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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

C Name of organization
LOUISIANA PUBLIC HEALTH INSTITUTE

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1515 POYDRAS STREET NO 1200

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

D Employer identification number
72-1379921

E Telephone number
(504) 301-9800

G Gross receipts $ 23,271,702

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 subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW LPHI ORG

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

L Year of formation 1997

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ALIGNING ACTION FOR HEALTH

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	153
6	Total number of volunteers (estimate if necessary)	**6**	13
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,663,734	20,508,317
9	Program service revenue (Part VIII, line 2g)	618,340	1,253,099
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	463	776
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,812,923	1,509,510
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,095,460	23,271,702
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	87,245	54,650
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)	9,217,488	9,063,244
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)	18,466,803	13,718,559
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	27,771,536	22,836,453
19	Revenue less expenses Subtract line 18 from line 12	323,924	435,249

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	19,340,803	13,369,027
21	Total liabilities (Part X, line 26)	17,231,635	10,824,610
22	Net assets or fund balances Subtract line 21 from line 20	2,109,168	2,544,417

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

****** 2018-01-08
Signature of officer Date

JOSEPH D KIMBRELL CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEREMY TOUART CPA	JEREMY TOUART CPA			P01264282

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ALIGNING ACTION FOR HEALTH

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 $ 5,972,505 including grants of $) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 5,806,509 including grants of $ 54,650) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 2,451,217 including grants of $) (Revenue $)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses $ 7,139,509 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 21,369,740

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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	93		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	153		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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	1b	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		Yes	
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 ▶

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, address, and telephone number of the person who possesses the organization's books and records ▶JOSEPH KIMBRELL 1515 POYDRAS STREET STE 1200 NEW ORLEANS, LA 70112 (504) 301-9800

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) PARHAM JABERI BOARD MEMBER	2 00	X						0	0	0
(2) BRIAN JAKES SR BOARD MEMBER	2 00	X						0	0	0
(3) MARSHA BROUSSARD BOARD MEMBER	2 00	X						0	0	0
(4) DAWN A MELLION BOARD MEMBER	2 00	X						0	0	0
(5) LINDA HOLYFIELD BOARD MEMBER	2 00	X						0	0	0
(6) GORDON WADGE CHAIR	2 00	X		X				0	0	0
(7) BERNARD H EICHOLD BOARD MEMBER	2 00	X						0	0	0
(8) JAMES PARKS BOARD MEMBER	2 00	X						0	0	0
(9) CLAUDIA CAMPBELL TREASURER	2 00	X		X				0	0	0
(10) KATHLEEN KENNEDY BOARD MEMBER	2 00	X						0	0	0
(11) DONNA WILLIAMS BOARD MEMBER	2 00	X						0	0	0
(12) LINDA USDIN BOARD MEMBER	2 00	X						0	0	0
(13) JOSEPH KIMBRELL MA MSW CHIEF EXECUTIVE OFFICER	40 00			X				254,913	0	24,210
(14) SARAH GILLEN CHIEF OPERATING OFFICER	40 00			X				133,152	0	20,367
(15) DANIEL COCRAN CPA CHIEF FINANCIAL OFFICER	40 00			X				138,381	0	21,326
(16) THOMAS CARTON CHIEF BUSINESS DEVELOPMENT OFFICER	40 00			X				125,982	0	19,929
(17) ERIC BAUMGARTNER MD MPH SR COMMUNITY HEALTH STRATE	40 00					X		191,353	0	21,372

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) CLAYTON WILLIAMS CLINICAL TRANSFORMATION PORTFOLIO LEAD	40 00					X		188,892	0	15,365
(19) LISANNE BROWN PHD EVALUATION DIRECTOR	40 00					X		142,693	0	21,054
(20) ROBERT MOERLAND CHIEF INFORMATION OFFICER	40 00					X		141,775	0	17,835
(21) AMY CAVALLINO DIRECTOR OF FINANCE AND OPERATIONS	40 00					X		129,097	0	20,046
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,446,238	0	181,504

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 ▶ 31

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LSU HEALTH SCIENCES CENTER 433 BOLIVER ST NEW ORLEANS, LA 70112	IMPLEMENTATION OF PROGRAMS	975,897
ALERE WELBEING 999 3RD AVENUE 2100 SEATTLE, WA 98104	IMPLEMENTATION OF PROGRAMS	790,855
PERSISTENT SYSTEMS LIMITED 402E SENAPATI BAPAT ROAD PUNE 411 016 IN	IT DEVELOPMENT/INFRASTRUCTURE	771,276
MISSISSIPPI PUBLIC HEALTH INSTITUTE 829 WILSON DRIVE STE C RIDGELAND, MS 39157	IMPLEMENTATION OF PROGRAMS	730,071
TRUMPET ADVERTISING 2803 ST PHILIP STREET NEW ORLEANS, LA 70119	IMPLEMENTATION OF PROGRAMS	612,111

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 ▶ 5

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	9,766,588		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,741,729		
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		20,508,317		

Program Service Revenue		Business Code				
	2a PROGRAM SUPPORT SERVIC	900099	1,253,099	1,253,099		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		1,253,099			

Other Revenue						
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		776			776
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	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	1,490,735	1,490,735		
	b MANAGMENT FEE	900099	9,200	9,200		
	c CONFERENCE INCOME	900099	6,675	6,675		
	d All other revenue		2,900	2,900		
	e **Total.** Add lines 11a–11d . . . . . ▶		1,509,510			
	12 Total revenue. See Instructions . . . . . ▶		23,271,702	2,762,609	0	776

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	54,650	54,650		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	738,259	690,843	47,416	
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	6,561,729	5,775,306	786,423	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	483,733	428,207	55,526	
9 Other employee benefits	699,972	643,997	55,975	
10 Payroll taxes	579,551	520,977	58,574	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	30,100	10,000	20,100	
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)	12,031,411	11,852,013	179,398	
12 Advertising and promotion	130,202	123,747	6,455	
13 Office expenses	235,966	167,847	68,119	
14 Information technology	110,444	56,454	53,990	
15 Royalties				
16 Occupancy	346,117	305,346	40,771	
17 Travel	269,935	255,878	14,057	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	208,631	180,120	28,511	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,869		2,869	
23 Insurance	54,331	36,272	18,059	
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	148,926	137,076	11,850	
b PARKING	99,770	87,320	12,450	
c MISC EXPENSES	46,312	40,142	6,170	
d OUTREACH ACTIVITIES	3,545	3,545	0	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	22,836,453	21,369,740	1,466,713	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,721,737	1	452,226
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	4,746,955	3	6,277,190
	4	Accounts receivable, net	214,261	4	75,630
	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: 212,955			
	b	Less accumulated depreciation — 10b: 204,347	0	10c	8,608
	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	12,657,850	15	6,555,373
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	19,340,803	16	13,369,027
Liabilities	17	Accounts payable and accrued expenses	2,908,405	17	3,360,355
	18	Grants payable		18	
	19	Deferred revenue	14,299,360	19	7,334,584
	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	23,870	25	129,671
	26	**Total liabilities.** Add lines 17 through 25	17,231,635	26	10,824,610
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	2,092,752	27	2,523,626
	28	Temporarily restricted net assets	16,416	28	20,791
	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	2,109,168	33	2,544,417
	34	Total liabilities and net assets/fund balances	19,340,803	34	13,369,027

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,271,702
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,836,453
3	Revenue less expenses Subtract line 2 from line 1	3	435,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,109,168
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	2,544,417

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 72-1379921

Name: LOUISIANA PUBLIC HEALTH INSTITUTE

Form 990 (2016)

Form 990, Part III, Line 4a:

GULF REGION HEALTH OUTREACH PROGRAM - PRIMARY CARE CAPACITY PROJECTPURPOSE TO EXPAND ACCESS TO INTEGRATED HIGH QUALITY, SUSTAINABLE, COMMUNITY BASED PRIMARY CARE WITH LINKAGES TO SPECIALTY MENTAL AND BEHAVIORAL HEALTH, ENVIRONMENT AND OCCUPATIONAL HEALTH SERVICES THE PROJECT ASSISTS COMMUNITY HEALTH CENTERS ADVANCE TOWARD GREATER ACCESS TO CARE, QUALITY IMPROVEMENT EFFICIENCY AND FINANCIAL SUSTAINABILITY THROUGH THE USE OF EVIDENCE-BASED PRACTICES AND INNOVATIVE HEALTH INFORMATION TECHNOLOGY SOLUTIONS

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE LOUISIANA CLINICAL DATA RESEARCH NETWORK (LACDRN)PURPOSE TO ADVANCE THE CAPACITY TO CONDUCT EFFICIENT CLINICAL RESEARCH ON HIGHLY PREVALENT HEALTH CONDITIONS (OBESITY AND DIABETES), MULTIPLE ASSOCIATED COMORBIDITIES, SICKLE CELL DISEASE, AND A GROUP OF TEN RARE CANCERS THE PRIMARY PURPOSE OF THE INITIAL 18-MONTH PROJECT PERIOD IS TO BUILD A COMBINED NETWORK OF APPROXIMATELY 1 MILLION UNIQUE LACDRN-ELIGIBLE PATIENTS AND THEIR LONGITUDINAL CLINICAL RECORDS, INCLUDING THE NECESSARY PATIENT, CLINICIAN AND HEALTH SYSTEMS ENGAGEMENT, INFORMATION TECHNOLOGY, GOVERNANCE AND ORGANIZATIONAL INFRASTRUCTURE TO SUPPORT IT

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

(Code) (Expenses $ 425,500 including grants of $) (Revenue $)

LOUISIANA OFFICE OF PUBLIC HEALTH (LA OPH) TOBACCO CONTROL PROGRAM (TCP) PURPOSE TO IMPLEMENT AND EVALUATE COMPREHENSIVE TOBACCO CONTROL INITIATIVES THAT PREVENT AND REDUCE TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE LPHI'S ROLE IS TO 1) DEVELOP AND MANAGE MEDIA/MARKING CAMPAIGNS IN SUPPORT OF TCP AND THE COORDINATED CHRONIC DISEASE AND COMMUNITY TRANSFORMATION GRANTS, 2) SUPPORT QUITLINE OPERATIONS AND CESSATION, AND 3) CONDUCT THE YOUTH TOBACCO SURVEY

(Code) (Expenses $ 174,125 including grants of $) (Revenue $)

US DHHS/OFFICE OF ADOLESCENT HEALTH ORLEANS TEEN PREGNANCY PROGRAM (4REAL HEALTH)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

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

(Code) (Expenses $ 350,501 including grants of $) (Revenue $)

LOUISIANA INTEGRATED CENTER FOR CARE TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF YOUNG BLACK MEN WHO HAVE SEX WITH MEN AND AFRICAN AMERICAN MEN LIVING WITH HIV INFECTION OR AT HIGH RISK FOR HIV INFECTION IN LOUISIANA WITH A FOCUS IN NEW ORLEANS AND BATON ROUGE THE OBJECTIVES OF THE INITIATIVE ARE FOCUSED ON THE FOLLOWING KEY AREAS IN ORDER TO ADDRESS UNMET HEALTH, SOCIAL, AND PREVENTIVE NEEDS OF THE TARGET POPULATION 1) INCARCERATION/CORRECTIONS SYSTEMS, 2) HOUSING DISCRIMINATION, 3) EMPLOYMENT PROTECTION AND CREATION, 4) HIV STIGMA REDUCTION, AND 5) ASSET BUILDING

(Code) (Expenses $ 950,747 including grants of $) (Revenue $)

LA OFFICE OF PUBLIC HEALTH (LA OPH) MATERNAL AND CHILD HEALTH (MCH) PURPOSE THE MISSION OF LA OPH'S MCH BUREAU 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 POPULATION WHICH INCLUDES WOMEN, INFANTS, CHILDREN, ADOLESCENTS, AND THEIR FAMILIES, INCLUDING FATHERS AND CHILDREN WITH SPECIAL HEALTH CARE NEEDS LPHI HIRES AND EMPLOYS STAFF ON BEHALF OF LAOPH TO CARRY OUT THE MISSION OF THE MCH BUREAU

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

(Code) (Expenses $ 71,574 including grants of $) (Revenue $)

LA OPH ENVIRONMENTAL EPIDEMIOLOGY & TOXICOLOGY PROGRAMPURPOSE ON BEHALF OF LA OPH, LPHI HIRES AND EMPLOYEES ONE STAFF MEMBER TO ADMINISTER AND IMPLEMENT THIS PROGRAM

(Code) (Expenses $ 66,728 including grants of $) (Revenue $)

COMMUNICATIONS SPECIAL PROJECTS

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

(Code	) (Expenses $	790,564	including grants of $	) (Revenue $	)

OTHER

(Code	) (Expenses $	230,294	including grants of $	) (Revenue $	)

SMOKING CESSATION TRUST PURPOSE 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 LPHI'S ROLE IS TO PROMOTE AND ENROLL ELIGIBLE RESIDENTS INTO THE TRUST AND QUITLINE

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

(Code) (Expenses $ 161,394 including grants of $) (Revenue $)

LA PRIMARY CARE ASSOCIATION/HRSA LOUISIANA HEALTHCARE CONTROL NETWORKPURPOSE TO IMPROVE HEALTH OUTCOMES THROUGH OPTIMIZING HEALTH INFORMATION TECHNOLOGY AND USING THE GREATER NEW ORLEANS HEALTH INFORMATION EXCHANGE FOR PERFORMANCE MONITORING AND IMPROVEMENT BY 16 FEDERALLY QUALIFIED HEALTH CENTERS AT 52 CLINIC SITES STATEWIDE

(Code) (Expenses $ 156,559 including grants of $) (Revenue $)

LA OPH MATERNAL, INFANT AND EARLY CHILDHOOD VISITING PROGRAM PURPOSE TO EXPAND, STRENGTHEN, AUGMENT AND SUSTAIN LOUISIANA'S ESTABLISHED EVIDENCE BASED EARLY CHILDHOOD HOME VISITATION PROGRAM NURSE-FAMILY PARTNERSHIP (NFP) PROGRAM, AND TO INCORPORATE NFP AND COMPLEMENTARY EVIDENCE-BASED MIECHV PROGRAMS INTO THE DEVELOPMENT OF LOUISIANA'S COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT APPROACH LPHI IS THE EXTERNAL EVALUATOR

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

(Code) (Expenses $ 620,039 including grants of $) (Revenue $)

LA OPH CHILDREN'S SPECIAL HEALTH SERVICES (CSHS)PURPOSE LA OPH'S CSHS PROGRAM IS THE PRINCIPLE PUBLIC PROGRAM 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 LPHI HIRES AND EMPLOYS STAFF ON BEHALF OF LAOPH TO IMPLEMENT THIS PROGRAM

(Code) (Expenses $ 48,000 including grants of $) (Revenue $)

LA OPH TUBERCULOSIS PREVENTION AND CONTROLPURPOSE ON BEHALF OF LA OPH, LPHI CONTRACTS WITH A CONSULTANT TO ADMINISTER AND IMPLEMENT THIS PROGRAM

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

(Code) (Expenses $ 125,689 including grants of $) (Revenue $)

BCM ASSESSMENT OF THE IMPACT OF THE AFFORDABLE CARE ACT ON LOUISIANAPURPOSE TO ASSESS THE IMPACT OF THE AFFORDABLE CARE ON LOUISIANA RESIDENTS BY COLLECTING AND ANALYZING LOUISIANA-SPECIFIC PRIMARY DATA THROUGH THE NATIONAL HEALTH REFORM MONITORING SURVEY AND SECONDARY DATA

(Code) (Expenses $ 521,425 including grants of $) (Revenue $)

GULF COAST HEALTHY COMMUNITIES TO PROVIDE RESIDENTS WITH LOCALLY-BASED TOOLS AND INFORMATION THAT EDUCATE THEM ABOUT FACTORS THAT INCLUDE COMMUNITY HEALTH, WHILE EMPOWERING COMMUNITY LEADERS AND PLANNERS TO USE DATA AND BEST PRACTICES TO MAKE INFORMED CHANGES THAT SUPPORT HEALTH AND RESILIENT NEIGHBORHOODS AND COMMUNITIES THE OBJECTIVES OF THE PROGRAM WILL BE MET BY 1) REPLICATION OF THE HEALTHYNOLA ORG MODEL IN AT LEAST THREE OTHER PARISHES/COUNTIES IN LOUISIANA, MISSISSIPPI, ALABAMA OR NORTHWEST FLORIDA, 2) SUPPORTING THE DEVELOPMENT OF THREE LOCAL WEB-BASED COMMUNITY DATA AND GIS MAPPING PLATFORMS AND ROBUST COMMUNITY ENGAGEMENT THROUGH A COMMUNITY LIAISON, COMMUNITY OUTREACH MINI-GRANTS IN EACH PARISH/COUNTY AND LPHI TECHNICAL ASSISTANCE AND COACHING, AND 3) LEVERAGING THE CURRENT HEALTHY COMMUNITIES COMPONENT OF THE BP FUNDED GULF REGION HEALTH OUTREACH PROGRAM - PRIMARY CARE CAPACITY PROJECT

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

(Code) (Expenses $ 197,393 including grants of $) (Revenue $)

ADOLESCENT/ REPRODUCTIVE HEALTH MAPPING TO ADDRESS THE HIGH RATE OF SEXUALLY TRANSMITTED INFECTIONS IN LOUISIANA BY MAPPING STRENGTHS AND WEAKNESSES OF SCHOOLS, CBOS AND HEALTH SYSTEMS IN ORDER TO PROVIDE REPRODUCTIVE HEALTH ADVOCATES WITH TOOLS TO UNDERSTAND KEY SYSTEMS ASSETS, BARRIERS OR GAPS, AND OPPORTUNITIES TO MOVE FORWARD IN PLANNING AND IMPLEMENTING LARGER PROGRAMMATIC SOLUTIONS THAT ADDRESS ADOLESCENT REPRODUCTIVE HEALTH

(Code) (Expenses $ 57,294 including grants of $) (Revenue $)

PERSONAL RESPONSIBILITY EDUCATION PROGRAMPURPOSE LPHI'S ROLE IS TO MONITOR AND EVALUATE PREP, WHOSE 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 AMONG AFRICAN-AMERICAN YOUTH

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

(Code) (Expenses $ 106,389 including grants of $) (Revenue $)

HEALTHY SCHOOL FOOD COLLABORATIVE IMPLEMENT AND OVERSEE INTERVENTIONS TO INCREASE CONSUMPTION OF HEALTHY FOODS IN NEW ORLEANS SCHOOLS AND PROVIDE EVALUATION OF INTERVENTION EFFICACY AND PREVIOUS HEALTHY SCHOOL FOOD COLLABORATIVE PROGRAM

(Code) (Expenses $ 112,389 including grants of $) (Revenue $)

PCORI ENGAGEMENT AWARD PROGRAM DEVELOP FINAL CURRICULUM AND TRAINING GUIDE FOCUSED ON PATIENT ENGAGEMENT IN RESEARCH FOR MEDICAL SCHOOLS TO INTEGRATE INTO THEIR EXISTING GRADUATE MEDICAL EDUCATION CURRICULUM, AS WELL AS AN ONLINE RESOURCE FOR STUDENTS AND EDUCATORS

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

(Code) (Expenses $ 172,790 including grants of $) (Revenue $)

DATA ACCESS FRAMEWORK DEVELOP A MODEL FOR STANDARDIZING 1) DATA EXTRACTION FROM CLINICAL SOURCES TO POPULATE DATA MARTS, 2) METADATA ABOUT DATA MARTS AND DATA SOURCES, 3) QUERY DISTRIBUTION MECHANISMS, 4) QUERY RESULTS FOR RETURNING AGGREGATE DATA AND 5) QUERY RESULTS FOR RETURNING DE-IDENTIFIED OR IDENTIFIED PATIENT DATA

(Code) (Expenses $ 145,633 including grants of $) (Revenue $)

CITY OF NEW ORLEANS YOUTH VIOLENCE PREVENTION DEVELOP A LEARNING COLLABORATIVE FOR SCHOOLS IN TRAUMA INFORMED APPROACHES WHICH WILL ALLOW K - 12 PUBLIC SCHOOLS TO RECEIVE ONGOING SUPPORT FROM LOCAL MENTAL HEALTH EXPERTS AND FROM OTHER SCHOOLS IN ADDRESSING THE MENTAL HEALTH NEEDS OF STUDENTS BY PROVIDING ONGOING TRAINING AND TECHNICAL ASSISTANCE IN TRAUMA INFORMED APPROACHES

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

(Code) (Expenses $ 176,441 including grants of $) (Revenue $)

ASPIRIN DOSING A PATIENT CENTRIC TRIAL ASSESSING BENEFITS AND LONG TERM EFFECTIVENESS SUPPORT THE MANAGEMENT OF AN ASPIRIN DOSING TRIAL BEING ADMINISTERED OUT OF DUKE UNIVERSITY THROUGH ENSURING THE CDM MEETS THE STUDY REQUIREMENTS, DEVELOPING AND REFINING RECRUITMENT AND FOLLOW-UP PLANS, COORDINATING OUTREACH TO POTENTIALLY ELIGIBLE PATIENTS, MANAGING LOCAL IRB PROCESSES, NETWORKING WITH CLINICIANS AND PRACTICE GROUPS THROUGH THE CDRN TO RAISE AWARENESS AND ENGAGEMENT OF PHYSICIANS TO SUPPORT OUTREACH TO THEIR PATIENTS, AND PROVIDE OTHER SUPPORT SERVICES TO ENSURE SUCCESSFUL EXECUTION OF THE TRIAL

(Code) (Expenses $ 51,970 including grants of $) (Revenue $)

7TH WARD COMMUNITY CENTER COORDINATE THE COMMUNITY RESOURCE CENTER PROGRAMMING WHICH ALIGNS WITH THE IDENTIFIED NEEDS OF THE 7TH WARD NEIGHBORHOOD AND ASSIST IN ESTABLISHING THE FINANCIAL SUSTAINABILITY OF THE CENTER

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

(Code) (Expenses $ 41,243 including grants of $) (Revenue $)

TUBERCULOSIS CASE MANAGEMENT SERVICES ENGAGE CONTENT SPECIFIC EXPERT(S) ON BEHALF OF THE DEPARTMENT OF HEALTH AND HOSPITALS WHO WILL MONITOR ALL TUBERCULOSIS CASES, SUSPECTS, CONTACTS AND THOSE CURRENTLY INFECTED IN LOUISIANA AND IMPLEMENT A CONTROL PROGRAM IN COMPLIANCE WITH NATIONAL STANDARDS IN ORDER TO IMPROVE OVERALL PATIENT OUTCOMES

(Code) (Expenses $ 144,780 including grants of $) (Revenue $)

FEDERALLY QUALIFIED HEALTH CENTERS BEHAVIORAL HEALTH INTEGRATION FORM A LEARNING COLLABORATIVE AMONG FEDERALLY QUALIFIED HEALTH CENTERS TO ENGAGE AND COLLECT INPUT FROM THE CENTERS REGARDING AREAS OF BEHAVIORAL HEALTH INTEGRATION INTERESTS AND NEEDS, DEVELOP A CURRICULUM OF IDENTIFIED TOPICS TO BE COVERED DURING QUARTERLY COLLABORATIVE MEETINGS, INTEGRATE INFORMATION FROM THE EXTERNAL COMMUNITY BASED BEHAVIORAL HEALTH PROVIDER ASSESSMENTS INTO THE COLLABORATIVE CURRICULUM, FACILITATE QUARTERLY STRATEGIC SESSIONS AMONG KEY SYSTEM INFLUENCERS AND INVESTORS IN EFFORT TO ALIGN POLICY AND STRATEGIC INVESTMENTS AROUND THE INTEGRATION OF BEHAVIORAL HEALTH AND PRIMARY CARE

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

(Code) (Expenses $ 388,500 including grants of $) (Revenue $)

MEDICAID PROVIDER OUTREACH INITIATIVE TO ADMINISTER THE LOUISIANA MEDICAID PROVIDER OUTREACH INITIATIVE WHICH OFFERS PAYMENTS TO COLLABORATORS FOR FACILITATING ELIGIBLE MEDICAID PROVIDERS IN CERTIFIED ELECTRONIC HEALTH RECORDS TECHNOLOGY ADOPTION AND MEANINGFUL USE LPHI SERVES AS THE PROGRAM MANAGER AND PAYMENT ADMINISTRATOR ON BEHALF OF THE LOUISIANA DEPARTMENT OF HEALTH

(Code) (Expenses $ 190,387 including grants of $) (Revenue $)

COMMUNICATIONS AND ADVOCACY CAMPAIGN FOR COMPREHENSIVE SEXUAL EDUCATION IN LOUISIANA TO IMPLEMENT A STATEWIDE COMMUNICATIONS AND ADVOCACY CAMPAIGN ON THE NEED FOR COMPREHENSIVE SEXUALITY EDUCATION IN LOUISIANA

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

(Code	) (Expenses $	90,240	including grants of $	) (Revenue $)

YOUTH TOBACCO SURVEY ON BEHALF OF THE OFFICE OF PUBLIC HEALTH, LPHI CONTRACTS WITH A VENDOR TO CONDUCT THE SURVEY

(Code	) (Expenses $	89,093	including grants of $	) (Revenue $)

HOUSING EDUCATION INITIATIVE TO PROMOTE TOBACCO CESSATION AMONG LOUISIANA RESIDENTS IN PUBLIC HOUSING AUTHORITIES

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

(Code) (Expenses $ 63,403 including grants of $) (Revenue $)

PEER PREP PROGRAM TO DEVELOP, IMPLEMENT, AND EVALUATE A PREP EDUCATION AND NAVIGATION PROGRAM FOR YOUNG BLACK MEN WHO HAVE SEX WITH MEN (YBMSM) IN BATON ROUGE

(Code) (Expenses $ 52,498 including grants of $) (Revenue $)

BARIATRICS OBESITY TRIAL TO PARTICIPATE WITH REACHNET HEALTH SYSTEM PARTNERS IN A NATION WIDE OBSERVATIONAL STUDY COMPARING WEIGHT LOSS OUTCOMES AT THE ONE, THREE AND FIVE YEARS POST SURGERY FOR PATIENTS WHO'VE UNDERGONE ANY OF THE THREE MOST COMMON BARIATRIC SURGERY PROCEDURES IN THE U S THE REACHNET COORDINATING CENTER AT LPHI IS PROVIDING PROJECT MANAGEMENT AND DATA SERVICES FOR THE STUDY ON BEHALF OF OUR PARTICIPATING HEALTH SYSTEMS

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

(Code) (Expenses $ 115,032 including grants of $) (Revenue $)

IMPACT OF TARGETED HEALTH POLICIES TO PREVENT DIABETES AND ITS COMPLICATIONS TO SUPPORT A RESEARCH STUDY FOCUSED ON ADDRESSING THE GAPS IN KNOWLEDGE ABOUT DIABETES CARE COORDINATION AND MANAGEMENT

(Code) (Expenses $ 94,208 including grants of $) (Revenue $)

COMMUNITY HEALTH PEER LEARNING PROGRAM TO IMPROVE THE EFFECTIVENESS AND EFFICIENCY OF CARE COORDINATION AND ACCESS TO SERVICES FOR A POPULATION OF APPROXIMATELY 400 PEOPLE SUFFERING FROM BEHAVIORAL AND MENTAL HEALTH CONDITIONS IN ORDER TO IMPROVE THEIR HEALTH AND REDUCE THE COSTS ASSOCIATED WITH THEIR CARE

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

(Code) (Expenses $ 52,657 including grants of $) (Revenue $)

ADOLESCENT REPRODUCTIVE CARE, CAPACITY, AND COLLABORATION PROGRAM TO PROVIDE ASSESSMENT AND EVALUATION SERVICES IN SUPPORT OF THE PROGRAM

(Code) (Expenses $ 52,357 including grants of $) (Revenue $)

ANTIBIOTICS OBESITY TRIAL TO PARTICIPATE WITH REACHNET HEALTH SYSTEM PARTNERS IN A NATION-WIDE OBSERVATIONAL STUDY ON THE SHORT AND LONG TERM EFFECTS OF ANTIBIOTICS ON CHILDHOOD GROWTH THE REACHNET COORDINATING CENTER AT LPHI IS PROVIDING PROJECT MANAGEMENT AND DATA SERVICES FOR THE STUDY ON BEHALF OF OUR PARTICIPATING HEALTH SYSTEMS

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

(Code) (Expenses $ 51,673 including grants of $) (Revenue $)

GULF OF MEXICO ALLIANCE PROJECT TO INVESTIGATE THE LONG-TERM HEALTH EFFECTS OF THE DEEPWATER HORIZON OIL SPILL ON GULF COAST COMMUNITIES LPHI WORKS WITH PARTNERS TO DISSEMINATE THEIR FINDINGS AND INFORM ON-THE-GROUND EFFORTS SO THAT LOCAL COMMUNITIES MORE EFFECTIVELY UNDERSTAND, WITHSTAND, AND OVERCOME THE MULTIPLE STRESSORS BROUGHT ON BY SUCH DISASTERS

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

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 12, check only one box)

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

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

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

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	23,042,391	27,978,251	29,298,307	25,663,734	20,508,317	126,491,000
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	23,042,391	27,978,251	29,298,307	25,663,734	20,508,317	126,491,000
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)						194,363
6 **Public support.** Subtract line 5 from line 4						126,296,637

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	23,042,391	27,978,251	29,298,307	25,663,734	20,508,317	126,491,000
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	544	462	699	463	776	2,944
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,731,838	1,765,804	1,795,967	1,812,923	1,509,510	8,616,042
11 **Total support.** Add lines 7 through 10						135,109,986

12 Gross receipts from related activities, etc (see instructions)	12	10,487,391

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	93 480 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	92 910 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		212,955	204,347	8,608
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				8,608

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

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

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

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

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

(a) Description	(b) Book value
(1) OTHER ASSETS	137,307
(2) RESTRICTED CASH	6,418,066
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	6,555,373

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED LIABILITES	129,671
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	129,671

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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	
3	Subtract line **2e** from line **1**			3	
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	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

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

1	Total expenses and losses per audited financial statements			1	
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	
3	Subtract line **2e** from line **1**			3	
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	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION FOLLOWS THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE CODIFICATION, WHICH CLARIFIES THE ACCOUNTING AND RECOGNITION FOR INCOME TAX P OSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S INCOME TAX RETURNS ACCOUNTIN G PRINCIPALS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE ACCOUNTING AND DIS CLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCER TAIN THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKE N, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCI AL STATEMENTS PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES, IF ANY, WOULD BE INCLUDED IN GENERAL AND ADMINISTRATIVE EXPENSES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA PUBLIC HEALTH INSTITUTE

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

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

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

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

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

Return Reference	Explanation
PART I, LINE 2	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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADAPT INC 216 MEMPHIS STREET BOUGALOUSA, LA 70427	72-1274844	501(C)(3)	6,500			N/A	GRANTS WERE AWARDED TO ORGANIZATIONS SERVING YOUTH IN ORDER TO ADMINISTER THE TOBACCO "POINT OF SALE" INITIATIVE AND ENABLE YOUTH ADVOCACY EFFORTS
FACE TO FACE ENRICHMENT 2010 S BURNSIDE AVE SUITE A GONZALES, LA 70737	20-5389746	501(C)(3)	1,250			N/A	GRANTS WERE AWARDED TO ORGANIZATIONS SERVING YOUTH IN ORDER TO ADMINISTER THE TOBACCO "POINT OF SALE" INITIATIVE AND ENABLE YOUTH ADVOCACY EFFORTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACON LIGHT BAPTIST CHURCH OF HOUMA 4325 WEST PARK AVE GRAY, LA 70359	05-0570465	501(C)(3)	4,600			N/A	GRANTS WERE AWARDED TO ORGANIZATIONS SERVING YOUTH IN ORDER TO ADMINISTER THE TOBACCO "POINT OF SALE" INITIATIVE AND ENABLE YOUTH ADVOCACY EFFORTS
START CORPORATION 420 MAGNOLIA STREET HOUMA, LA 70360	58-1687098	501(C)(3)	6,500			N/A	GRANTS WERE AWARDED TO ORGANIZATIONS SERVING YOUTH IN ORDER TO ADMINISTER THE TOBACCO "POINT OF SALE" INITIATIVE AND ENABLE YOUTH ADVOCACY EFFORTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHUR F SMITH MIDDLE SCHOOL 3100 JONES AVE ALEXANDRIA, LA 71302	72-6001133	501(C)(3)	6,500			N/A	GRANTS WERE AWARDED TO ORGANIZATIONS SERVING YOUTH IN ORDER TO ADMINISTER THE TOBACCO "POINT OF SALE" INITIATIVE AND ENABLE YOUTH ADVOCACY EFFORTS
CHILDREN'S COALITION FOR NELA 1363 LOUISVILLE AVE MONROE, LA 71201	72-1502186	501(C)(3)	6,500			N/A	GRANTS WERE AWARDED TO ORGANIZATIONS SERVING YOUTH IN ORDER TO ADMINISTER THE TOBACCO "POINT OF SALE" INITIATIVE AND ENABLE YOUTH ADVOCACY EFFORTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASSION FOR LIVES 7505 PINES RD STE 1265 SHREVEPORT, LA 71129	80-0968161	501(C)(3)	6,500			N/A	GRANTS WERE AWARDED TO ORGANIZATIONS SERVING YOUTH IN ORDER TO ADMINISTER THE TOBACCO "POINT OF SALE" INITIATIVE AND ENABLE YOUTH ADVOCACY EFFORTS
GIRLIE GIRLS MENTORING PROGRAM 608 E PRIEN LAKE RD STE A LAKE CHARLES, LA 70605	32-0404007	501(C)(3)	6,500			N/A	GRANTS WERE AWARDED TO ORGANIZATIONS SERVING YOUTH IN ORDER TO ADMINISTER THE TOBACCO "POINT OF SALE" INITIATIVE AND ENABLE YOUTH ADVOCACY EFFORTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN EASTON HIGH SCHOOL 3019 CANAL STREET NEW ORLEANS, LA 70119	86-1163583	501(C)(3)	3,300			N/A	GRANTS WERE AWARDED TO ORGANIZATIONS SERVING YOUTH IN ORDER TO ADMINISTER THE TOBACCO "POINT OF SALE" INITIATIVE AND ENABLE YOUTH ADVOCACY EFFORTS
WESTGATE HIGH SCHOOL 2305 JEFFERSON ISLAND ROAD NEW IBERIA, LA 70563	72-6000543	501(C)(3)	6,500			N/A	GRANTS WERE AWARDED TO ORGANIZATIONS SERVING YOUTH IN ORDER TO ADMINISTER THE TOBACCO "POINT OF SALE" INITIATIVE AND ENABLE YOUTH ADVOCACY EFFORTS

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
LOUISIANA PUBLIC HEALTH INSTITUTE

Employer identification number
72-1379921

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes 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 directors, trustees, officers, including 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 ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH KIMBRELL MA MSW CHIEF EXECUTIVE OFFICER	(i)	254,913	0	0	17,849	6,361	279,123	0
	(ii)	0	0	0	0	0	0	0
2 SARAH GILLEN CHIEF OPERATING OFFICER	(i)	133,152	0	0	9,517	10,850	153,519	0
	(ii)	0	0	0	0	0	0	0
3 DANIEL COCRAN CPA CHIEF FINANCIAL OFFICER	(i)	138,381	0	0	10,476	10,850	159,707	0
	(ii)	0	0	0	0	0	0	0
ERIC BAUMGARTNER MD **4** MPH SR COMMUNITY HEALTH STRATE	(i)	191,353	0	0	13,522	7,850	212,725	0
	(ii)	0	0	0	0	0	0	0
5 CLAYTON WILLIAMS CLINICAL TRANSFORMATION PORTFOLIO LE	(i)	188,892	0	0	5,309	10,056	204,257	0
	(ii)	0	0	0	0	0	0	0
6 LISANNE BROWN PHD EVALUATION DIRECTOR	(i)	142,693	0	0	10,204	10,850	163,747	0
	(ii)	0	0	0	0	0	0	0
7 ROBERT MOERLAND CHIEF INFORMATION OFFICER	(i)	141,775	0	0	9,985	7,850	159,610	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA PUBLIC HEALTH INSTITUTE

Employer identification number
72-1379921

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ENRE	ENRE OWNED PRIMARILY BY EMPLOYEES OF LPHI		IN THE IMPLEMENTATION OF ITS REACHNET PROGRAM, LPHI CREATED AN INNOVATIVE TECHNOLOGY SOLUTION WHICH ALLOWS FOR EFFICIENT RECRUITMENT OF PATIENTS INTO CLINICAL TRIALS LPHI FELT THE TECHNOLOGY HAD COMMERCIAL APPLICABILITY AND THEREFORE LICENSED THE TECHNOLOGY TO A STARTUP FIRM (ENRE) WHICH IS OWNEDPRIMARILY BY EMPLOYEES OF LPHI ENRE WILL FURTHER DEVELOP THE PRODUCT FOR BROADER COMMERCIAL USE AND HAS A STRATEGY TO "GET TO MARKET" AS PART OF THE EXECUTED LICENSING AGREEMENT, LPHI HAS AN EQUITY STAKE IN ENRE AND WILL ALSO RECEIVE ROYALTIES ON THE SALES OF THE LICENSED TECHNOLOGY		No

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA PUBLIC HEALTH INSTITUTE

Employer identification number
72-1379921

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE REVISED TO PROVIDE FOR ADDITIONAL SEATS ON THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE REVIEW OF FORM 990 IS SCHEDULED AT A QUARTERLY BOARD MEETING THE INDEPENDENT BOARD WI LL 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 W ITH THE AUDIT AND FINANCE COMMITTEE THIS COMMITTEE WILL REVIEW AND APPROVE THE FORM 990 P RIOR TO SIGNATURES AND SUBMISSION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	LPHI HAS A COMPENSATION COMMITTEE WHICH REVIEWS THE COMPENSATION INFORMATION LPHI EVALUAT ES 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 CO MPENSATION SCHEDULES SHALL BE SET BY THE CEO IN ACCORDANCE WITH THE BOARD APPROVED COMPENS ATION 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 DIRECTOR ON AN ANNUAL BASIS ALL DELIBERA TION AND DECISIONS ARE MAINTAINED BY COMPENSATION COMMITTEE OF THE BOARD

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 193,189 MANAGEMENT AND GENERAL EXPENSES 85,92 6 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 279,115 CONTRACT PERSONNEL PROGRAM SERVICE EXP ENSES 11,572,165 MANAGEMENT AND GENERAL EXPENSES 88,467 FUNDRAISING EXPENSES 0 TOTAL EX PENSES 11,660,632 STUDENT INTERNS PROGRAM SERVICE EXPENSES 86,659 MANAGEMENT AND GENERA L EXPENSES 5,005 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 91,664

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA PUBLIC HEALTH INSTITUTE

Employer identification number
72-1379921

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)PARTNERSHIP FOR ACHIEVING TOTAL HEALTH INC 1515 POYDRAS STREET SUITE 1200 NEW ORLEANS, LA 70112 46-4095371	SUPPORT THE PUBLIC HEALTH INSTITUTE IN ITS ACTIVITIES	LA	501(C)(3)	LINE 12B, II	LOUISIANA PUBLIC HEALTH INSTITUTE	Yes	

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PARTNERSHIP FOR ACHIEVING TOTAL HEALTH	O	87,147	FAIR MARKET VALUE
(2)PARTNERSHIP FOR ACHIEVING TOTAL HEALTH	Q	131,821	FAIR MARKET VALUE
(3)PARTNERSHIP FOR ACHIEVING TOTAL HEALTH	M	58,270	FAIR MARKET VALUE

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)