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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Ochsner Clinic Foundation

Doing Business As
Ochsner Medical Center

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1514 Jefferson Highway

City or town, state or country, and ZIP + 4
New Orleans, LA 70121

D Employer identification number
72-0502505

E Telephone number
(504) 842-3400

G Gross receipts $ 3,668,489,071

F Name and address of principal officer
Patrick J Quinlan MD
1514 Jefferson Highway
New Orleans, LA 70121

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www ochsner org

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

L Year of formation 1944

M State of legal domicile LA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Patient Care, Graduate Medical Education, & Medical ResearchOchsner's annual report is available at the following URL
http //www ochsner org/content/misc_files/Annual_Report_2009 pdf

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	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	11,282
6	Total number of volunteers (estimate if necessary)	6	942
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	259,316
b	Net unrelated business taxable income from Form 990-T, line 34	7b	112,058

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	7,894,806	8,170,960
9	Program service revenue (Part VIII, line 2g)	2,488,828,980	3,452,680,514
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-13,530,676	15,778,465
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,605,239	7,749,282
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,489,798,349	3,484,379,221
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	119,712	166,772
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	594,516,258	715,628,497
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,763,129		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,889,123,051	2,713,150,782
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,483,759,021	3,428,946,051
19	Revenue less expenses Subtract line 18 from line 12	6,039,328	55,433,170

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	1,027,240,280	1,122,088,365
21	Total liabilities (Part X, line 26)	624,399,280	572,072,365
22	Net assets or fund balances Subtract line 21 from line 20	402,841,000	550,016,000

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-11-11

▶ Bobby C Brannon EVP, Dir of Fin & Treas
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP 701 Poydras St Suite 4200 New Orleans, LA 701394200			EIN ▶ Phone no ▶ (504) 581-2727

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

We Serve, Heal, Lead, Educate and Innovate Ochsner will be a global medical and academic leader who will save and change lives We will shape the future of healthcare through our integrated health system, fueled by the passion and strength of our diversified team of physicians and employees

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,175,004,051 including grants of $) (Revenue $ 3,430,406,488)

Patient Care/Patient Medical Services Ochsner Clinic Foundation consists of three hospitals and many clinical locations Served 74,384 inpatients resulting in 373,034 patient days Emergency Room visits totaled 159,199 The number of births totaled 3,485 Outpatient hospital visits totaled 259,469 Physician clinic visits total 1,360,302

4b (Code) (Expenses $ 33,774,438 including grants of $) (Revenue $ 2,754,466)

Professional Education OCF operates one of the nation's largest accredited non-university based graduate medical education programs In 2009, 225 residents and fellows were appointed to 18 medical and surgical programs sponsored by OCF Twenty-six (26) additional specialty programs assigned 281 unique residents and fellows (56 scheduled FTEs/mo on average) to OCF for training through combined programs or joint affiliations with the two local medical schools, LSU & Tulane All 44 programs are accredited by the Accreditation Council for Graduate Medical Education Also, over 450 local, regional, national and international medical students chose OCF for core rotations and clinical electives In 2009 Ochsner opened the Ochsner Clinical School in partnership with the University Queensland, Australia providing expanded opportunity for medical students for U S citizens During the 2009-2010 Academic year, approximately 100 UQ students rotated through Ochsner for their clinical clerkships Through a consortium relationship with Our Lady of Holy Cross College, 26 students in radiologic technology and respiratory are appointed for clinical training Additionally, a total of 1,325 unique allied health students participated in allied health and nursing education across the Ochsner System in 2009 471 unique allied health students from 38 schools representing 32 programs at 10 Ochsner sites, and there are 854 nursing student clinical rotations from 13 schools at 7 Ochsner sites

4c (Code) (Expenses $ 10,344,132 including grants of $) (Revenue $ 7,995,497)

Medical Research Operate ten basic science research laboratories and have approximately 350 open clinical trials in 27 clinical areas Approximately 1000 patients participate in Ochsner Clinical research annually Every clinical trial is overseen by the Ochsner institutional review board, which provides oversight of the safety of the human subjects participating inclinical trials Established the Center for Health Research in 2006, the mission of which is to advance knowledge, improve clinical practice, and the health and well-being of the community Over 2000 patients are involved in outcomes based research conducted by the center

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 12,195,807 including grants of $) (Revenue $ 15,397,431)

4e **Total program service expenses** ▶ $ 3,231,318,428

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?	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? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**: **12A** 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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	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*	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	Yes	
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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *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**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
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 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	538		
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	11,282		
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 this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
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	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 18		
b	Enter the number of voting members that are independent . .	1b 9		
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	Yes	
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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 a or b, 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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

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 make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Bobby C Brannon
1514 Jefferson Highway
New Orleans, LA 70121
(504) 842-3400

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	10,083,927	4,431,528	862,682

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 931

			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**	Yes	
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 for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Perot Systems Corporation 2300 West Plano Pkwy Plano, TX 75075	AR Recovery Support and IS Systems Devel	3,389,877
Engage Healthcare Business Services 4619 Kenny Rd Columbus, OH 43220	Collection Services	2,108,166
Outsourcing Solutions Inc 1931 Commerce Ln Suite 1 Jupiter, FL 33458	Transcription Services	2,028,425
Hospital Billing & Collection Srvcs 118 Lukens Dr Riveredge Pk New Castle, DE 19720	Collection Services	1,982,926
Parish Anesthesia Associates 3510 N Causeway Blvd Ste 404 Metairie, LA 70002	Anesthesiologists	1,808,590

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 107

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 33,385				
	b	Membership dues	1b				
	c	Fundraising events	1c 559,248				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,844,815				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 5,733,512				
	g	Noncash contributions included in lines 1a-1f $ 180,414					
	h	**Total.** Add lines 1a-1f		8,170,960			
Program Service Revenue			Business Code				
	2a	Patient Service Rev	621,110	3,426,665,066	3,420,675,218	259,316	5,730,532
	b	Elmwood Fitness Center	713,940	12,248,508	12,247,315		1,193
	c	Research Revenue	900,099	7,995,497	7,995,497		
	d	Rent-Physical Plant	531,120	3,151,428			3,151,428
	e	Education Revenue	611,600	2,754,466	2,754,466		
	f	All other program service revenue		-134,451	-134,451		
	g	**Total.** Add lines 2a–2f		3,452,680,514			
	3	Investment income (including dividends, interest and other similar amounts)		6,993,925			6,993,925
	4	Income from investment of tax-exempt bond proceeds		250,528			250,528
	5	Royalties		346,972			346,972
			(i) Real / (ii) Personal				
	6a	Gross Rents	4,105,081				
	b	Less rental expenses	976,578				
	c	Rental income or (loss)	3,128,503				
	d	Net rental income or (loss)		3,128,503			3,128,503
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	176,396,027 / 10,213,908				
	b	Less cost or other basis and sales expenses	177,533,509 / 542,414				
	c	Gain or (loss)	-1,137,482 / 9,671,494				
	d	Net gain or (loss)		8,534,012			8,534,012
Other Revenue	8a	Gross income from fundraising events (not including $ 559,248 of contributions reported on line 1c) See Part IV, line 18	a 168,237				
	b	Less direct expenses	b 280,484				
	c	Net income or (loss) from fundraising events		-112,247			-112,247
	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 9,162,919				
	b	Less cost of goods sold	b 4,776,865				
	c	Net income or (loss) from sales of inventory		4,386,054	3,873,368		512,686
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		3,484,379,221	3,447,411,413	259,316	28,537,532

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	166,772	166,772		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,234,868	3,504,952	2,729,916	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	247,122	247,122		
7 Other salaries and wages	609,855,889	530,571,888	78,419,824	864,177
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,218,384	20,946,565	1,259,757	12,062
9 Other employee benefits	43,618,817	31,322,762	12,127,795	168,260
10 Payroll taxes	33,453,417	30,209,895	3,225,406	18,116
11 Fees for services (non-employees)				
a Management	23,637,389	6,919,261	16,434,241	283,887
b Legal	2,780,684	229,078	2,551,604	2
c Accounting	37,140	3,779	33,359	2
d Lobbying	364,984		364,984	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	643,808		643,808	
g Other	49,662,962	27,790,855	21,868,318	3,789
12 Advertising and promotion	547,449	464,426	83,023	
13 Office expenses	255,724,839	246,218,320	9,428,192	78,327
14 Information technology	8,824,369	5,518,510	3,304,669	1,190
15 Royalties				
16 Occupancy	51,238,734	30,841,418	20,182,122	215,194
17 Travel	684,129	551,020	130,664	2,445
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,025,385	2,708,213	314,123	3,049
20 Interest	20,148,143	19,762,342	385,786	15
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,366,434	44,696,443	7,627,578	42,413
23 Insurance	23,102,454	22,775,885	326,515	54
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Discounts & Allowances	1,891,027,837	1,886,596,068	4,392,234	39,535
b Outside Provider	192,269,983	192,269,983		
c Bad Debt Expense	108,111,969	102,038,992	6,065,686	7,291
d Unrelated Business Inco	31,860	31,860		
e Building & Equipment Re	21,183,789	17,829,452	3,348,809	5,528
f All other expenses	7,736,441	7,102,567	616,081	17,793
25 **Total functional expenses.** Add lines 1 through 24f	3,428,946,051	3,231,318,428	195,864,494	1,763,129
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	4,212,137
	2	Savings and temporary cash investments		35,720,689	2	83,209,249
	3	Pledges and grants receivable, net		3,261,219	3	4,971,379
	4	Accounts receivable, net		161,337,213	4	197,055,253
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	1,468,326
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		62,453,935	7	44,590,937
	8	Inventories for sale or use		25,510,146	8	27,390,408
	9	Prepaid expenses and deferred charges		12,802,349	9	12,185,230
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,035,558,695			
	b	Less accumulated depreciation	10b 648,023,521	403,395,378	10c	387,535,174
	11	Investments—publicly traded securities		241,139,908	11	246,634,564
	12	Investments—other securities See Part IV, line 11		13,897,423	12	50,109,959
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		58,798,984	14	54,201,928
	15	Other assets See Part IV, line 11		8,923,036	15	8,523,821
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,027,240,280	16	1,122,088,365
Liabilities	17	Accounts payable and accrued expenses		58,318,017	17	51,323,543
	18	Grants payable			18	
	19	Deferred revenue		4,262,568	19	3,334,436
	20	Tax-exempt bond liabilities		371,355,761	20	370,320,938
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		46,244,545	23	40,899,026
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		144,218,389	25	106,194,422
	26	**Total liabilities.** Add lines 17 through 25		624,399,280	26	572,072,365
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		358,141,000	27	502,995,000
	28	Temporarily restricted net assets		24,045,000	28	24,998,000
	29	Permanently restricted net assets		20,655,000	29	22,023,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		402,841,000	33	550,016,000
	34	Total liabilities and net assets/fund balances		1,027,240,280	34	1,122,088,365

Part XI Financial Statements and Reporting

			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
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

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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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

_____

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
Ochsner Clinic Foundation	72-0502505

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	615,951	
c Total lobbying expenditures (add lines 1a and 1b)	615,951	
d Other exempt purpose expenditures	3,230,702,477	
e Total exempt purpose expenditures (add lines 1c and 1d)	3,231,318,428	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	186,596	749,027	883,896	615,951	2,435,470
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		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	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	22,998,629	29,845,391			
b Contributions	1,329,998	407,499			
c Investment earnings or losses	3,726,635	-5,960,998			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,006,821	1,024,178			
f Administrative expenses					
g End of year balance	27,048,441	23,267,714			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 8 000 %
- b Permanent endowment ▶ 92 000 %
- c Term endowment ▶ 0 %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	5,445,306	27,520,161		32,965,467
b Buildings		575,077,534	331,093,587	243,983,947
c Leasehold improvements		38,273,953	25,387,613	12,886,340
d Equipment		346,465,425	270,125,875	76,339,550
e Other		42,776,316	21,416,446	21,359,870
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				387,535,174

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	125
Split Interest Liability	1,040,630
Contract Retentions	293,349
Pension Benefits	70,135,972
Deposits and Advances	6,000,000
Miscellaneous	2,877,817
Credit Balances	24,986,459
Lease Liability	860,070
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	106,194,422

2. Fin 48 Footnote In Part XIV, 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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	In general, the Organization's Endowment Funds support the following initiatives Medical Research, Graduate Medical Education Program, Medical Lectureships, Fellowship Awards, Anti-Smoking Initiative, Pastoral Care, Alzheimers care, and Advancement in Anesthesia
Part X	Description of Uncertain Tax Positions Under FIN 48	Ochsner Clinic Foundation has reviewed its tax positions and concluded that there are no significant uncertain tax positions requiring recognition in its financial statements under FIN 48

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Palettes/Palates (event type)	(b) Event #2 Shot in the Dark (event type)	(c) Other Events 7 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	231,199	182,188	314,098	727,485
	2 Less Charitable contributions	167,398	103,035	288,816	559,249
	3 Gross income (line 1 minus line 2)	63,801	79,153	25,282	168,236
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	3,204	2,156	21,080	26,440
	7 Food and beverages				
	8 Entertainment	160	2,250	6,000	8,410
	9 Other direct expenses	76,741	70,915	97,978	245,634
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				280,484
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-112,248

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☑ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____	3b		No
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b		No

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			671,164	0	671,164	0 020 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			0			
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0			
d **Total** Charity Care and Means-Tested Government Programs			671,164		671,164	0 020 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			0			
f Health professions education (from Worksheet 5)			36,609,356	23,455,685	13,153,671	0 380 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			11,184,785	7,865,881	3,318,904	0 100 %
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			47,794,141	31,321,566	16,472,575	0 480 %
k **Total.** Add lines 7d and 7j			48,465,305	31,321,566	17,143,739	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			792,751	158,543	634,208	0 020 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			311,810	11,942	299,868	0 010 %
9	Other			100,594		100,594	0 %
10	**Total**			1,205,155	170,485	1,034,670	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	40,790,232		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	162,035,086		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	154,366,227		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	7,668,859		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

See Additional Data Table

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 3c Hospital Services for uninsured patients automatically qualify for a 45% discount in 2009, regardless of the patient's financial status

Part I, Line 6a The community benefit report prepared by Ochsner Clinic Foundation is representative of the entire health system, including Ochsner Clinic Foundation The amounts reported in Schedule H are those amounts that are either directly incurred by Ochsner Clinic Foundation or those that have been allocated to Ochsner Clinic Foundation as a reimbursement to another organization

Part I, Line 7 For charity care at cost, the ratio of patient care cost to charges from Schedule C of the Medicare cost reports for each hospital was applied to that hospital's total charity care charges For Research and Education, cost allocation was used Revenue for Research and Education includes both governmental and non-governmental sources

Part III, Line 4 Any discounts provided or payments made to a particular patient account are applied to that patient account prior to any bad debt write-off and are thus, not included in bad debt expense The provision for uncollectible accounts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverages, and other collection indicators Periodically, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category The results of this review are then used to make modifications to the provision for uncollectible receivables After satisfaction of amounts due from insurance, the System follows established guidelines for placing certain past due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the system Bad debt expense at cost is calculated by applying the ratio of patient care cost to charges to the bad debt expense calculated using the above methodology

Part III, Line 8 Medicare shortfall is not considered community benefit Total revenue from Medicare has been taken from the E Series in the Medicare Cost Reports They do not include Medicare Advantage or payments related to Education or Research, in compliance with the instructions Medicare Allowable Costs were aggregated from the fiscal year cost reports for all hospitals Worksheet D under Title XVIII line 104 in column 9 01 was used for outpatient costs and Worksheet D-1 under Title XVIII Line 49 was used for inpatient costs The cost reports used for this schedule were the cost reports for Fiscal Year 2009 The cost reports for Ochsner Clinic Foundation (Provider No 19-0036) and Ochsner Bayou LLC (Provider No 19-1324) cover the period 1/1/2009 - 12/31/2009 The cost report for Ochsner Medical Center - Baton Rouge (Provider No 19-0202) covers the period 10/1/2008 - 9/30/2009

Part III, Line 9b The Guarantor's Collection Process policy states that if a patient cannot pay the remaining balance in full, the collector is to utilize the payment arrangement guidelines in the charity care policy and/or the Payment Guidelines policy

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 Ochsner serves the needs of the various communities throughout Southeast Louisiana through its commitment to exemplary patient care, medical research and education As of December 31, 2009, Ochsner Clinic Foundation operates 5 hospitals and 35 health centers in the major population centers of Southeast Louisiana, including the New Orleans, Baton Rouge, Bayou and Northshore regions Healthcare is provided where people live, work and play Ochsner Clinic Foundation, is part of Ochsner Health System, which comprises a total of 7 hospitals and 35 health centers, when Ochsner Clinic Foundation and Ochsner Community Hospitals (an affiliated 501(c)(3) corporation) are combined With over 11,000 employees, Ochsner employees work and live in the communities served In order to identify the needs of the community, Ochsner reviews local and state publicly available data regarding the health status and issues in our region Ochsner works with community organizations that collect information on their areas of focus to identify trends and areas where we have expertise that can make an impact Ochsner collaborates with multiple community stakeholders to identify specific community needs in our regions Ochsner then reviews these needs and determines where it can best use its resources and expertise to affect those needs One of Ochsner's main focuses is to develop partnerships to address root causes of issues One example of this process is a school based health clinic with Jefferson parish schools Based on the demographics for the students in the public school system, it was identified that a school based clinic was needed at Bonnabel High School in Kenner Ochsner is the medical partner for the facility (which began in March 2009), providing on-location health services to students and staff

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 Ochsner partners with Chamberlin Edmonds for Louisiana Medicaid enrollment Chamberlin Edmonds has a representative on site at each of the hospitals Ochsner provides to the representatives daily reports of all Private Pay patients in observation and inpatient status The representatives visit with each patient and screen each patient to determine whether or not each patient meets the minimum requirements to qualify for Medicaid If the minimum requirements are met, additional information is obtained from the patient to file a Medicaid application If the minimum requirements are not met, the screening form is referred to a financial counselor to discuss payment options and assist the patient with the completion of a financial assistance application to determine if the patient qualifies for any other assistance programs including charity care Internal customer service departments and external partners including collection agencies provide patients with financial assistance applications if patients express concerns about the inability to pay outstanding balances

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Ochsner Clinic Foundation is a multi-specialty healthcare delivery system consisting of five hospitals and 35 health centers in Louisiana Ochsner Clinic Foundation is part of Ochsner Health System, southeast Louisiana's largest non-profit, academic, multi-specialty, healthcare delivery system with seven hospitals and 35 health centers in Louisiana (as of December 31, 2009) Ochsner Clinic Foundation's hospitals serve the New Orleans metropolitan area, the greater Baton Rouge area, and the Bayou area Ochsner Medical Center (the Jefferson Highway campus), Ochsner Hospital - Elmwood, and Ochsner Medical Center-Westbank Campus serve the New Orleans metropolitan area The original Ochsner facility, Ochsner Medical Center, is located in Jefferson Parish, LA, approximately 1 mile from the western boundary of the city of New Orleans The New Orleans area population was approximately 937,000 in 2009, of which approximately 160,000 people were uninsured Ochsner Medical Center-Baton Rouge serves the Baton Rouge area The Baton Rouge population was approximately 777,000 in 2009, of which approximately 134,000 people were uninsured Ochsner St Anne General Hospital serves the Bayou area which consisted of approximately 276,000 people in 2009, of which approximately 46,009 people were uninsured The clinics also serve the North Shore, which consisted of approximately 504,000 people in 2009, of which approximately 82,000 people were uninsured Louisiana ranks second in the nation of people living below the poverty level, with a 2008 estimate of 17 6% Ochsner Medical Center is includes acute and sub-acute facilities Ochsner Centers of Excellence include the Ochsner Cancer Institute, Ochsner Multi-Organ Transplant Center and Ochsner Heart and Vascular Institute Ochsner employs over 600 physicians in 80 medical specialties and subspecialties Ochsner Hospital-Elmwood is a satellite of Ochsner Medical Center, providing inpatient rehabilitation services Ochsner Medical Center-West Bank Campus is a 180-bed satellite of Ochsner Medical Center, providing general medical and surgical acute care, and is located on the West Bank of the Mississippi River within minutes of downtown New Orleans OMC West Bank is easily accessible to three major parishes Jefferson, Orleans and Plaquemines Ochsner Medical Center-West Bank Campus also provides emergency services and obstetrics as well as other hospital services Ochsner Medical Center-Baton Rouge's 100-acre campus is a fully accredited facility with more than 200 beds OMC-Baton Rouge is located in the city of Baton Rouge within East Baton Rouge parish Ochsner St Anne medical center is a 35-bed acute care hospital that serves Lafourche parish, where it is located, and the surrounding parishes

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 In addition to providing quality medical care to patients who visit Ochsner's hospitals and clinics, Ochsner has embraced the concept that good health doesn't begin at the doctor's office, it begins where you live, learn, work and play Programs have been developed to promote health in our communities through education and provision of healthcare services Some significant activities are listed below Ochsner provides community health fairs in all our regions by organizing its own fairs and by providing staff for events being offered by other organizations Ochsner also hosts educational forums about specific health related topics through our Hello Health programs These are held in the community as well as on WLAE TV, a public television station in New Orleans Ochsner staff members have also attended numerous community group meetings in order to provide health education information Ochsner sponsors and participates in multiple programs that address community economic and workforce development for the greater good These activities support the community by offering Ochsner's expertise and resources, including sponsoring fund raising events of community organizations, and providing financial support for scholarship programs Ochsner provides support to numerous schools, both public and parochial, throughout Southeast Louisiana, including three "adopted" schools in the New Orleans/Jefferson Parish area In addition, Ochsner has developed a dedicated student/outreach lab as an additional resource or training lab for schools in our community Ochsner is providing education and support to the Jefferson parish public school system in nutrition and physical fitness to address the childhood obesity epidemic in LA, which is ranked the 5th worst state in the nation for childhood obesity Ochsner delivers a newsletter which highlights healthy habits to the families of 11,000 elementary school students in the fourth and fifth grades which highlights healthy habits To further help battle childhood obesity, Ochsner provides a customized mobile fitness unit (On the Move) which travels the region encouraging healthy nutrition and active lifestyles for all children On the Move includes strength and cardiovascular circuit workouts, nutrition lectures, and heart-healthy cooking classes and demonstrations by our executive chef and is designed to teach parents and kids how to incorporate healthier foods and behaviors into their lifestyle On the Move engages more than 1,000 children per year at area schools during regularly scheduled visits

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Part VI, Line 6 Having a diverse representation of the community in our governing boards is an important part of making sure all aspects of the community we serve are being touched by the mission and vision of our organization The by-laws of both Ochsner Clinic Foundation and Ochsner Health System call for 10 members of the total 19 board members to be independent community members The Chief Executive Officer serves on the Board by virtue of his or her office, however, a majority of Board members are prominent multi-disciplinary business and community leaders The remainder of the Board members are senior physician employees of Ochsner Clinic Foundation elected by their peers in accordance with Ochsner Clinic Foundation by-laws Ochsner Clinic Foundation is an educational and research-oriented medical center, operating one of the nation's largest accredited non-university based graduate medical education programs, covering 44 different medical, surgical and specialty programs Ochsner partners with the Louisiana State University and Tulane University Medical Schools, in addition to a consortium relationship with Our Lady of Holy Cross College for allied health and nursing programs In 2009, Ochsner opened the Ochsner Clinical School in partnership with the University of Queensland, Australia to provide expanded opportunity for medical students that are U S citizens Approximately 350 open clinical research trials in almost every specialty are ongoing and Ochsner operates ten basic science/transitional research laboratories In addition to the following examples, Ochsner provides support in many ways that are not easily quantifiable and thus have not been included in the Community Building Activities in Part II The Ochsner Medical Library holds training sessions on and off site to teach users how to find and evaluate medical information available on the Internet In addition to housing thousands of resources and answering reference questions in a traditional library setting, the Ochsner Medical Library actively brings its resources out to its patients and the community Librarians also round the hospital with a notebook laptop computer and offer the "Outreach Express" service for patients who are in the hospital and have questions about their diagnosis, treatment or other issues To help further promote the health of the community, Ochsner created the Choose Healthy initiative with a local grocery store chain which serves the same geographical region to educate shoppers Ochsner nutritionists have identified over 500 items in the stores that meet healthy choice standards and these are marked with shelf talkers for easy identification on the aisles The Choose Healthy initiative offers healthy cooking demonstrations, health screenings, and educational classes in the stores at no charge There is also a website which offers shopping lists, recipes, healthy living tips and videos All of this is available to the general public at no charge

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Part VI, Line 7 Ochsner Health System is the supporting organization to Ochsner Clinic Foundation and Ochsner Community Hospitals While each of the seven hospitals with the System promote the health within the separate geographical communities that they service, many overall community health initiatives are coordinated by Ochsner Health System, which is then reimbursed by the respective entities

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 72-0502505
Name: Ochsner Clinic Foundation

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Ochsner Medical Center 1516 Jefferson Highway New Orleans, LA 70121	X	X		X		X	X		
Ochsner Hospital-Elmwood 1121 N Clearview Parkway Jefferson, LA 70121									Satellite of Ochsner Medical Center
Ochsner Foundation Hospital-West Bank 2500 Belle Chasse Hwy Gretna, LA 70056									Satellite of Ochsner Medical Center
Ochsner St Anne General Hospital 4608 Hwy 1 Raceland, LA 70394	X				X		X		
Ochsner Medical Center-Baton Rouge 17000 Medical Center Blvd Baton Rouge, LA 70816	X	X					X		
Ochsner Health Center-Abita Springs 22070 Hwy 59 Abita Springs, LA 70420									Clinical Location
Ochsner Health Center-Algiers 3401 Behrman Pl Algiers, LA 70114									Clinical Location
Ochsner Health Center-Baton Rouge 9001 Summa Avenue Baton Rouge, LA 70809									Clinical Location
Ochsner Health Center-Baton Rouge 16777 Medical Center Dr Baton Rouge, LA 70816									Clinical Location
Ochsner Health Center-Baton Rouge 3401 North Blvd Ste 200 Baton Rouge, LA 70806									Clinical Location
Ochsner Health Center-Belle Chasse 7772 Highway 23 Belle Chasse, LA 70037									Clinical Location
Ochsner Health Center-Central 11424 Sullivan Road Central, LA 70818									Clinical Location
Ochsner Health Center-Covington 1000 Ochsner Blvd Covington, LA 70433									Clinical Location
Ochsner Wmn & Chldrn Hlth Ctr-Covington 101 East Fairway Dr Covington, LA 70443									Clinical Location
Ochsner St Anne Gnrl Women's Health Ctr 194 West 134th Street Cut Off, LA 70345									Clinical Location
Ochsner Health Center-Denham Springs 30819 Hwy 16 Denham Springs, LA 70726									Clinical Location
Ochsner Children's Health Ctr-Destrehan 1970 Ormond Blvd Destrehan, LA 70047									Clinical Location
Ochsner Health Center-Gretna 441 Wall Blvd Gretna, LA 70056									Clinical Location
Ochsner Health Center-Hammond 41676 Veterans Ave Hammond, LA 70403									Clinical Location
Ochsner Heart & Vasclr Hlth Ctr-Hammond 42107 Veterans Ave Hammond, LA 70403									Clinical Location
Ochsner Physical Therapy-Harvey 3820 Lapalco Blvd Harvey, LA 70058									Clinical Location
Ochsner Health Center-Kenner 200 West Esplanade Ave Ste 210 Kenner, LA 70065									Clinical Location
Ochsner Health Center-Kenner 2120 Driftwood Blvd Kenner, LA 70065									Clinical Location
Ochsner Women's Health Center-Kenner 200 West Esplanade Ave Ste 501 Kenner, LA 70065									Clinical Location
Multi Specialty Health Center 200 West Esplanada Ave Ste 313 Kenner, LA 70065									Clinical Location
Ochsner St Anne Gnrl Health Ctr 1015 Crescent Ave Lockport, LA 70374									Clinical Location
Ochsner Health Center-Luling 1057 Paul Maillard Road Luling, LA 70070									Clinical Location
Ochsner Health Center-Mandeville 2810 E Causeway Appr Mandeville, LA 70448									Clinical Location
Ochsner Health Center-Marrero 4225 Lapalco Blvd Marrero, LA 70072									Clinical Location
Ochsner Children's Health Ctr-Metairie 4901 Veterans Memorial Blvd Metairie, LA 70006									Clinical Location
Ochsner Health Center-Metairie 2005 Veterans Memorial Blvd Metairie, LA 70002									Clinical Location
Ochsner Physical Therapy-Metairie 850 Veterans Memorial Blvd Metairie, LA 70005									Clinical Location
Ochsner Health Center-New Orleans 3423 St Charles Ave New Orleans, LA 70115									Clinical Location
Ochsner Health Center-Lakeview 101 W Robert E Lee BlvdSte201 New Orleans, LA 70124									Clinical Location
Ochsner Lieselotte Tansey Breast Center 1319 Jefferson Hwy New Orleans, LA 70121									Clinical Location
Ochsner Medical Center for Children 1315 Jefferson Hwy New Orleans, LA 70121									Clinical Location
Ochsner Health Center-Prairieville 16260 Airline Hwy Ste A Prairieville, LA 70769									Clinical Location
Ochsner St Anne Gnrl Behavrl Hlth Ctr 4608 Hwy 1 Raceland, LA 70394									Clinical Location
Ochsner St Anne Gnrl Health Ctr 106 Cypress St Raceland, LA 70394									Clinical Location
Ochsner St Anne Gnrl Women's Health Ctr 104 Acadia Park Dr Raceland, LA 70394									Clinical Location
Ochsner Children's Health Center-Slidell 2370 E Gause Blvd Slidell, LA 70461									Clinical Location
Ochsner Health Center-Slidell 2750 E Gause Blvd Slidell, LA 70461									Clinical Location
Ochsner Health Center-Slidell (Hwy 190W) 2104 Highway 190 West Slidell, LA 70461									Clinical Location

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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hattiesburg Clinic415 South 28th Avenue Hattiesburg, MS 39401	640507572		-72				General Support for Cancer Cooperative Group Studies
Mount Sinai School of Medicine1255 5th Avenue Suite C-2 New York, NY 10029	136171197	501(c)(3)	26,562				General Support for Medicine Adherence Study
Regents of the University of California Immunogenetics 924 Westwood Blvd Ste 400A Los Angeles, CA 90095	956006143		33,577				General Support for Medicine Adherence Study
Tulane University1430 Tulane Avenue TW34 New Orleans, LA 70112	720423889	501(c)(3)	95,705				General Support for Medicine Adherence Study
University of Alabama1025 18th Street South Birmingham, AL 35294	636005396		8,000				General Support for Medicine Adherence Study
Humana101 East Main Street Louisville, KY 40202	610647538		3,000				General Support for Medicine Adherence Study

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 4

3 Enter total number of other organizations . . . ▶ 2

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

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

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The organization maintains records to substantiate the amount of grants and assistance through a grant application process Grantees' ability to perform for and credit vouchers of performing persons at respective organizations are obtained Use of grant funds is monitored by the normal accounts payable process that the organization has in place All payments made to grantees are approved by appropriate persons associated with primary grant awards who are knowledgeable of work product on grants In addition to the approval process, the organization has a process in place to ensure that requested payments are in line with approved budgets submitted by subrecipients

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ 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 orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	Per the terms of his employment letter agreement, Gary Borgstede, who served as VP of Operations-Ochsner Medical Center, Brent House, & Elmwood Fitness Center in 2009, received severance payments in the amount of $59,512 56 Part I, Line 4b Patrick Quinlan, Chief Executive Officer, Warner Thomas, President & Chief Operating Officer, Scott Posecai, Executive Vice President and Chief Financial Officer, Bobby Brannon, Executive Vice President and Treasurer, and Joseph Bisordi, Executive Vice President and Chief Medical Officer, participate in a Supplemental Executive Retirement Plan (SERP) which is part of the terms and conditions of their employment contracts and is based on a targeted replacement of a set percentage of their salary at age 65 The SERP is classified as a Supplemental Non-Qualified Retirement Plan Mr Brannon received a distribution in the amount of $1,690,671 28 in 2009
	Part I, Line 6	The Physician and Executive Compensation Committee of the Ochsner Health System Board of Directors reviews and approves all executive incentive plans, which include those for the CEO, President, CFO, Treasurer, Regional Medical Directors, and Executive Vice Presidents For the 2008 incentive plan, which would have been paid in 2009, there were several weighted components Days Cash On Hand, Market Share, Debt Service, a System Financial Metric which consists of Operating Margin, a Quality and Patient Satisfaction Metric, and a Subjective metric based on their personal performance targets and a human capital (retention and employee engagement survey results) The subjective metric is assigned for the CEO by the Physician and Executive Compensation Committee and assigned for the other executives by the CEO then reviewed by the Physician and Executive Compensation Committee Metrics other than subjective are built on percent improvement year over year The executives did not meet short term targets or the long term targets set by the terms and conditions of their employment contracts Therefore, the compensation committee did not approve the payment in 2009 of either incentive plan for 2008
	Part I, Line 7	All bonus amounts are provided in Schedule J Part II in Column B(ii) Any bonuses from the organization, as reported in line (i), were incentive bonuses due to a change in scope or job responsibility
Supplemental Information	Part III	ADDITIONAL COMPENSATION EXPLANATION - COMPENSATION OF DIRECTORS AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION The amount of time shown for those Directors listed as "Board Member Sr Phys" as "average hours per week devoted to position" on the Form 990 for Ochsner Clinic Foundation (EIN 72-0502505) consists primarily of role as a Senior Physician of Ochsner Clinic Foundation Additional time spent on boards, committees and through fulfilling other responsibilities as a member of one or more Boards of the varied Ochsner organizations is shown as a nominal amount for Ochsner Health System and/or Ochsner Community Hospitals As a Senior Physician Director of an integrated health system, these individuals devote time to board activities of all 501(c)(3) members of the system to varying degrees including Ochsner Health System, Ochsner Clinic Foundation and Ochsner Community Hospitals Those directors listed as "Board Member Sr Phys" on the Form 990 for Ochsner Clinic Foundation (EIN 72-0502505) are compensated entirely due to their role as a Senior Physician of a member of the integrated health system The amount of time shown for those Directors listed as "Community Directors" for "average hours per week devoted to position" includes time spent on boards, on committees and through fulfilling other responsibilities as a member of the Board of varied Ochsner organizations As a Community Director of an integrated health system, each Community Director devotes time to all 501(c)(3) members of the system to varying degrees including Ochsner Health System, Ochsner Clinic Foundation and Ochsner Community Hospitals
Supplemental Information	Part III	ADDITIONAL COMPENSATION INFORMATION - COMPENSATION OF OFFICERS AND SYSTEM-LEVEL KEY EMPLOYEES AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION Compensation and average hours worked for Bobby Brannon includes all time related to the Ochsner Health System, which includes Ochsner Health System (OHS, EIN 20-5296918), Ochsner Clinic Foundation (OCF, EIN 72-0502505) and Ochsner Community Hospitals (OCH, EIN 20-5297040), all related 501(c)(3) organizations Other members of the Ochsner network are charged a portion of these amounts The amount of time shown for The amount of time shown for each officer as "average hours per week devoted to position" on this form of the organization that pays the officers directly consists primarily of role as an officer of the integrated health system Additional time spent on boards, committees and through fulfilling other responsibilities as an officer of the Ochsner organizations is shown as a nominal amount on the forms of the related organizations, but in reality the time is more evenly distributed across all entities
Supplemental Information	Part III	KEY EMPLOYEES COMPENSATED BY RELATED ORGANIZATIONS Gary Borgstede, Dr Richard Guthrie, and Michael Hulefield were employed and compensated during 2009 by Ochsner Health System, 20-5296918, 501(c)(3), a related organization Each key employee spent substantially all of his time on duties related to his position with Ochsner Clinic Foundation, and in all other respects met the requirements of a Key Employee of Ochsner Clinic Foundation Nancy Davis and Dr Joseph Bisordi are employed and compensated by Ochsner Health System, 20-5296918, 501(c)(3), a related organization Both, in their duties as leaders of the integrated health system, spend a substantial amount of their time on duties pertaining to Ochsner Clinic Foundation, and in all other respects meet the requirements of Key Employees of Ochsner Clinic Foundation The amount of time shown for each key employee as "average hours per week devoted to position" on this form of the organization that pays the key employees directly consists primarily of role as a key employee of the integrated health system Additional time spent on boards, committees and through fulfilling other responsibilities as a key employee of the Ochsner organizations is shown as a nominal amount on the forms of the related organizations, but in reality the time is more evenly distributed across all entities

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0502505
Name: Ochsner Clinic Foundation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
David E Beck MD	(I)	549,965	0	11,851	19,064	13,729	594,609	0
	(II)	0	0	0	0	0	0	0
Joseph L Breault MD	(I)	203,533	0	3,384	24,456	14,880	246,253	0
	(II)	0	0	0	0	0	0	0
Joseph R Dalovisio MD	(I)	292,951	0	19,672	19,167	9,248	341,038	0
	(II)	0	0	0	0	0	0	0
Francis Dauterive MD	(I)	307,592	2,901	6,115	14,847	14,663	346,118	0
	(II)	0	0	0	0	0	0	0
Dennis Kay MD	(I)	610,444	0	2,637	18,125	13,027	644,233	0
	(II)	0	0	0	0	0	0	0
Yvens G Laborde MD	(I)	264,624	25,000	5,097	5,925	14,359	315,005	0
	(II)	0	0	0	0	0	0	0
Richard Milani MD	(I)	438,201	56,667	18,870	14,936	17,825	546,499	0
	(II)	0	0	0	0	0	0	0
Patrick J Quinlan MD	(I)	0	0	0	0	0	0	0
	(II)	835,438	0	31,377	93,750	14,248	974,813	0
F R (Bobby) Rodwig Jr MD	(I)	418,968	0	27,160	9,956	15,113	471,197	0
	(II)	0	0	0	0	0	0	0
Bobby C Brannon	(I)	372,140	0	307,472	15,180	13,159	707,951	0
	(II)	0	0	0	0	0	0	0
Scott J Posecai	(I)	0	0	0	0	0	0	0
	(II)	469,517	0	16,041	23,798	12,160	521,516	0
Warner L Thomas	(I)	0	0	0	0	0	0	0
	(II)	689,490	700,000	18,159	91,299	16,413	1,515,361	0
Joseph E Bisordi MD	(I)	0	0	0	0	0	0	0
	(II)	503,082	0	17,966	3,828	10,767	535,643	0
Gary Borgstede	(I)	0	0	0	0	0	0	0
	(II)	177,128	4,285	89,740	911	11,211	283,275	0
Scott Boudreaux	(I)	208,741	0	2,754	5,100	13,784	230,379	0
	(II)	0	0	0	0	0	0	0
Lisa R Colletti	(I)	193,277	3,402	4,903	6,691	863	209,136	0
	(II)	0	0	0	0	0	0	0
Nancy L Davis	(I)	0	0	0	0	0	0	0
	(II)	247,009	0	4,439	17,781	7,232	276,461	0
Steven B Deitelzweig MD	(I)	284,833	12,771	2,155	5,487	20,189	325,435	0
	(II)	0	0	0	0	0	0	0
Richard D Guthrie Jr MD	(I)	0	0	0	0	0	0	0
	(II)	315,140	0	2,026	6,078	18,189	341,433	0
Robert Hart MD	(I)	258,444	0	3,611	5,100	2,532	269,687	0
	(II)	0	0	0	0	0	0	0
Michael F Hulefeld	(I)	0	0	0	0	0	0	0
	(II)	307,959	0	2,732	5,433	20,204	336,328	0
Ernest E Martin Jr MD	(I)	262,682	0	6,847	13,870	15,413	298,812	0
	(II)	0	0	0	0	0	0	0
Eric McMillen	(I)	132,353	32,521	320	0	14,096	179,290	0
	(II)	0	0	0	0	0	0	0
Edward M O'Bryan MD	(I)	254,336	0	4,546	0	6,939	265,821	0
	(II)	0	0	0	0	0	0	0
Mitchell Wasden	(I)	220,413	0	2,196	5,383	15,413	243,405	0
	(II)	0	0	0	0	0	0	0
Gregory J Eckholdt MD	(I)	772,241	0	961	5,314	14,189	792,705	0
	(II)	0	0	0	0	0	0	0
Bahij N Khuri MD	(I)	743,684	0	594	3,535	13,913	761,726	0
	(II)	0	0	0	0	0	0	0
Denis Mello MD	(I)	813,638	0	729	1,691	14,514	830,572	0
	(II)	0	0	0	0	0	0	0
Douglas K Mendoza MD	(I)	781,733	0	649	5,100	13,654	801,136	0
	(II)	0	0	0	0	0	0	0
Ghiath M Mikdadi MD	(I)	949,184	0	530	5,100	13,913	968,727	0
	(II)	0	0	0	0	0	0	0
Mark French	(I)	176,727	3,330	3,578	5,372	14,565	203,572	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Louisiana Public Facilities Authority	72-0895871	546398VQ8	09-12-2007	371,062,406	RETIRE 02 BDS, FACILITY IMPROVEMENTS		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	31,943,878				
2	Gross proceeds in reserve funds	346,561,534				
3	Proceeds in refunding or defeasance escrows	314,617,657				
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,559,799				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	40,242,807				
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?		X								
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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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 lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Mello Dennis M Forgivable loans for Physician Retention and Recruitment		X	1,000,000	1,000,000		No		No	Yes	
Mendoza Douglas K Forgivable loans for Physician Retention and Recruitment		X	200,000	200,000		No		No	Yes	
Mikdadi Ghiath Forgivable loans for Physician Retention and Recruitment		X	200,000	200,000		No		No	Yes	
Robichaux Alfred Forgivable loans for Physician Retention and Recruitment		X	68,326	68,326		No		No	Yes	
Bisordi Joseph E Forgivable loans for Physician Retention and Recruitment		X	100,000	100,000		No		No	Yes	
Total . . . . . ▶ $				1,568,326						

Part III Grants or Assistance Benefitting 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 grant or type 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
Richard D Guthrie III	Son of Dr Guthrie, a Key Employee of OCF	54,154	Compensation as a RN		No
Alexis Guthrie	Daughter-in-Law of Dr Guthrie, a Key Employee of OCF	29,145	Compensation as a RN		No
Renee Reymond MD	Wife of Mr Hulefeld, a Key Employee of OCF	87,903	Compensation as a Physician		No
Kay Belmont	Sister of Mr Posecai, an officer of OCF	32,204	Compensation as an RN		No
Bruse Posecai Jr	Nephew of Mr Posecai, an officer of OCF	43,716	Compensation as an RN		No
Tulane University	Independent Contractor	1,437,690	Mr Wisdom, a Director of OCF, is also a Board Member of Tulane University		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art	X	41	31,838	Fair Market Value
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		117	Fair Market Value
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	2,913	Fair Market Value
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	14	12,210	Fair Market Value
19	Food inventory	X	68	35,385	Cost
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (Miscellaneous)	X	19	4,350	Cost
26	Other ▸ (Services)	X	18	49,227	Cost
27	Other ▸ (Special Events)	X	82	44,374	Cost
28	Other ▸ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

Identifier	Return Reference	Explanation
Form 990, Part I, Item C	Doing Business As	Ochsner Health Center Ochsner St Anne General Hospital Ochsner Medical Center - Baton Rouge Elmwood Fitness Center (a Division of Ochsner)
Form 990, Part VI, Section A, line 1		The Articles of Incorporation of Ochsner Clinic Foundation provided for a Board of Directors consisting of 19 persons of which 10 are required to be independent directors As of December 31, 2009, there was a vacancy in a seat held by an independent director such that there were 18 directors of which 9 were independent The Articles of Incorporation provide that no action of the Board may be resolved unless a majority of the independent directors approve the matter Thus, even in situations where there is not an absolute majority of independent directors in office, those independent directors in office control Ochsner Clinic Foundation's activitities
Form 990, Part VI, Section A, line 2		Dr Guthrie and Dr Robichaux have a business relationship
Form 990, Part VI, Section B, line 11		One or more members of senior management reviews the return The return is also reviewed by Deloitte Tax LLP, the company's tax advisors The Audit and Oversight Committee, which is comprised of independent directors, is then provided the return prior to the filing date and given the opportunity to review and discuss the returns with management/staff The meeting to review the 2009 return was held on October 25, 2010 A copy of the return is then provided to each member of the Board of Directors electronically and comments are solicited from the entire Board
Form 990, Part VI, Section B, line 12c		Officers, directors, trustees, and key employees are required to complete a conflicts of interest disclosure form annually, within 30 days of becoming an employee, or within 10 days of a change in business circumstances not previously disclosed The Vice President of Corporate Integrity reviews disclosures and determines whether action is necessary or if the disclosure needs to be reviewed by the Conflicts of Interest Committee In addition, employees that do not fall within the scope of the Conflict of Interest Disclosure policy annually certify through the Annual Employee Evaluation process their compliance with the Conflict of Interest policy
Form 990, Part VI, Section B, line 15		All CEO and officer compensation and benefits arrangements, including salary and bonus incentive plans, are reviewed and approved by the Executive and Senior Physician Compensation Committee of the Board of Directors (Compensation Committee) No substantive change to the compensation or benefits packages is made until Committee approval is granted in accordance with Intermediate Sanctions guidelines The Compensation Committee is without conflicts of interest and uses an independent external consultant Appropriate data is applied to determine the comparability of fair market value pay and all actions are appropriately documented In order to meet the requirements of the IRS Intermediate Sanctions regulations, the Compensation Committee identified the "disqualified individuals" that are in a position to exercise substantial influence over the company's operations These individuals are the members of the Executive Officers Committee (EOC), Regional Medical Directors, physician board members and Section Heads for key departments For disqualified individuals, the compensation review also includes the cost of benefits such as the company portion of medical and dental benefits, malpractice insurance, payments for 401K matching and pension payments A different review process is used for Physicians Annually, the Corporate Integrity department reviews the salary of each employed physician This review includes a comparison of physician salaries against national survey data for their specialty Three surveys are used for the review McGladrey & Pullen, the Medical Group Management Association (MGMA) and American Medical Group Association (AMGA) The Physician Compensation department provides salary data for each physician including base salary, stipends, on-call pay, etc If it is determined that a physician's compensation is higher than the survey data, the total work Relative Value Units (RVUs) are compared to the survey data This review is performed to ensure their pay is comparable to the work performed Comparable benefit survey data is obtained periodically from McGladrey & Pullen Compensation for other non-physician key employees is reviewed by senior executives who take market value research into consideration when determining compensation levels
Form 990, Part VI, Section C, line 19		Financial statements for Ochsner Clinic Foundation are made available to the public quarterly via www dacbond com All governing documents, conflict of interest policy, and financial statements are available upon written request to the Corporate Integrity Department
Part XI, Line 2c		The process regarding the committee responsible for the audit, review, or compilation of the organization's financial statements and selection of an independent accountant has not changed from the prior year

Identifier	Return Reference	Explanation
Schedule K Supplental Information		Form 8038 for CUSIP # 546398VQ8 was prepared for the issuance of Revenue Bonds (Ochsner Clinic Foundation Project) Series 2007A and Revenue Bonds (Ochsner Community Hospitals Project) Series 2007B The bonds had a total Issue Price of $453,076,501 10 $371,062,405 65 of the Issue Price was issued for the benefit of Ochsner Clinic Foundation (EIN# 72-0502505), and the remaining $82,014,095 45 was issued for the benefit of Ochsner Community Hospitals (EIN# 20-5297040) Schedule K, Part II, Line 5 100% of line 5 relates to issuance cost Schedule K, Part III, Line 3a All contracts meet IRS safe harbor rules per 97-13

Part VI, Section B, 16b Joint Venture Procedure When the organization evaluates its participation in a joint venture, the transactions are handled carefully to ensure that the organization's tax-exempt status is intact with regard to the arrangement The operations of the joint venture are carefully reviewed by management and legal counsel, and the transaction is not entered into unless it is a reflection of the organization's tax-exempt purpose A clause is inserted into the joint venture agreement that the operations of the joint venture must be performed in a manner that will not jeopardize the organization's tax-exempt status

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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" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

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

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

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
Ochsner Health System 1514 Jefferson Highway New Orleans, LA 70121 20-5296918	Health Care support	LA	501(c)(3)	509(a)(3) Type II	N/A
Ochsner Community Hospitals 1514 Jefferson Highway New Orleans, LA 70121 20-5297040	Patient Care	LA	501(c)(3)	170(b)(1) (A)(iii)	N/A
Ochsner Home Health Corporation 1514 Jefferson Highway New Orleans, LA 70121 72-1473968	Patient Care	LA	501(c)(3)	509(a)(2)	N/A
Brent House Corporation 1512 Jefferson Highway New Orleans, LA 70121 72-0872457	Rents hotel rooms to patients/guests of Ochsner facilities	LA	501(c)(3)	509(a)(3) Type II	N/A
Ochsner System Protection Company 1514 Jefferson Highway New Orleans, LA 70121 27-1170999	Captive Insurance	LA	501(c)(3)	509(a)(3) Type I	N/A

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) Disproportionate 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

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g	Yes	
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0502505
Name: Ochsner Clinic Foundation

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
Ochsner Clinic LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0276883	Physician Services	LA	662,753,000	133,004,217	N/A
East Baton Rouge Medical Center LLC 17000 Medical Center Dr Baton Rouge, LA 70816 20-1729674	Patient Care	DE	103,243,000	30,233,783	N/A
Ochsner Bayou LLC 4608 Highway 1 Raceland, LA 70394 20-4670876	Operation of Ochsner St Anne General Hospital	LA	29,605,000	10,597,616	N/A
Deuteron Realty 1514 Jefferson Highway New Orleans, LA 70121 72-1079347	Nominee Real Estate Corporation	LA	0	1,000	N/A
Foundation Assets LLC 1514 Jefferson Highway New Orleans, LA 70121 77-0589660	Holding of donated interest in fractional share of ground lease-New Orleans	LA	35,810	54,243	N/A
Gulf Coast Physician Network LLC 6341 Lakeland East Dr Flowood, MS 39208 75-3009725	provides healthcare svcs to employees of MS coast casinos	LA	87,756	28,531	N/A
Ochsner Urgent Care LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Holding of Gulf Coast Outpatient Centers	LA	0	0	Ochsner Clinic LLC
Gulf Coast Outpatient Centers LLC 1514 Jefferson Highway New Orleans, LA 70121 20-8241553	Holding of Gulf Coast Outpatient Centers companies	LA	0	416,557	Ochsner Urgent Care LLC
Gulf Coast Outpatient Centers -- Westbank LLC 1514 Jefferson Highway New Orleans, LA 70121 20-8241691	Patient Care	LA	4,710	0	Gulf Coast Outpatient Centers LLC
Gulf Coast Outpatient Centers -- Uptown LLC 1514 Jefferson Highway New Orleans, LA 70121 20-8242525	Patient Care	LA	-114,701	8,948	Gulf Coast Outpatient Centers LLC
Gulf Coast Outpatient Centers -- Mandeville LLC 1514 Jefferson Highway New Orleans, LA 70121 20-8242348	Patient Care	LA	-71,158	0	Gulf Coast Outpatient Centers LLC
Ochsner Durable Medical Equipment LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Sales of Durable Medical Equipment to Patients	LA	1,795,254	0	N/A
Ochsner Medical Center - Northshore LLC 1514 Jefferson Highway New Orleans, LA 70121 27-1770321	Patient Care	LA	58,042	58,042	N/A

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Brent House Corporation	A	2,047,230
(2)	Ochsner Community Hospitals	A	1,515,925
(3)	Ochsner Home Health	A	4,215
(4)	Ochsner Health System	A	1,179,408
(5)	Ochsner System Protection Company	B	1,100,000
(6)	Ochsner Community Hospitals	D	162,960,901
(7)	Ochsner Community Hospitals	G	62,024
(8)	Brent House Corporation	J	1,091,911
(9)	Ochsner Community Hospitals	J	4,297,503
(10)	Ochsner Community Hospitals	O	1
(11)	Ochsner Health System	O	92,120,288
(12)	Ochsner Community Hospitals	P	1,657,552
(13)	Ochsner Health System	P	558,707

Additional Data

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

4d. Other program services

(Code) (Expenses $ 9,216,741 including grants of $) (Revenue $ 12,248,508)
Elmwood Fitness Center provides fitness services to patients and members of the public

(Code) (Expenses $ including grants of $) (Revenue $ -134,451)
Program Related Investments Equity Income from subsidiaries and Joint Ventures providing medical care

(Code) (Expenses $ 2,047,230 including grants of $) (Revenue $ 3,151,428)
Rent-physical plant Ochsner Clinic Foundation rents its physical plant to related 501(c)(3) organizations The majority of the rental is to Brent House Corporation, a wholly-owned subsidiary and exempt 501(c)(3) organization Brent House fully reimburses Ochsner for expenses related to the Hotel

(Code) (Expenses $ 931,836 including grants of $) (Revenue $ 131,946)
Ochsner maintains a free parking garage for employees and patients Revenue is attributable to the optional valet parking service, which is offered for the convenience of Ochsner's patients

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David E Beck MD Board Member Sr Phys	50 00	X						561,816	0	32,793
Joseph L Breault MD Board Member Sr Phys	50 00	X						206,917	0	39,336
Joseph R Dalovisio MD Board Member Sr Phys	50 00	X						312,623	0	28,415
Francis Dauterive MD Board Member Sr Phys	50 00	X						316,608	0	29,510
William H Hines Community Director	5 00	X						0	0	0
Dennis Kay MD Board Member Sr Phys	50 00	X						613,081	0	31,152
Yvens G Laborde MD Board Member Sr Phys	50 00	X						294,721	0	20,284
R Parker LeCorgne Community Director	5 00	X						0	0	0
J Thomas Lewis Community Director	5 00	X						0	0	0
James E Maurin Board Chairman	5 00	X						0	0	0
Suzanne T Mestayer Community Director	5 00	X						0	0	0
Richard Milani MD Board Member Sr Phys	50 00	X						513,738	0	32,761
William A Oliver Community Director	5 00	X						0	0	0
Jefferson G Parker Community Director	5 00	X						0	0	0
Patrick J Quinlan MD CEO / Board Member	5 00	X		X				0	866,815	107,998
F R Bobby Rodwig Jr MD Board Member Sr Phys	50 00	X						446,128	0	25,069
Jose S Suquet Community Director	5 00	X						0	0	0
Andrew B Wisdom Community Director	5 00	X						0	0	0
Bobby C Brannon EVP, Dir of Fin & Treas	50 00			X				679,612	0	28,339
Scott J Posecai Exec VP CFO	5 00			X				0	485,558	35,958
Warner L Thomas President and COO	5 00			X				0	1,407,649	107,712
Joseph E Bisordi MD Exec VP Chief Medical Of	5 00				X			0	521,048	14,596
Gary Borgstede VP of Oper-OMC, BH, & EF	50 00				X			0	271,153	12,122
Scott Boudreaux CEO - N S Region	50 00				X			211,495	0	18,884
Lisa R Colletti VP/CNO, New Orleans	50 00				X			201,582	0	7,554

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nancy L Davis Sr VP Pat Care/Sys CNO	5 00				X			0	251,448	25,013
Steven B Deitelzweig MD VPMA - N O Reg	50 00				X			299,759	0	25,676
Richard D Guthrie Jr MD Reg Med Dir - N O Reg	50 00				X			0	317,166	24,267
Robert Hart MD Reg Med Dir - B R Reg	50 00				X			262,055	0	7,632
Michael F Hulefeld CEO OMC & N O Region	50 00				X			0	310,691	25,637
Ernest E Martin Jr MD Reg Med Dir - N S Reg	50 00				X			269,529	0	29,283
Eric McMIllen VP Operations - OMC Bato	50 00				X			165,194	0	14,096
Edward M O'Bryan MD CEO OMC Westbank	50 00				X			258,882	0	6,939
Mitchell Wasden CEO, Baton Rouge Region	50 00				X			222,609	0	20,796
Gregory J Eckholdt MD Senior Physician	50 00					X		773,202	0	19,503
Bahij N Khuri MD Senior Physician	50 00					X		744,278	0	17,448
Denis Mello MD Physician	50 00					X		814,367	0	16,205
Douglas K Mendoza MD Physician	50 00					X		782,382	0	18,754
Ghiath M Mikdadi MD Physician	50 00					X		949,714	0	19,013
Mark French VP - Operations OMC NO	50 00						X	183,635	0	19,937

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Patient Service Rev	621,110	3,426,665,066	3,420,675,218	259,316	5,730,532
Elmwood Fitness Center	713,940	12,248,508	12,247,315		1,193
Research Revenue	900,099	7,995,497	7,995,497		
Rent-Physical Plant	531,120	3,151,428			3,151,428
Education Revenue	611,600	2,754,466	2,754,466		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Discounts & Allowances	1,891,027,837	1,886,596,068	4,392,234	39,535
Outside Provider	192,269,983	192,269,983		
Bad Debt Expense	108,111,969	102,038,992	6,065,686	7,291
Unrelated Business Inco	31,860	31,860		
Building & Equipment Re	21,183,789	17,829,452	3,348,809	5,528