD OBJECTIVE 1) TO LOCATE AND CERTIFY LOUISIANA RESIDENTS WHO ARE PART OF THE SCOTT CLASS 2) TO IDENTIFY, DIRECT, COORDINATE, AND INTEGRATE THE DELIVERY OF THE FOUR SMOKING CESSATION SERVICES PRIMARILY THROUGH THE EXISTING CLINICAL HEALTH CARE DELIVERY SYSTEM, AND 3) TO PROVIDE CLASS MEMBERS WITH EVERY OPPORTUNITY TO AVAIL THEMSELVES OF ANY AND ALL OF THE SMOKING CESSATION SERVICES THROUGHOUT THE 10-YEAR DURATION OF THE TRUST, REMOVING BARRIERS AND DISINCENTIVES THAT WOULD HINDER SUCCESS

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 164,835 including grants of \$) (Revenue \$)
LOUISIANA HEALTH CENTER CONTROLLED NETWORKS
(Code) (Expenses \$ 161,430 including grants of \$) (Revenue \$)
SCHOOL HEALTH CONNECTION SUPPLEMENTAL FUNDINGPURPOSE SCHOOL HEALTH CONNECTION PROVIDES LEADERSHIP AND COORDINATION TO PROMOTE HEALTHY SCHOOL COMMUNITIES AND ACCESS TO HEALTH SERVICES SO THAT CHILDREN AND YOUTH IN THE GREATER NEW ORLEANS AREA CAN REACH THEIR FULL POTENTIAL

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 129,571 including grants of \$) (Revenue \$)
MCH EVALUATION
(Code) (Expenses \$ 277,646 including grants of \$) (Revenue \$)
CHILDREN'S SPECIAL HEALTH SERVICESPURPOSE THE CHILDREN'S SPECIAL HEALTH SERVICES (CSHS) PROGRAM IS THE PRINCIPLE PUBLIC AGENCY ENSURING THAT CHILDREN AND YOUTH WHO HAVE SPECIAL HEALTH CARE NEEDS IN LOUISIANA HAVE ACCESS TO HEALTH CARE SERVICES DESIGNED TO MINIMIZE THEIR DISABILITIES AND MAXIMIZE THEIR PROBABILITIES OF ENJOYING INDEPENDENT AND SELF-SUFFICIENT LIVES

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code	) (Expenses \$	69,523	including grants of \$	) (Revenue \$	)
BATON ROUGE HIV/AIDS PURPOSE BATON ROUGE AIDS SOCIETY (BRASS) SERVES AS A TESTING AND TRAINING PROVIDER TO THE STATE OF LOUISIANA, WITH SPECIAL EMPHASIS ON THE GREATER BATON ROUGE AREA, OFFERING AVENUES WHICH FOSTER ETHICAL, PERSONAL, SOCIAL-EMOTIONAL AND INTELLECTUAL DEVELOPMENT WE BELIEVE THESE QUALITIES ARE ESSENTIAL TO MAKING APPROPRIATE CHOICES THAT WILL ULTIMATELY DECREASE THE SPREAD OF HIV/AIDS AND OTHER STDS, AS WELL AS INCREASE CIVIC RESPONSIBILITY					
(Code	) (Expenses \$	66,354	including grants of \$	) (Revenue \$	)
BCM CORPUS CHRISTI					

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code	) (Expenses \$	50,000	including grants of \$	) (Revenue \$	)
NOVO NORDISK TEXT4HEALTH EVALUTIONPURPOSE TO EVALUATE THE CRESECENT CITY BEACON COMMUNITY TEXT4HEALTH INTERVENTION, WHICH ASSISTS INDIVIDUALS IN UNDERSTANDING THEIR PERSONAL DIABETES RISK, ACTIVELY MANAGE THEIR HEALTH AND LINK THEM TO HEALTHCARE RESOURCES					

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

2012

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 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- 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 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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	48,157,189	23,636,102	18,435,508	21,335,564	23,042,391	134,606,754
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	48,157,189	23,636,102	18,435,508	21,335,564	23,042,391	134,606,754
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)						4,015,837
6 Public support. Subtract line 5 from line 4						130,590,917

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	48,157,189	23,636,102	18,435,508	21,335,564	23,042,391	134,606,754
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,092	213	718	1,580	544	6,147
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)	1,242,978	1,398,977	1,987,138	1,465,723	1,731,838	7,826,654
11 Total support (Add lines 7 through 10)						142,439,555
12 Gross receipts from related activities, etc (see instructions)					12	
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 2012 (line 6, column (f) divided by line 11, column (f))	14	91 680 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	93 110 %
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** 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

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
LOUISIANA PUBLIC HEALTH INSTITUTE

Employer identification number
72-1379921

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

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Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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

b

If "Yes," explain the arrangement in Part XIII 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

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		201,478	191,624	9,854
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,854

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements	1	24,774,773		
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 XIII)			2d	
e	Add lines 2a through 2d	2e	0		
3	Subtract line 2e from line 1	3	24,774,773		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b			4a	
b	Other (Describe in Part XIII)			4b	
c	Add lines 4a and 4b	4c	0		
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	24,774,773		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements	1	24,621,572		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities			2a	
b	Prior year adjustments			2b	
c	Other losses			2c	
d	Other (Describe in Part XIII)			2d	
e	Add lines 2a through 2d	2e	0		
3	Subtract line 2e from line 1	3	24,621,572		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b			4a	
b	Other (Describe in Part XIII)			4b	
c	Add lines 4a and 4b	4c	0		
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	24,621,572		

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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 FOR THE YEAR ENDED JUNE 30, 2013, 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 FOR THE FISCAL YEARS ENDED JUNE 30, 2010 THROUGH JUNE 30, 2012.

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

2012

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. Part II can be duplicated if additional space is needed.

(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 listed in the line 1 table

28

3

Enter total number of other organizations listed in the line 1 table

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of 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, Part III, column (b), 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 BOULEVARD NEW ORLEANS, LA 70122	72-0408929	501(C)(3)	8,086			N/A	COMMUNITY PROGRAMS
ST ANNA'S EPISCOPAL CHURCH1313 ESPLANANDE AVE NEW ORLEANS, LA 70116	72-0631881	501(C)(3)	14,400			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
LA CULTURAL ECONOMY FOUNDATION101 JEFFERSON ST SUITE 100 LAFAYETTE,LA 70501	20-3598297	501(C)(3)	43,465			N/A	COMMUNITY PROGRAMS
SOWELA TECHNICAL COMMUNITY COLLEGE 3820 SEN J BENNETT JOHNSTON AVENUE LAKE CHARLES,LA 70615	72-0817127	501(C)(3)	11,538			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
SICKLE CELL ASSOCIATION - NWLA CHAPTER3658 JUDSON STREET SHREVEPORT,LA 71109	72-0792003	501(C)(3)	18,507			N/A	COMMUNITY PROGRAMS
WOMEN WITH A VISION 215 NORTH JEFFERSON DAVIS PKWY NEW ORLEANS,LA 70119	72-1202185	501(C)(3)	6,000			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
ADAPT INC216 MEMPHIS STREET BOGALUSA,LA 70427	72-1274844	501(C)(3)	15,600			N/A	COMMUNITY PROGRAMS
BATON ROUGE AIDS SOCIETY4560 NORTH BLVD SUITE 100 BATON ROUGE,LA 70806	72-1436877	501(C)(3)	10,400			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
SOUTHEASTERN LOUISIANA UNIVERSITY 307A VIRGINIA AVE HAMMOND, LA 70402	72-6000816	UNIVERSITY OF LA	12,328			N/A	COMMUNITY PROGRAMS
LSU-EUNICEPO BOX 1129 EUNICE,LA 70535	72-6000848	LOUISIANA STATE UNIV	20,786			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
LSU ALEXANDRIA8100 US 71 ALEXANDRIA,LA 71302	72-6000848	LOUISIANA STATE UNIV	11,827			N/A	COMMUNITY PROGRAMS
NICHOLLS STATE UNIVERSITY906 EAST 1ST STREET THIBODAU,LA 70301	28-4182001	UNIVERSITY OF LA	7,584			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
PLANNED PARENTHOOD 3955 GOVERNMENT ST BATON ROUGE,LA 70806	74-1100163	501(C)(3)	21,100			N/A	COMMUNITY PROGRAMS
WARREN EASTON CHARTER HIGH SCHOOL 3019 CANAL STREET NEW ORLEANS,LA 70119	86-1163583	501(C)(3)	14,528			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
GRAMBLING STATE UNIVERSITYGSU MAIN ST GSU BOX 4309 GRAMBLING,LA 71245	72-6000751	UNIVERSITY OF LA	12,430			N/A	COMMUNITY PROGRAMS
VOLUNTEERS OF AMERICA 2124 WOODDALE BLVD BATON ROUGE,LA 70806	13-1692595	501(C)(3)	10,400			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
ARTHUR SMITH MIDDLE MAGNET SCHOOL3100 JONES AVENUE ALEXANDRIA,LA 71302	72-6001133	501(C)(3)	18,167			N/A	COMMUNITY PROGRAMS
FACE TO FACE ENRICHMENT2010 S BURNSIDE AVE SUITE A GONZALES,LA 70737	20-5389746	501(C)(3)	31,142			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
BEACON LIGHT BAPTIST CHURCH OF HOUMA4325 WEST PARK AVE GRAY,LA 70359	05-0570465	501(C)(3)	17,522			N/A	COMMUNITY PROGRAMS
LOUISIANA STATE UNIVERSITY BATON ROUGE211 JOURNALISM BLDG LSU BATON ROUGE, LA 708037202	72-6000848	LOUISIANA STATE UNIV	15,364			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
NEW LIFE COMMUNITY CENTER8620 WILBUR ST BATON ROUGE,LA 70807	27-0608368	501(C)(3)	15,308			N/A	COMMUNITY PROGRAMS
OUTREACH COMMUNITY DEVELOPMENT CORP1592 EAST PRUDHOMME ST OPELOUSAS,LA 70570	84-1699197	501(C)(3)	34,032			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
SOUTHERN UNIVERSITY AT NEW ORLEANS6400 PRESS DRIVE NEW ORLEANS, LA 70126	72-6000817	UNIVERSITY OF LA	19,000			N/A	COMMUNITY PROGRAMS
THE EXTRA MILE SOUTHEAST LA2332 SEVERN AVE STE 100 METAIRIE, LA 70001	72-1212285	501(C)(3)	7,506			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
TIPITINA'S FOUNDATION 176 LOUISA BLVD LAFAYETTE,LA 70506	56-2343978	501(C)(3)	13,431			N/A	COMMUNITY PROGRAMS
TURNING POINT SERVICES INC3719 LAKESHORE DR SHREVEPORT,LA 71109	72-1500537	501(C)(3)	18,400			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
UNITED WAY OF SWLA715 RYAN STREET SUITE 102 LAKE CHARLES,LA 70601	72-0456901	501(C)(3)	17,872			N/A	COMMUNITY PROGRAMS
XAVIER UNIVERSITY OF LOUISIANA1 DREXEL DRIVE BOX 66 NEWORLEANS,LA 70125	72-0635884	UNIVERSITY OF LA	9,354			N/A	COMMUNITY PROGRAMS

Schedule J (Form 990) Department of the Treasury Internal Revenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2012
		Open to Public Inspection

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)			
b	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 of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☒ Compensation committee ☐ 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?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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?	5a		No
b	Any related organization?	5b		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?	6a		No
b	Any related organization?	6b		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	7		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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOSEPH KIMBRELL MA MSW CEO	(i)	206,636	5,000	0	14,465	6,594	232,695	0
	(ii)	0	0	0	0	0	0	0
(2)ANJUM KHURSHID PHD MBBS MD MPAFF DIRECTOR, HEALTH SYSTEMS D	(i)	207,900	10,395	0	14,553	6,164	239,012	0
	(ii)	0	0	0	0	0	0	0
(3)ERIC BAUMGARTNER MD MPH DIRECTOR, POLICY & PROGRAM	(i)	138,915	0	0	9,724	6,164	154,803	0
	(ii)	0	0	0	0	0	0	0
(4)GAURAV NAGRATH MBA CHIEF INFORMATION OFFICER	(i)	136,455	3,500	0	9,797	6,164	155,916	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

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

2012

Open to Public Inspection

Name of the organization
LOUISIANA PUBLIC HEALTH INSTITUTE

Employer identification number
72-1379921

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 INDEPENDENT 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
	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
	FORM 990, PART VI, SECTION B, LINE 15	LPHI HAS A COMPENSATION COMMITTEE WHICH REVIEWS THE COMPENSATION INFORMATION 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 INDEPENDENT BOARD OF DIRECTORS SHALL DETERMINE COMPENSATION AND TERMS AND CONDITIONS OF EMPLOYMENT FOR THE CEO USING COMPARABILITY DATA THE INDEPENDENT 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 ALL DELIBERATION AND DECISIONS ARE MAINTAINED BY COMPENSATION COMMITTEE OF THE BOARD
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
OTHER FEES	FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 258,063 MANAGEMENT AND GENERAL EXPENSES 63,468 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 321,531 CONTRACT PERSONNEL PROGRAM SERVICE EXPENSES 13,424,528 MANAGEMENT AND GENERAL EXPENSES 8,021 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 13,432,549
	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

2012

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" to Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTE (NNPHI) 1515 POYDRAS STREET SUITE 1200 NEW ORLEANS, LA 70112 72-1505359	ADVANCE AND FACILITATE THE SHARED 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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV

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

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

Part V

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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]

Software ID:
Software Version:
EIN: 72-1379921
Name: LOUISIANA PUBLIC HEALTH INSTITUTE

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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